



Evidence Based Practices in North American MSW Curricula

A study developed and conducted through the
Child and Family Evidence Based Practices Consortium

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Contents

Background	3
Executive Summary	4
Methods.....	4
Summary of key findings.....	5
Conclusions & Implications.....	6
Limitations	6
Introduction.....	7
Design	8
Recruitment and Participants	8
Methods.....	8
Results.....	10
Program Demographics	10
A Comparison with Barwick (2011) Study: Necessary skill sets	10
Scientific Approach to Knowledge.....	12
Search Techniques	13
Programs that Did Not Teach Specific EBPs	14
Programs that Teach Specific EBPs	15
Definitional Disparities.....	15
Qualitative Responses.....	17
Barriers to Teaching Specific EBPs.....	17
Positive Implications of Teaching Specific EBPs	20
Cautions Regarding Teaching Specific EBPs.....	22
Depth and Extent to which EBPs are Taught.....	23
Results by Region	24
Limitations	29
Recommendations.....	29
Appendix I: Midwestern United States.....	34
Table 1: <i>Midwestern region faculty teaching EBPs</i>	34
Table 2: <i>Midwestern region specific EBPs taught</i>	35
Appendix II: Southern United States	36
Table 3: <i>Southern region faculty teaching EBPs</i>	36
Table 4: <i>Southern region specific EBPs taught</i>	37
Appendix III: Northeastern United States.....	38
Table 5: <i>Northeastern region faculty teaching EBPs</i>	38
Table 6: <i>Northeastern region specific EBPs taught</i>	39
Appendix IV: Western United States.....	40
Table 7: <i>Western region faculty teaching EBPs</i>	40
Table 8: <i>Western region specific EBPs taught</i>	41
Appendix V: Canada.....	42
Table 9: <i>Canada faculty teaching EBPs</i>	42
Table 10: <i>Canada specific EBPs taught</i>	43
Appendix VI: Review of Literature	44
Client Characteristics and Choice.....	45
Practitioner Creativity.....	47
Program Implementation	47
MSW Program Curricula and Faculty Abilities.....	49
References.....	52



Background

The Child & Family Evidence-Based Practices Consortium formed in 2004. It is an independent group of human service professionals dedicated to the implementation of programs that have strong empirical support. The Consortium provides a forum for professionals involved in large-scale implementation of evidence-based programs to learn from successes and challenges experienced in their research, training, and technical assistance activities.

The Consortium issued a monograph addressing special challenges of funding evidence-based practices, and conducted two North American surveys related to workforce development in the implementation of evidence-based practices in child and family behavioral health care. We seek to foster better academic preparation, and specifically are focusing upon assessing and improving how evidence-based practices, translational science, and implementation frameworks are taught in professional advanced degree programs including Social Work, Marriage and Family Therapy, Psychology, Educational Psychology Counseling and Professional Counseling. Our Advisory Board includes:

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Executive Summary

This study emerged from the Workforce Development Group of the Child & Family Evidence-Based Practice Consortium. It examines the inclusion of instructional training on evidence-based practices (EBPs) within North American MSW programs. A previous study of community-based behavioral health care programs revealed a significant perception by administrators and clinical supervisors that graduates of MSW programs were not highly prepared to enter an evidence-based workforce (Barwick, 2011). As a compliment to that Barwick study, the present study examined the extent to which EBPs are being taught within MSW curricula, and to determine if there are any regional or other demographic trends that may be useful in understanding how to support integration of EBPs into curriculum.

This study used the Chambliss and Ollendick (2001) definition of EBPs, and as such evidence-based practices were defined as those practices for which there is: 1) a clearly defined target population; 2) specific written elements, activities and phases of service delivery; and 3) research supporting effectiveness with that population established through random-assignment control group studies.

Methods

A web-based survey for Deans and Directors of Social Work Programs in North America was distributed in 2013 via the National Association of Deans and Directors of Schools of Social Work listserv and a similar listserv in Canada. Completed responses were received from 58 North American MSW programs (approximately 27% response rate).

This brief survey contained questions about program size and structure, what types of evidence-based programs are covered in training curriculum (if any), and the depth and extent to which these programs are taught. Respondents were invited to provide narrative to further understand perceived strengths, opportunities, and barriers to teaching EBPs within their respective MSW programs.

A combination of quantitative and qualitative data analysis approaches were used. Coding of practices listed by MSW programs was necessary because we found some programs listed practices that



did not align with the working definition used in this study. We achieved a 98% inter-rater agreement on classification of EBP programs. This study was approved by the University of Missouri-Kansas City Social Science Institutional Review Board.

Summary of Key Findings

- The majority of MSW programs reported at least one EBP in their curriculum
- In contrast with reports by North American behavioral health care leaders (Barwick, 2011), most MSW program leaders indicated their students thoroughly developed the following evidence-based practice skill sets:
 - Critical appraisal of literature and practices
 - Scientific approach to practice
 - Ability to search secondary sources for specific EBPs
- Definitional disparities continue to confuse. Though provided a specific definition of evidence-based practice, well over a third of the responding programs indicated they taught EBPs, but after careful examination many of their reported practices did not meet study criteria.
- The most frequently cited barrier to teaching EBPs is lack of trained and experienced faculty, or a contingent of faculty with competing theoretical orientations.
- The most frequently cited positive implication of including EBPs in course curriculum is the workforce preparation this affords program graduates. This was closely followed by perceptions that teaching EBPs increases professional credibility.
- Cautions highlighted the importance of critical appraisal skills and inclusion of best practices related to cultural competence in teaching EBPs.
- To a great extent, programs indicated they taught: elements, participants, activities and phases of specific EBPs; the underlying theory base; the research supporting that EBP's effectiveness with a specific population as well as its theory of change, and that there were opportunities for students to



practice it. However, when one or more of these elements was missing, it was most often the theory of change or the opportunity to practice the specific EBP.

- There appear to be some regional differences. For example, there was less diversity in types of EBPs reported by programs located in the Midwestern United States compared with other locations.

Conclusions & Implications

From this study, we draw several cautionary conclusions. First, the vast majority of programs reported some integration of EBP-related course material into curriculum. However, ideological, definitional, and practical concerns remain.

Several areas for future exploration emerged from these results. There was a significant discrepancy between what Barwick (2011) reported about the perception of employers regarding the skills that newly employed MSW graduates have and what graduate programs believed they develop. Further studies should identify whether this discrepancy was a result of sampling differences, possible competing response biases, or a real and fundamental difference in what the field desires and what institutions of higher education are providing. Once this is determined, the next step would be to identify feasible pathways to support adoption of EBP curricula that honors the concerns raised by faculty and moves the field forward in providing the most well-supported interventions to vulnerable individuals, children, and families.

Limitations

- Modest response rate limits generalizability of findings.
- In an effort to keep the survey short, we did not ask more in-depth questions about course placement and strategies for integrating EBP training into the curriculum.
- Some survey questions may be vulnerable to socially desirable responses.



Introduction

This exploratory study examines the extent to which evidence-based practices (EBPs) are taught in North American MSW curricula. Factors influencing the teaching of EBPs are examined, as well as the barriers to and the implications of teaching EBPs. This investigation also serves as a follow-up to the Consortium's initial examination of how well graduate level clinicians are prepared to function in the selection and delivery of evidence-based practices in child and family behavioral health care programs (Barwick, 2011). In that study, 589 North American administrators and supervisors with hiring responsibilities were surveyed. Most had earned a MSW degree (40%). While Barwick's sample included respondents from several behavioral health disciplines, the largest portion (40%) had earned an MSW degree.

