Preface

There are many recent books about evidence-based practice (EBP) in social work, psychiatry, and in other mental health professions. In reviewing these books, it appeared to us that the majority were written by researchers, bringing a particular point of view and skill set to the technicalities of EBP. These books are useful because EBP involves a lot of technical detail about research design, methods, and interpretation that are not always covered in other social work texts.

On the other hand, the lack of a more direct practice, client-centered, viewpoint seemed to leave out many of the day-to-day realities clinical social workers confront in learning and using EBP. We thought this was important to emphasize as the context in which clinical social workers practice EBP. Second, lengthy case examples were missing in most EBP texts. The technicalities were described very well, but real people in real situations seemed oddly omitted or only briefly illustrated. This book seeks to illustrate through several cases how important clinical knowledge and expertise are to doing EBP well. It also seeks to point out clearly how client preferences and common resource limitations shape and limit EBP. Third, most EBP books did not provide detailed examples of high quality systematic reviews. We wanted to be sure clinical social workers were 'walked through' the kinds of materials, terminology, and analyses found in Cochrane Collaboration and Campbell Collaboration systematic reviews. We understand these are not the only sources of solid research knowledge for practice, but they are very important. Systematic reviews include terminology, methods, and statistics not often found in social work research textbooks. Fourth, the books on EBP also seemed to lack much in the way of a broad, critical, perspective on EBP as a social movement shaping policy, agency practice, and views of what constitutes 'good' research. As we looked to these books as resources for our students, they seemed a bit unbalanced and lacking in breadth. Micro-, messo-, and macro- perspectives on EBP all seemed important to us and to practicing clinical social workers. Finally, the step in EBP in which the client and clinician discuss the results of outcome research too often seemed to be a 'top down' interaction. We think the best treatment decisions in mental health are shared decisions made collaboratively between client and clinician. The client's active role and participation in EBP are

equally important—or more important—than knowing what the research shows is effective. In mental health services, clients are not passive recipients of treatments, but active agents of change. Having several ideas, we set off to write a text that explored EBP more fully. We seek to introduce the core ideas and practice of EBP, to critically explore them, and then illustrate them by applying the concepts and process to real-world cases. We are very appreciative of EBP but also want to examine its limitations and challenges.

We, the authors, are both clinical social workers with practice experience in a variety of settings. We are also academic researchers. We have worked in community mental health, public schools, psychiatric inpatient and outpatient services, as well as private practice. Day-to-day practice challenges are very familiar to us both. Each of us has done quantitative and qualitative research on many aspects of practice theory, practice process, and practice outcomes. Further, we are both teachers of clinical social work practice. We are committed to social work's core values and to the many merits of the person-in-environment perspective that distinguishes social work from related professions. While we think that EBP represents a very useful practice decision-making process and approach to policy making, we also think it is a complex social movement. As social workers, we take a broad view of social phenomena and believe that EBP is best understood from several perspectives.

We intend this book for clinical social workers in practice. It will also be suitable for master's and doctoral students in social work and in allied professions. Many introductory level books on EBP emphasize procedures without much perspective or much detail. We seek to offer greater perspective, depth, and detail. This includes detailed examination of systematic reviews and resources on practice research. Further, we view many of the technical chapters of the book as *reviews* of research content, not initial introductions to the content. That said, we have tried to make the technical chapters clear, but with enough detail for them to be useful to clinical social workers doing practice.

In our terminology and our examples of EBP we have focused on the identification of treatment alternatives. We understand—and address—how EBP may be more broadly applied to the study of alternative diagnostic procedures, prognoses, prevention, prevalence, and economic analyses. We chose to focus our examples more narrowly to fit the interests of our intended audience of clinical social workers and social work practitioners. We also have made an effort to locate our exploration of EBP in the context of social work professional values. We think that the person-in-environment perspective can make a major, useful, contribution to EBP conceptualization. We also believe it has implications for EBP methods.

In Chapter 1, this book will detail EBP as an important practice decision-making process, but it will also critically examine EBP in context. We provide a brief history of EBP and evidence-based medicine (EBM) from which it developed. We employ the contemporary model of EBP that includes four components: (1) the current clinical circumstances of the client, (2) the best relevant research evidence, (3) the client's values and preferences, and (4) the clinical expertise of the professional clinician. Research is just one part of the EBP practice decision-

making process. Client values and clinical expertise are equally valued in this model, though in many discussions of EBP they are not emphasized. We aim for balance among the four components of EBP.

In Chapter 2, we will look at EBM and EBP as public ideas that are actively promoted by economic and political interests to shape public perceptions and social policy. We believe that clinical social workers who read this book will already be aware of how EBP is used to shape access to specific treatments and services, and often to shape or limit funding for clinical services. Chapter 2 also explores the way EBM and EBP are reshaping research funding priories and research education. EBM and EBP have established hierarchies of research knowledge based upon the use of specific research designs and methods. This was done purposefully to prioritize experimental research evidence with strong interval validity. Yet the impact of this hierarchy may be to devalue other forms of research and knowledge that have been actively promoted by social workers and others in the "science wars" of the last 20 years. We think that large-scale experimental research has great merit, but is just one of many valuable ways of knowing. Experiments are only as good as the conceptual base upon which they draw, the measures that operationalize concepts and theories, and the samples they use. Many aspects of research on clinical practice are neither simple nor fully resolved. Some of these unresolved and contentious issues relate to social work values on social justice and research. We want clinical social workers to have enough information to draw their own conclusions about the EBM and EBP research hierarchies.