Results of that study indicated that basic abilities necessary for evidence-based practice were often not in the repertoire of knowledge and skills of graduate level clinicians they hired, and that these abilities had to be developed through in-service training and coaching. Respondents were also asked about the extent to which their service organization had worked with academic programs to discuss the extent of graduate preparation. Twenty-five percent indicated this did occur, but 36% said this did not occur and 39% were uncertain. Of those indicating there was contact between their organization and graduate degree programs, 45% indicated the purpose of contact was to secure practicum placements, and only a small proportion addressed curriculum recommendations (16%), intern competencies (15%), or development of course assignments (2%).

With that study as background, we decided to explore the extent to which evidence based practices were taught in North American MSW curricula.



Design

Recruitment and Participants

In 2012, an initial survey and study were developed by the EBP Consortium's workforce development group and approved as non-human subjects research by the University of Missouri-Kansas City Social Science Institutional Review Board. The initial survey was distributed via e-mail directly to deans and directors of MSW programs in the United States and Canada. Each MSW program was further encouraged to participate in the study via telephone reminder. However, distribution of the survey near the end of spring semester limited the number of respondent programs.

With feedback from Jeff Jenson PhD Associate Dean of Research at the University of Denver Graduate School of Social Work, the survey was revised. It was distributed via the National Association of Deans and Directors of Schools of Social Work (NADD) listserv with support of the NADD President in January 2013. A few Canadian MSW programs are members of the NADD listserv. Other Canadian programs received the survey through a listserv used by an EBP Consortium member at the University of Toronto. Approximately 215 deans or directors of MSW programs in the United States and Canada received the survey. A follow-up request to complete the survey was distributed on both listservs in February 2013. Completed surveys were submitted anonymously to a secure website. Completed surveys were received from 58 North American MSW programs.

Methods

We used the same criteria for defining evidence-based practice applied in the Barwick (2011) study that was derived from previous studies (Chamless & Ollendick, 2001; Silverman & Hinshaw, 2008). These criteria included:

- 1) A clearly defined target population
- 2) Specific written elements, activities and phases of service delivery



3) Research supporting effectiveness with that population established through random-assignment control group studies.

Our survey sought information on MSW program demographics and curricula characteristics. These included: (a) geographic region; (b) size of 2012-2013 student cohort; (c) whether or not EBPs are taught that meet study criteria; (d) names of those EBPs taught; (e) number of faculty by position and the number by position teaching those EBPs. Faculty positions were differentiated by traditional tenure track positions (professor, associate professor, assistant professor) and by non-tenure track positions (listed in tables as clinical instructor), and adjunct faculty. To further understand the depth and extent to which those EBPs are taught, the survey included a series of questions focusing through the National Implementation Research Network (NIRN) intervention component framework (Bertram, Blase, & Fixsen, *in press*; Bertram, Blase, et al., 2011; Fixsen, et al, 2005). Respondents were also offered the opportunity to present their perspectives on evidence-based practice via open-ended questions regarding barriers and implications of teaching EBPs in MSW programs. Finally, for comparison with the Barwick study (2011) we replicated three of its questions and asked respondents to rate the extent to which their program developed MSW student competencies necessary for evidence-based practice.

Inter-rater reliability. To determine if the respondent-identified EBPs met study criteria, each of the four authors of this report individually coded the identified practice models as meeting our study's EBP definition, not meeting, or unsure. These analyses were then discussed over a series of conference calls in which any disagreements or uncertainties were addressed by a concurrent search for evidence on the stated practice. As a further check for reliability, Jeff Jenson, Ph.D. similarly coded each respondent-identified EBP. This process produced an inter-rater reliability score of 98.9%.

Analysis. Data analyses included SPSS descriptives and a content analysis of free response items using Atlas.ti7 to identify themes across respondent perceptions of barriers and implications of teaching evidence-based practice. Finally, we conducted within and between group comparisons. We examined



demographic data, whether and which EBPs are taught, the depth and extent to which they are taught, as well as responses to skill set questions imported directly from the Barwick (2011) study.

Results

Program Demographics

A total of 58 North American MSW programs responded to our survey. Of these programs, 94.8% were MSW programs in the United States ($n=55$). Most of the responding US programs were located in Midwestern states (29.3%), Southern states (27.6%), or in the Northeastern states (24.1 %). There were fewer responses from programs in the Western states (13.8%). Three MSW programs responded from Canada (5.2%), two from Central Canada and one from Western Canada.

In addition to the MSW degree, half of the 58 North American programs ($n=29$) also offered doctoral programs. MSW program size varied considerably as indicated by a range of as few as 7 or as many as 1300 students admitted in academic year 2012-2013. Understandably, faculty size similarly varied and can be examined in sections and appendices of this report that present results by geographic region.

A Comparison with Barwick (2011) Study: Necessary Skill Sets

As noted in the introduction to this report, our current study builds upon a previous survey by the Child and Family Evidence Based Practices Consortium. In Barwick (2011), 589 North American behavioral health care administrators and supervisors with hiring responsibilities (84.1% from the United States and 15.6% from Canada) rated the necessity of three skill sets for practitioner effectiveness in evidence-based practice and whether masters level practitioners possessed these skills upon hire or learned them on the job. These skills included critical appraisal skills, scientific approach skills, and search techniques. *Critical appraisal skills* were defined as the ability to accurately appraise research findings for validity, impact, and applicability to client information. *Scientific approach to knowledge building* was defined as the ability to formulate a clinical problem, develop or apply the appropriate practice, and

evaluate service delivery for outcomes. *Search techniques* were defined as ability to find secondary sources of reliable information pertaining to evidence-based programs or practices.

Our study asked the 58 responding deans and directors to evaluate how thoroughly their program taught each of the three skill sets Barwick (2011) explored with North American behavioral health care administrators and supervisors. Responses to these three questions in both studies provide context for considering the extent to which specific EBPs are taught in North American MSW curricula.

Critical appraisal skills. In Barwick's (2011) study, 56% of the 589 responding administrators and supervisors believed that skills to critically appraise research findings were necessary for practitioner effectiveness in evidence-based practice. However, 55% of respondents indicated practitioners with master degrees did not possess these skills and had to develop them on the job. Related to Barwick's (2011) results, we found that 67.2% of responding MSW programs reported they thoroughly or extensively addressed critical appraisal skills, twelve (20.6%) reported their program somewhat addressed these skills, and six (10.3%) reported their program minimally or briefly addressed these skills (see Figure 1).

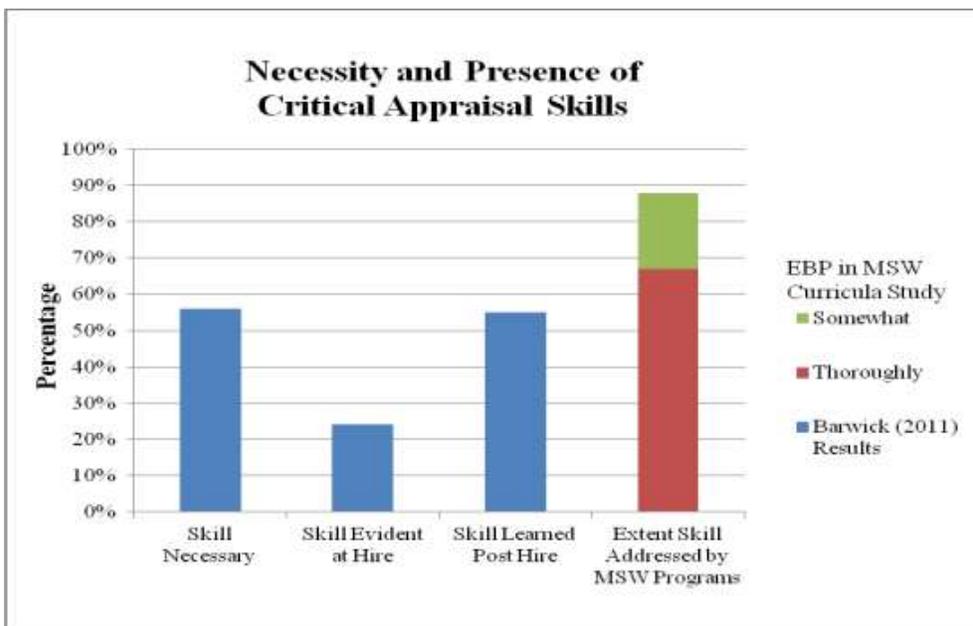


Figure 1. Note. Graph does not include MSW programs that minimally teach these skills.

Scientific approach to knowledge. In Barwick’s (2011) study 69% of the 589 responding administrators and supervisors believed a scientific approach to knowledge was important for effective evidence-based practice. However, 64% of respondents reported that master’s level practitioners did not possess this skill set and had to develop it upon hire. These results also stand in contrast to our findings, in which 40 (68.9%) responding MSW programs reported thoroughly or extensively addressing scientific approach to knowledge skill development. Fourteen (24.1%) respondents reported their program somewhat addressed development of these skills, and only three (5.1%) respondents reported their program minimally or briefly addressed development of these skills (see Figure 2).

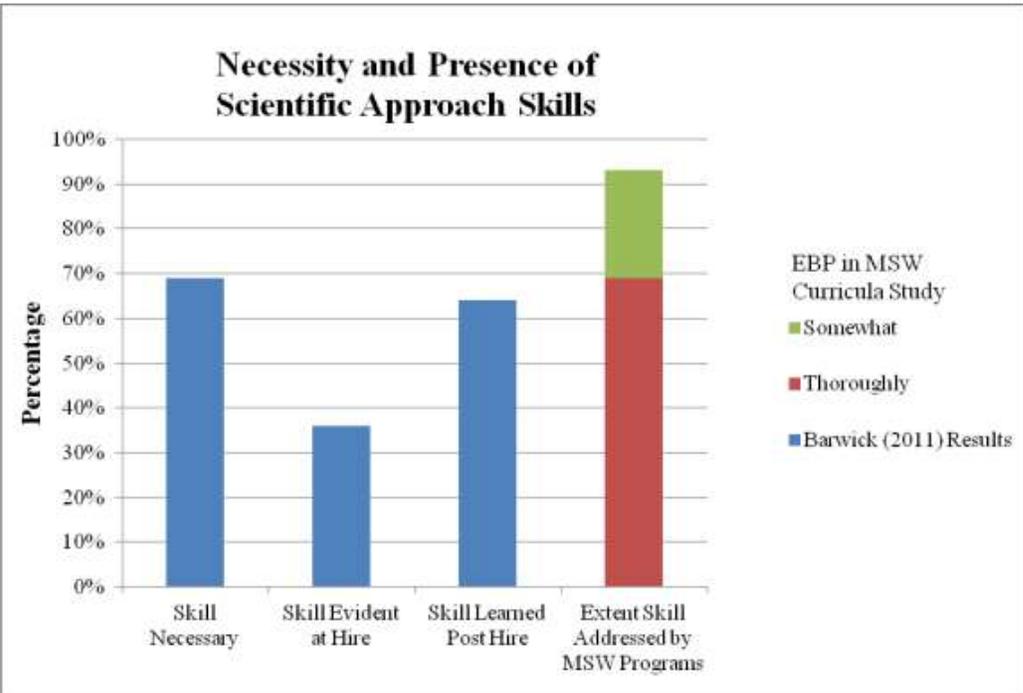


Figure 2. Note. Graph does not include MSW programs that minimally teach these skills.

Search techniques. In Barwick’s (2011) study, 43% of the 589 responding administrators and supervisors believed that the ability to search for, find and use reliable secondary sources about specific evidence-based practices was important for practitioner effectiveness. A total of 54% of respondents reported that master’s level practitioners did not possess this skill set and had to develop it upon hire. Of the 58 responding North American MSW programs 20 (34.5%) reported thoroughly or extensively addressing search techniques to find and use reliable secondary sources of information about specific evidence-based practices. 25 programs (43.1%) reported somewhat addressing development of these skills. Eleven programs (19%) reported minimally or briefly addressing development of these skills, while one program (1.7%) indicated it did not attempt to develop these skills (see Figure 3).

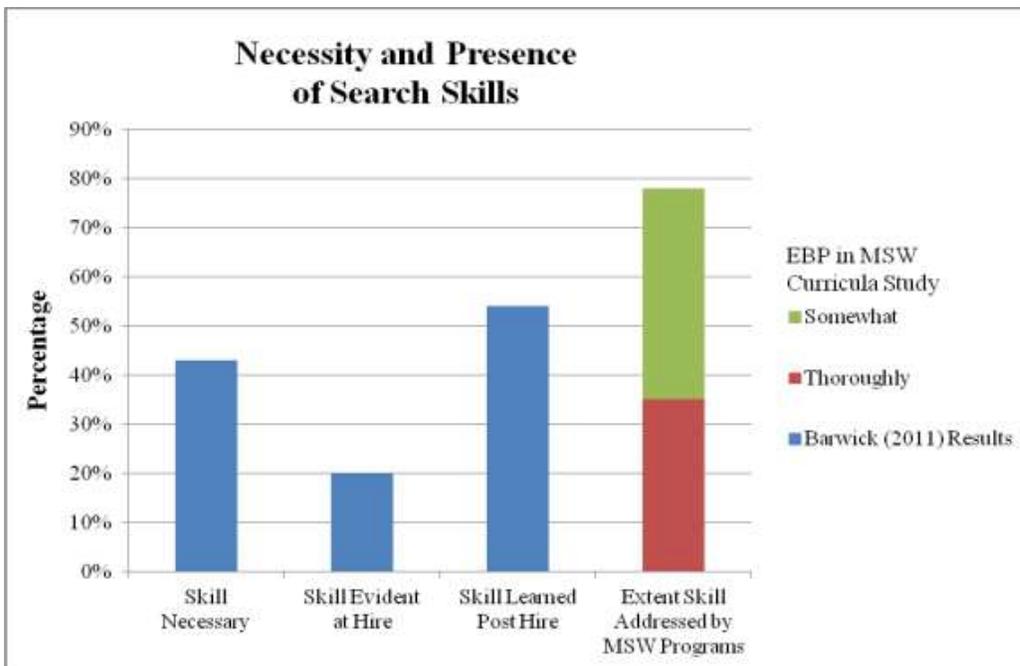


Figure 3. Note. Graph does not include MSW programs that minimally teach these skills.