In Chapter 3 we lay out the steps of EBP as a practice decision-making process. This process is what most people think of 'as' EBP. We hope to introduce clinical social workers to this useful process and to identify both its strengths and its limitations. We differ on one point: that some lists of the steps of EBP include practice evaluation (Gibbs, 2002). Our view is that case-by-case quantitative practice evaluation is an essential part of all good practice, but that it draws on a very different logic than does the rest of the EBP model. We hope to help clinical social workers better understand the differences between the EBP practice decision-making model and single case practice evaluation.

In Chapter 4 we explore assessment in EBP. As experienced clinical social workers, we find it odd that the EBP practice decision-making model does not include standards for assessment. We appreciate that the EBP practice decision-making model is intended to be generic and widely applicable, but we also believe a thorough and wide ranging assessment is the only appropriate basis for treatment and service planning. Social workers use many different models of assessment, five of which we explore in some depth. Our goal is to help social workers better identify how to selectively use each model. However, many assessment models, including the American Psychiatric Association's assessment and diagnostic model, exclude or de-emphasize issues of concern to clinical social workers. We also know that the realities of most managed care practice require very brief or single session assessment, often with a very narrow focus on symptoms and risks. Such brief assessment procedures may not provide sufficient information to guide

the best use of the EBP practice decision-making process. Limited assessment procedures may also omit aspects of social diversity and attention to both the positive and limiting influences of the client's social environment. To fail to attend to these issues is inconsistent with social work's core professional values and ethical principles (National Association of Social Workers, 2008). We also are quite aware that the DSM-V will revise some diagnostic categories and add others in ways that will matter for both research and practice.

Chapters 5–10 detail the EBP practice decision-making process. Chapter 5 addresses how to locate the best available research evidence in print and online sources. It also begins the complex process of evaluating the quality of research and the fit of the available research to your client's needs and circumstances. Many useful resources for EBP are identified. Chapters 6–8 provide detailed information about how to appraise research reports. Chapter 6 reviews research designs and the terminology used to describe them in EBM and EBP. This terminology frequently differs from the terminology used in social work research textbooks. Chapter 7 examines methodological issues including sampling, tests and measures, defining treatments, and statistical analyses. Chapter 8 explores systematic reviews, the most highly regarded form of evidence in the EBM and EBP models. Chapter 8 also examines meta-analysis, the statistical technique used to compare mathematically the results of multiple studies on the same topic. Neither systematic reviews nor meta-analysis are covered in most social work research textbooks. Both are crucial to the EBM and EBP process.

Chapters 9 and 10 address how to bring EBP research knowledge back to the client. We find many EBM and EBP textbooks do not place enough attention on these crucial steps in treatment or service planning. Contemporary EBP models require clinicians to discuss available treatment or service options directly with the client before a treatment plan is finalized. We go a step further and argue that informed, shared decision making by the client is a co-equal component in EBP. The client's role is just as important as research knowledge or clinical expertise. Contemporary EBP models also empower clients to reject options that do not fit their values and preferences—even if these options are the 'best' alternatives based on research evidence. EBP is not a top-down authoritative enterprise, but a shared, cooperative one. Formally documenting that the steps of EBP have been followed and evaluation of practice are also examined.

The second part of this book, Chapters 11 through 16, centers on the application of the EBP practice decision-making process through six lengthy case vignettes. The cases include various diagnoses, various ages and needs, various ethnicities, and illustrate varying success in finding and implementing evidence-based treatments or services. We link each case directly to a detailed search for relevant high quality research, and to a critical analysis of the resulting research. We seek to illustrate the challenges of assessment and of identifying a single priority question to orient the EBP process. We also seek to illustrate how to engage clients in the EBP practice decision-making process. We examine how practice proceeds when research evidence is lacking, or if research supported services are unavailable.

The third part of this book, Chapters 17–19, examines EBP in clinical social work education and supervision. These chapters are intended to address important contextual issues. EBP has already had some impact on the content of social work education. It may also impact social work accreditation standards, though it is not yet specifically mentioned in the current Council on Social Work Education (2008) standards. Doing EBP will require new skills from clinical social workers, access to new resources such as electronic data bases, and may require new content in supervision. Chapter 17 explores issues in clinical social work education related to EBP. Chapter 18 examines issues related to clinical social work practice that are either intended or unintended consequences of the implementation of EBP. This chapter will also examine several issues of interest to clinical social workers that are not directly or adequately addressed by EBP research and procedures. Chapter 19 offers a set of conclusions and some recommendations for clinical social work practice, advocacy, and education.

We also offer an extensive glossary. Many terms in the glossary have extended descriptions in order to make them more useful to clinical social work practitioners. Finally, we offer two appendices. The first is an outline of a social work biopsychosocial assessment framework. The framework illustrates the complexity and scope of a thorough social work assessment. The second appendix is a bullet point summary of the strengths and limitations of EBP. We hope a succinct summary will be useful for review and reflection on the complexity of EBP.

Our overall purpose is to help clinical social workers understand EBP and to use it in practice. There is much to learn to do this successfully. At the same time, we hope clinical social workers will be critical consumers of EBP. EBP is a complex social movement with many dimensions and many components. We hope to keep EBP in context as we explore its merits and its limitations. Attentive engagement and critical thinking are strongly encouraged!

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