The discrepancy between assessments by North American behavioral health care leaders (Barwick, 2011) and responding MSW program leaders may be due to response bias, social desirability, or a real but not well examined discrepancy between what MSW program leaders believe should be taught and what is actually being taught or learned.



Programs that Did Not Teach Specific EBPs

While 89.7% respondents to our survey reported (sometimes inaccurately) their programs taught specific evidence-based practices that met study criteria ($n=52$), 10.3% indicated their programs did not ($n=6$). All of these six North American programs engaged 50 or fewer students in academic year 2012-2013, and five of these six were in the United States. One respondent stated their program had a sole concentration in community partnerships, a non-clinical approach to social work that did not meet study criteria. Another indicated EBPs are discussed as being important and that a course was offered in program evaluation. Other respondents indicated students learn about evidence-based practices through required research courses, through “assigned readings of evidence based research,” when junior tenure track faculty with EBP expertise taught a specific course, or when a field placement provided a specific EBP.

Clear criticisms of evidence-based practice were stated by three respondents. One indicated, “we teach our students to critically analyze the concept of evidence-based practice, including the deconstruction of (its) underlying socio-political implications.” Another elaborated and somewhat repeated,

Evidence-based practice is a highly controversial method of delivery that is not supported by the evidence. We teach our students common factors research and relational research that demonstrate the application of techniques is not the mutative factor in treatment and may in fact undermine the actual mutative factors. We teach our students to deconstruct the socio-political implications of evidence based practice.

Finally, one respondent noted that,

Senior faculty neither have the training nor philosophical orientation to teach EBP. Most teach relationally based approaches to social work practice with human rights and social justice perspectives. A few senior faculty oppose teaching more scientifically based methods.

Similar perspectives consistent with objections or criticisms of evidence-based practice may be explored in a brief review of literature (see Appendix VI).

Programs that Teach Specific EBPs

Of the 58 North American responding MSW programs, 89.7% reported teaching specific evidence-based practices that met study criteria (Barwick, 2011; Chamless & Ollendick, 2001; Silverman & Hinshaw, 2008). These programs provided by position the number of faculty teaching EBPs and the total number of faculty in their MSW program. *Figure 4* visually depicts by position the mean number of faculty teaching or not teaching EBPs in the 52 North American MSW programs that reported teaching evidence-based practices that met study criteria. Though the means are influenced by the differences in size of programs, it clearly depicts the crucial role of adjunct faculty in teaching all courses but even more so in teaching evidence-based practices. The latter is of interest when considered in light of the next section of this report in which we present qualitative responses regarding barriers to teaching evidence-based practices. There are informative data within later discussion of results by geographic region which allow the reader to examine and compare their program with respondent programs. Respondent programs are not identified by name, city, or state.

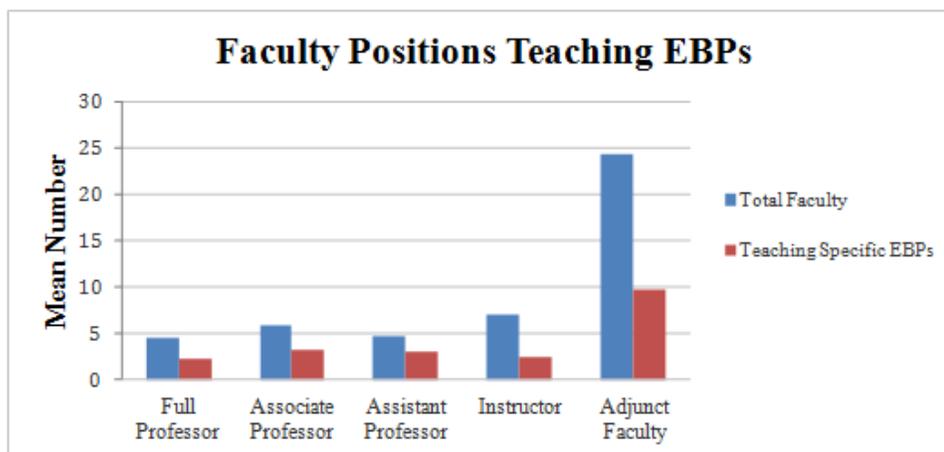


Figure 4. Note. Some programs identified teaching EBPs that did not meet study criteria.

Definitional Disparities

Programs could report up to 10 EBPs taught. A total of 163 reported EBPs were examined based on whether or not they met study criteria. Again, five participants in the research team examined these

practices, and identified that 110 met study criteria (67.5%) and 53 did not meet study criteria (32.5%). The inter-rater reliability between the investigators and a consultant was 98.9%.

The overwhelming majority of responding programs ($n=52$) indicated they taught specific EBPs. However, sixteen of these 52 programs reported teaching a practice that did not meet study criteria in addition to practices that met study criteria. In figure 5, these programs are reflected in the “mixed” bar. Three programs indicated they taught specific EBPs but did not identify the practice.

These somewhat confusing responses may reflect incomplete knowledge of evidence for all three criteria needed to identify an EBP for this study, as well as definitional differences noted in the literature that are also represented in this study’s qualitative data (see Barriers and Implications sections below). Misidentification of a practice model as an EBP that met study criteria may also be the result of the respondent dean or director not being fully engaged in curriculum committee course development.

A detailed presentation of specific evidence-based practices taught that can be compared to other program factors is organized by geographic region and available in Appendix I-V. These factors include size of program (number of students and number of faculty by position), what faculty positions teach the EBPs, and which specific EBPs are taught.

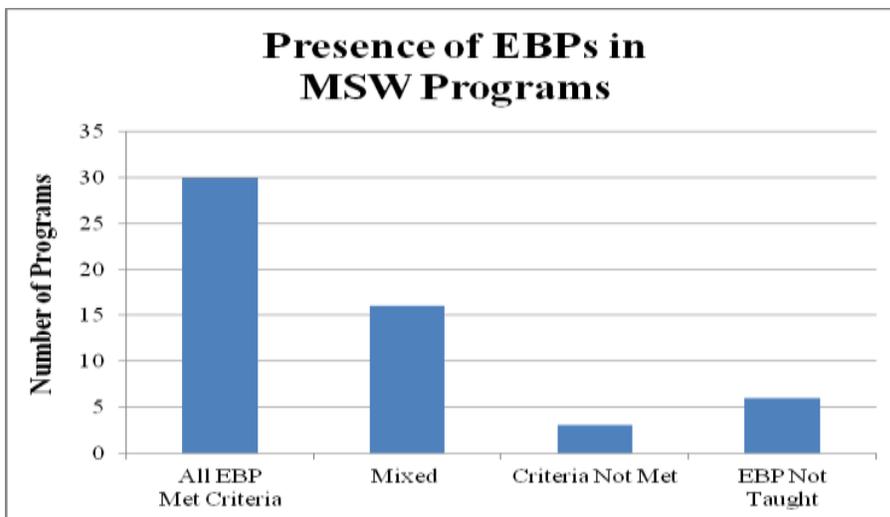


Figure 5. Note. Three programs indicated teaching EBPs, but did not identify them.



Qualitative Responses

Next, we examined the narrative responses and used a grounded theory approach to identify major themes. In particular, we wanted to better understand barriers to teaching EBPs and MSW program leader perceptions of the implications of teaching such practices. Identified barriers were related to faculty, development of curriculum, field placement, and definition of evidence-based practice. Positive implications of teaching EBPs were related to workforce preparation, to improving the credibility of social work as a profession, to benefits for clients, and to access funding. A few responses entered as implications actually identified cautionary concerns that evidence-practice must be well taught, clearly understood, and carefully applied.

Barriers to teaching specific EBPs. Barriers to teaching specific evidence-based practices were identified by all 58 North American MSW programs. Barriers naturally grouped into four types (see *Figure 6*). The smallest number of qualitative responses identified MSW field placement sites as a barrier to teaching specific EBPs ($n=7$). Most of these respondents indicated field practicum sites simply did not support instruction and opportunity to practice specific EBPs, and often provided services through eclectic approaches to counseling or case management. One respondent indicated that field sites are not yet organized to support specific EBPs and preferred “evidence supported interventions.” The same respondent indicated this concern has become a focus in training of field instructors.

A much larger number of barriers were identified regarding development of curriculum ($n=24$) and EBP definitions ($n=26$). Concerns about development of curriculum included the challenge of integrating specific evidence-based practices with existing curriculum content, especially when a program identified itself as a generalist program. One respondent indicated that Council on Social Work Education (CSWE) requirements to organize MSW curriculum to measure student attainment of CSWE evaluation and accreditation competencies was time consuming, leaving little opportunity to focus upon specific EBPs. Time was a factor of concern in many responses, including time to discuss and plan changes in curricula as



well as time to teach existing course content in addition to specific EBPs. It appeared many respondents were thinking in terms of adding content to current courses or of creating new electives rather than transforming the curriculum.

A major concern expressed in the literature is the perception that Chambless and Ollendick's (2001) definition of three characteristics of an evidence-based practice is too limiting. Not surprisingly, since our study criteria were based upon that definition, there were 26 responses aligned with the barriers identified to teaching evidence-based practice that resonated to similar questions about EBP definition. These included multiple concerns that specific EBPs are not a good fit for minority populations, especially Native Americans, Pacific Islanders, or Mexican Americans. One respondent saw this gap as a clearly defined research opportunity. Another respondent believed cognitive behavioral therapy (CBT) could be used with minority populations but believed individual instructors might not have the expertise to understand and teach CBT in this manner. Some respondents indicated faculty were confused about evidence-based practice and believed that EBPs were tested and proven only for "specific diagnosable conditions." Another believed that "EMDR with trauma victims like returning vets was popular but looked down upon because it was not evidence-based." Other definitional barriers included social work's responsibility to promote community development or other macro level policy or practice activities.

However, by far the largest number of responses identified faculty related barriers to teaching specific evidence-based practices ($n=37$). These included limitations in the competency, training, and experience of faculty ($n=12$). Several respondents ($n=8$) noted that faculty theoretical orientation or their perception that evidence-based practices were "too structured and cookbook-like," thus limiting "the art of therapy" or social work practitioner creativity were barriers. This was noted as especially true if faculty embraced psychodynamic theory, or if they simply preferred to teach eclectic holistic practice. One respondent noted that in emphasizing a holistic approach to working with clients, their faculty taught students not to "get caught up in manualized treatment" because "evidence-based practice is much too

simplistic.” One respondent noted that such perspectives may be the result of thinking in terms of private practice rather than social work in organizations that have responsibility for fidelity and sustainability of services that improve client outcomes. A general resistance to change was highlighted by six programs. Finally, six programs noted reliance upon adjunct faculty who work at agencies that do not use EBPs as a faculty related barrier. *Figure 7* depicts faculty-related barriers to teaching evidence-based practice.

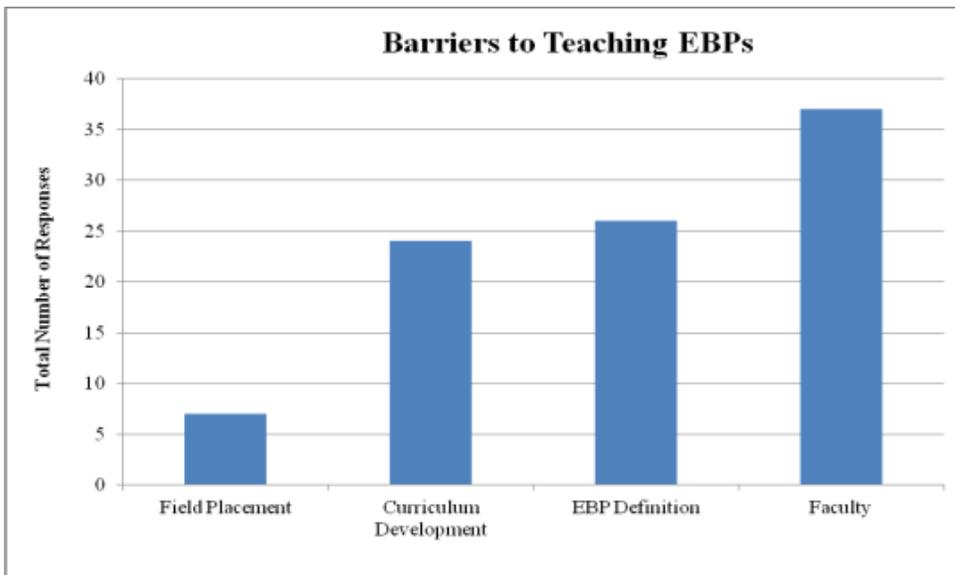


Figure 6.

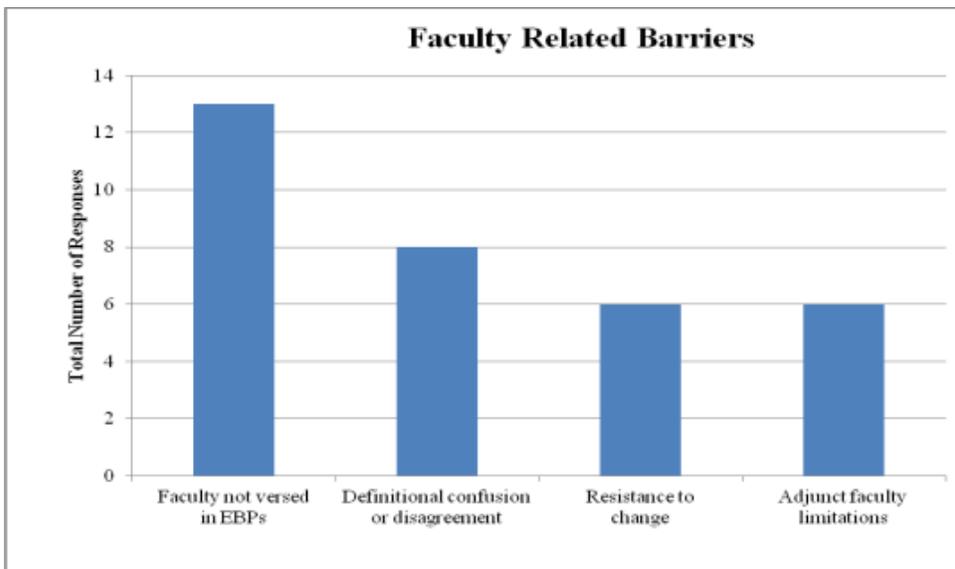


Figure 7.

Positive implications of teaching specific EBPs. Respondents were given the opportunity to identify the implications of teaching evidence-based practice. Ninety different implications were noted; however, twenty-two were actually identified as barriers to teaching EBPs and thus were presented in the previous section. Three responses (not depicted in *Figure 8* below) were broad, “It is very positive,” “Positive,” and “It has positive implications for our students.” Nineteen naturally grouped around workforce preparation and addressed either academic preparation ($n=8$) or skill building ($n=11$). Thirty-two implications highlighted credibility of the profession ($n=17$), benefits to clients ($n=10$), and improved access to funding ($n=5$). The fourteen remaining implications expressed cautionary concerns and are discussed separately.

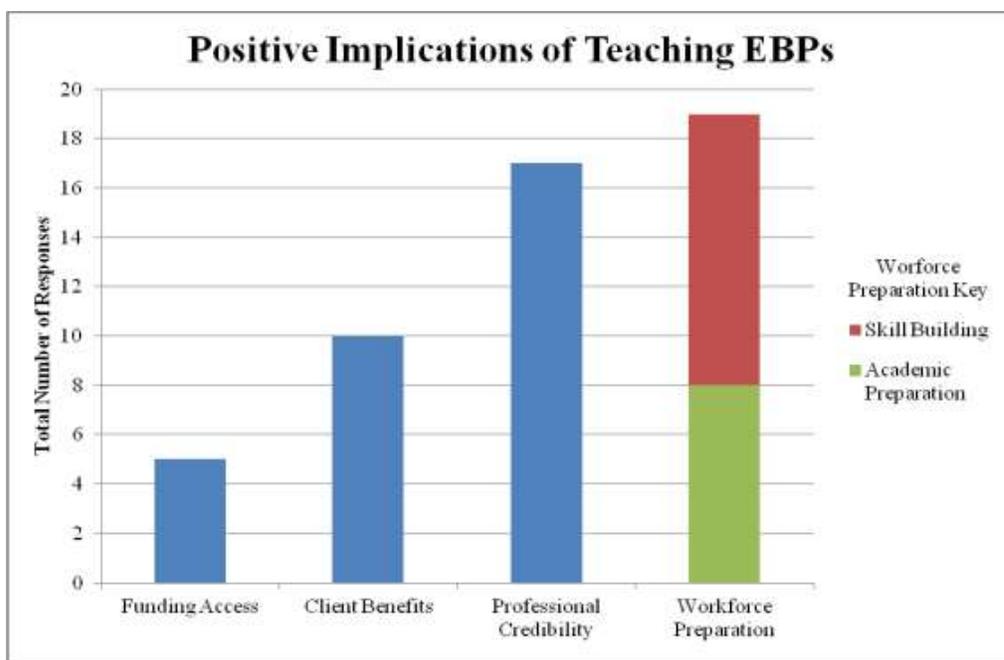


Figure 8.

Of the five implications that addressed access to funding as a positive implication of teaching evidence-based practice, one noted that “science provides a platform to *prove worth* [their emphasis] to consumers and funding sources.” This emphasis was echoed in part or in whole by the other four statements, three of which noted that reimbursement for billable hours and working with managed care increasingly requires use of evidence-based practices. Related themes were noted in the identification of



benefits to clients ($n=10$) as a positive implication of teaching evidence-based practice. One respondent stated, “I believe the question is, what is the alternative?...something without research support?”

Nineteen statements asserted that teaching evidence-based practice offered positive implications for workforce preparation, and these naturally separated into two types. One emphasized academic preparation ($n=8$), the other emphasized skill-building ($n=11$). Those emphasizing academic preparation noted that teaching evidence-based practice contributed to development of critical thinking that makes students better consumers of research and seekers of evidence on what works with whom. One viewed teaching EBPs as “a promising trend that orients students to data-based approaches rather than seeing the world as socially constructed.” Another extrapolated that, “We are teaching future social workers to think critically about the types of evidence needed to guide practice, where to find it, how to collect it, how to assess it, and how to apply it.” Implication statements that emphasized skill-building ($n=11$) often asserted that teaching EBPs enhanced students’ understanding of theory base and practice skills, as well as their critical thinking on differential assessment and intervention. Others noted that students learn that they must use what works with whom and not simply apply practices with which they are most comfortable.

While workforce preparation (academic and skill-building) accounted for nineteen positive implications of teaching evidence-based practice, a nearly equal number of statements noted that teaching evidence-based practice enhanced the credibility of social work as a profession ($n=17$). Several emphasized that teaching and using evidence-based practices makes social work a more credible profession, competitive with other disciplines, especially in behavioral health. Some viewed evidence-based practice as a means for continual and contemporary professional development with heightened accountability to make and advocate for informed practice decisions. One noted that, “done correctly, EBPs should generate creativity in addressing the challenges experienced by both clients and social workers.” Finally, another stated, “if well considered and implemented, teaching evidence-based practice will



eventually change both academia and service organizations including but not limited to who is hired and how personnel are developed.”

Cautions regarding teaching specific EBPs. Given the current status of the debate in social work, it was not surprising that cautions regarding teaching evidence-based practices were identified. There were fourteen such statements. Five addressed the effect on the profession and nine expressed cautionary notes regarding inappropriate applications of evidence-based practices.

Two statements clearly expressed concern that there will be a negative impact on the profession. One stated, “My biggest concern is the profession of social work becoming lost in a sea of psychotherapies.” Another extrapolated, “I believe it is destroying the capabilities of social workers to engage in growth-promoting relationships. It is more importantly robbing our clients of growth promoting experiences.” Concerns were also expressed that insurance providers and funding sources could misapply the concept of evidence-based practice and restrict the range of additional services a client and their family might need. Another viewed evidence-based practice as “a more mechanistic conceptualization of the nature of excellent social work practice than some believe appropriate.”

Cautionary notes also highlighted a realistic concern that MSW programs teach evidence-based practices thoroughly and carefully. Warnings about inappropriate application of evidence-based practices most often focused upon students misunderstanding EBPs. Respondent statements reflecting this concern included, “There are many pluses, but we must teach that some important practices are not found within evidence-based treatment packages” and “Students must understand that not all EBPs fit all populations nor may they be practiced in all settings.” Another respondent noted, “I become concerned when educators advocate that students only use EBPs or that they rigidly adhere to treatment protocols. This could lead them to overlook unique client qualities and circumstances.” Another further elaborated:

I agree conceptually with evidence-based practice. However...if there is not substantial understanding of the theoretical framework underlying the technique, it becomes if you have a



hammer, everything looks like a nail. I would like to see more emphasis (in teaching EBPs) on relationship building and less on technical accuracy. Of course, this can be addressed in the classroom by well-educated instructors.

Depth and Extent to which EBPs are Taught

Again, the overwhelming majority of the 58 responding programs (89.7%) indicated they taught specific EBPs. These 52 programs could report up to 10 specific EBPs taught. A total of 163 different reported interventions were examined and 108 met the study definition of EBP (66.3%), but 53 did not meet study criteria (32.5%). Refer to the design and method section of this report for a description of the process that produced 98.9% inter-rater reliability.

To examine the depth and extent to which specific EBPs are taught, our survey used the National Implementation Network's intervention component framework (Bertram, 2013; Bertram, Blase, & Fixsen, *in press*; Bertram Blase, et al, 2011; Fixsen, Blase, et al, 2009; Fixsen, Naoom, et al, 2005). This framework includes four components: (1) clearly identified elements, participants, activities and phases; (2) the theory base(s) supporting them; (3) research supporting the efficacy of this practice with specific client population(s); and (4) the practice model's theory of change. Teaching the four NIRN intervention components and providing opportunities for students to practice applying it would provide evidence of a thorough instruction of an EBP. Thus, our survey asked if there were opportunities in class assignments or in field practicum for students to practice the specific EBP. Respondents could reply "yes," "no," or "don't know" to each of these five questions for each EBP taught that they believed met study criteria.

Respondents indicated that for the 108 EBPs that met study guidelines, all four NIRN criteria, and the opportunity to practice the EBP were present for 89 of the specific evidence-based practices (82.4%). However, for 22 EBPs (20.4%), this degree of instructional thoroughness was not or might not be the case. We were concerned that these questions were vulnerable to social desirability. However, for many reported EBPs that did not meet study criteria, there were appropriate "no" answers to one or more of five questions



on the depth and extent to which that practice was taught. For example, some respondents identified required courses that present an overview of social work practice or policy. These overview courses did not meet study criteria as an evidence-based practice, and these respondents correctly identified that these courses did not teach research supporting effectiveness with specific population(s).

There were 110 possible responses for the 22 EBPs in which one or more of the five questions regarding depth and extent of instruction were answered “no” or “don’t know.” A total of 35 “no” or “don’t know” responses for these 22 EBPs were closely examined and we identified the following patterns.

- In half of those 22 EBPs, six respondents noted that theory of change was not taught and five did not know if it was taught.
- When asked if there were class assignments or field placement opportunities to practice a specific EBP that met study criteria, there were seven definitive no answers and 4 don’t know replies.
- Five respondents indicated research supporting effectiveness with a client population might not be taught, and two indicated it was not taught.
- There was greater certainty regarding whether specific activities, elements, participants and phases of these 22 EBPs were taught with only two “don’t know” and one “no” response.
- Finally, of the 35 “no” or “don’t know” depth or extent responses, seventeen (48.5%) reported on instruction for Multisystemic Therapy (MST) or Trauma Informed Cognitive Behavioral Therapy. Since both of these EBPs are well-defined and tested these responses may suggest a less thorough presentation and instruction, or they may reflect respondent distance from development of curriculum content and instructional practices.

Results by Region

In the qualitative responses to questions about barriers, supports and implications for teaching evidence-based practice, our survey of North American MSW program deans and directors gathered data



that can be compared to similar questions posed to a large sample of faculty in a previous study (Rubin & Parrish, 2007). Because we sampled MSW program administrators who have an overview of their MSW program that individual faculty may not, our study also contains data not previously examined, including student body size, number of faculty by positions, specific EBPs taught, and by position the faculty who teach them. Thus, results from this exploratory study begin to offer an initial examination of program factors and the teaching of evidence-based practices.

With 58 of over 200 possible MSW programs responding, we chose to present these programmatic data by region in two tables in each of five appendixes to allow readers to explore and compare raw data with their own programs. Each table is organized by and presents the size of student body. The first table for each geographic region presents: whether or not the program indicated it taught specific EBPs; the number of identified EBPs that met study criteria and the number that did not; the number of faculty by position; and by position the number of faculty teaching EBPs. The second table for each region presents the specific EBPs taught that met study criteria (inter-rater reliability 98.9%).

Midwestern United States. This region included the states of North and South Dakota, Nebraska, Kansas, Oklahoma, Minnesota, Iowa, Missouri, Illinois, Indiana, Michigan, and Ohio. Tables for this region are presented in Appendix I. Seventeen programs responded from the Midwestern United States. Six believed they thoroughly taught the three evidence-based practice skill sets examined in the Barwick (2011) study. The two programs with fewest number of students reported not teaching evidence-based practices. Fifteen programs indicated they taught EBPs. Two programs did not identify a specific EBP, and in one of these, all fifteen associate and assistant professors were reported as teaching EBPs (Table 1). For the thirteen remaining programs, five reported teaching EBPs that met study criteria but also identified teaching practices that did not. Eight programs accurately and only reported teaching EBPs that met study criteria.



When compared with other regions, the Midwest had less EBP diversity. Programs most often taught some form of cognitive behavioral therapy or motivational interviewing (Table 2). One program identified ten EBPs taught, but only one met study criteria (cognitive behavioral). Unlike others, this program indicated every tenure track faculty member ($n=14$) taught evidence-based practice, as did 75% of its clinical or adjunct instructors ($n=20$). That program also reported thoroughly teaching each of Barwick's (2011) evidence-based skill sets. However, most programs accurately identified EBPs meeting study criteria. Most programs reported only teaching one or two EBPs, and responses to the evidence-based practice skill set questions (Barwick, 2011) were less uniform. One of those programs reported that fifteen of seventeen tenure track faculty (88%) taught EBPs, but that program only taught cognitive behavioral therapy and motivational interviewing. However, a program of similar size with no full professors, nine associate or assistant professors and two clinical instructors ($n=9$), reported that seven of these faculty (78%) taught four EBPs that met study criteria (Cognitive Behavioral Therapy, Motivational Interviewing, Multisystemic Therapy, and Multidimensional Foster Care).

Southern United States. This region included the states of Kentucky, Tennessee, West Virginia, Virginia, North and South Carolina, Florida, Georgia, Mississippi, Alabama, Arkansas, Louisiana, Texas, and the District of Columbia (Washington D.C.). Tables for this region are presented in Appendix II. Sixteen programs from this region responded. Only two of these programs reported thoroughly teaching each of the three evidence-based practice skill sets imported directly from the Barwick (2011) study. Other program responses to these three questions were more diverse. Two of the sixteen responding programs indicated they do not teach EBPs. Neither of these reported thoroughly teaching the three skill set questions imported from the Barwick (2011) study.

Of the fourteen remaining programs, four reported teaching EBPs that met study criteria as well as other practices that did not meet study criteria. Ten programs accurately and only identified teaching EBPs



that met study criteria. Eight programs (57%) reported teaching some form of cognitive behavioral therapy. Six programs (43%) reported teaching a family-centered EBP (Table 4).

Interestingly, except for two programs, the number of tenure track faculty appears lower than in other regions, even in programs with hundreds of students enrolled. One program reported teaching four EBPs but only two of these (cognitive behavioral therapy and structural family therapy) met study criteria. This program reported that six of seven tenure track and five of eight adjunct faculty taught these courses (Table 3). A much larger program accurately identified teaching only three EBPs that met study criteria (Cognitive Behavioral Therapy; Motivational Interviewing; Trauma-focused Cognitive Behavioral Therapy), and only two of 42 tenure track faculty (4%) taught these EBPs.

Northeastern United States. This region included the states of Maine, New Hampshire, Vermont, Rhode Island, Connecticut, New York, New Jersey, and Pennsylvania. Tables for this region are presented in Appendix III. Three of the fourteen programs reported they thoroughly taught the three evidence-based skill sets imported from the Barwick (2011) study. Other programs reported teaching these skill sets with greater differentiation. Of the three reporting thoroughly teaching these skill sets, one program did not identify teaching any EBPs that met study criteria.

Of the fourteen responding Northeastern programs, one indicated it did not teach EBPs. For the remaining thirteen programs, one identified teaching four EBPs but none met study criteria. That program reported that four of 36 faculty (11%) taught these practices and that all three evidence-based practice skill sets imported directly from the Barwick (2011) study were thoroughly taught.

The two programs with the largest number of students reported utilizing hundreds of adjunct faculty. Each of these two programs only taught EBPs that met study criteria. One reported 139 of 171 faculty taught the three EBPs in the curriculum. The other reported that of 244 faculty, only twenty taught the five EBPs in the curriculum. These programs may be reporting field instructors as adjunct faculty (Table 5).



Five programs reported teaching EBPs that met study criteria as well as practices that did not. Seven programs only reported EBPs that met study criteria. Eleven of the twelve programs that identified teaching EBPs that met study criteria (92%) taught some form of cognitive behavioral practices. There were only two programs teaching a family-centered EBP (Multisystemic Therapy). Similar to the Northeastern region responses, other EBPs that met study criteria were very diverse (Table 6).

Western United States. This region included the states of Alaska, Hawaii, Washington, Oregon, California, Arizona, Nevada, Idaho, Montana, Wyoming, Utah, Colorado, and New Mexico. Tables for this region are presented in Appendix IV. This region had only eight responding programs. All reported teaching EBPs, but one program did not specify the EBPs taught. Of the remaining seven programs, four reported EBPs that met study criteria as well as practices that did not. Three programs accurately and only reported teaching EBPs that met study criteria.

Six programs reported teaching some form of Cognitive Behavioral Therapy. Four programs reported teaching a form of family-centered evidence-based practice. Two programs reported teaching more than two EBPs that met study criteria. Three programs reported teaching motivational interviewing (Table 8).

One program reported teaching ten EBPs but only two met study criteria (cognitive behavioral and solution-focused therapy). This program indicated that 57 of 112 faculty taught these practices including 45 of the 85 identified adjunct faculty. Similar to the program in the Midwest, this program reported thoroughly teaching each of the three EBP skill sets initially explored in the Barwick (2011) study. Another program reported teaching seven EBPs but only four met study criteria. This program indicated that 138 faculty taught throughout its curriculum but it was uncertain if any of the 117 adjunct faculty, ten clinical instructors or six assistant professors taught the EBPs. For both of these programs, the large numbers of adjunct faculty may include field instructors. Finally, similar to the Southern region, there appear to be smaller numbers of tenure track faculty reported across programs (Table 7).



Canada. Three of fifteen programs responded from Canada. Tables for this region are presented in Appendix V. All of the responding programs had substantially fewer faculty across type of positions than programs in the USA (Table 9).

One of the three responding programs reported not teaching EBPs. Neither of the other two programs reported teaching cognitive behavioral therapy. However, both of these programs only reported teaching EBPs that met study criteria. One program taught a single EBP that met study criteria (Function-Based Interventions) while the other with a much larger student body reported teaching two EBPs that met study criteria (Multisystemic Therapy and Parent-child Interaction; Table 10). With the limited number of Canadian respondents it is impossible to suggest data patterns. However, the respondent programs appear more conservative and accurate in identifying EBPs that met study criteria.

Limitations

The primary limitation was the number of respondent programs (58 of 215 or more possible respondents). This study was not funded. A funded study with stipends for participation or with funds for repeated telephone and mail participation prompts would likely have increased our response rate. While a 27% response rate is adequate for most survey research, the smaller number of responding programs, especially from Canada and from the Western United States, constrains generalization from findings.

This survey was constructed in a short and succinct manner to reduce respondent fatigue. Thus, our survey did not ask in what type of course the EBP was taught. So for example, an EBP might be taught in an overview required practice course, in a required course specifically designed to teach EBPs, or in an elective devoted to specific topics. This should be examined in future studies.

In our review of literature (Appendix VI), the increasing use of adjunct faculty was highlighted as a constraint to teaching evidence-based practice because so many adjunct faculty are recruited from service programs that do not utilize EBPs. However, we failed to ask respondents to differentiate field instructors



from adjunct faculty responsible for non-practicum coursework. Some respondent programs reported from 40 to as many as 200 adjunct faculty.

Most programs rated their programs as thoroughly or somewhat teaching skills supporting evidence-based practice such as a scientific approach to knowledge and practice, as well as for critical appraisal of studies and other peer reviewed literature. No criteria for either rating “thoroughly” or “somewhat” were provided. Nor did we ask how the three EBP skill sets were taught. Development of these skill sets could have been infused throughout the curriculum or only addressed in specific courses. This too should be examined in future studies.

Recommendations

There is an EBP divide within and between the academic and the practice worlds. Barwick’s study (2011) found that masters level practitioners often did not have necessary skill sets for evidence based practice. In our study, most MSW program leaders indicated their curricula thoroughly or somewhat developed those skill sets. Other findings in our study suggest that contributing factors to the continuance of this divide are both within and between academic and social service programs.

In our study, many MSW program leaders indicated faculty not trained in nor comfortable with evidence-based practices, and the limited number of practice settings where students could apply them were barriers to integrating evidence-based practices into the curriculum. Thus, whether due to limited expertise, understanding, or ability to implement EBPs, both MSW faculty and field practicum sites constrain student exposure to these practices.

This conundrum is a self-perpetuating barrier to integrating proven effective practices into academic and social service programs. Service settings are not likely to adopt empirically supported practices if the MSW graduates they hire have not learned their value or developed the ability to implement them. These graduates become MSW field instructors and future leaders in these settings. They can play key roles in breaking through this barrier to integrate proven effective practices into academic and social



service programs. However, if an MSW program doesn't effectively infuse EBP skill sets and specific EBPs into the curriculum, as well as support their application in practice settings that serve as its field sites and that employ its graduates, then clients will continue to be less likely to receive the most effective services.

Perhaps the most effective strategy to resolve this conundrum and bridge the divide between academic and practice worlds is to create active partnerships to understand, apply, and evaluate evidence-based practices. Like the two-faces of Mezo-American art and masks, the processes within this partnership should focus upon both worlds including within and from the MSW curriculum to shape those practice settings, as well as within and from those practice settings to shape the MSW curriculum.

Discussions within an MSW program should clarify the definition of evidence-based practice which has become an undue distraction evoking an excess of differently defined terms for applying research to inform and guide social work practice. These include promising practice, practice-based evidence, evidence-informed practice, evidence-guided practice, and others. This plethora of terms constrains social work from fulfilling its values regarding research and practice (Thyer, 2013). The basis of these clarifying discussions should be that social work practice needs rigorous standards for a level of empirical support and replicability that enhances what consumers can depend upon receiving and gaining from services.

Within MSW program discussions, distinctions should be made between *teaching about* evidence-based practice versus *actually teaching specific EBPs*. These distinctions will most likely be shaped by the expertise of faculty, by the availability of field sites in which an EBP could be applied, and by the type of EBP. Some EBPs like Motivational Interviewing fit easily into any social work practice, while others, like Multisystemic Therapy require more organizational adjustments to support their implementation.

In organizing curriculum content, the NIRN intervention component framework offers a template for teaching any practice model (Bertram, 2013; Bertram, Blase & Fixsen, *in press*; Fixsen, et al., 2005). This includes teaching the specific activities, elements, phases and participants, their theory base(s), the



theory of change, and the research supporting any social work practice's effectiveness with specific client populations. Consistent use of this template can support development of a scientific approach to practice, as well as critical thinking and search skills so students know what approaches have the greatest value for whom. By also integrating the NIRN frameworks of implementation drivers and stages of implementation into the curriculum, an MSW program can produce graduates capable of making informed program development, evaluation, and policy decisions as they advance to greater degrees of influence in their careers (Bertram, 2013; Bertram, Blase, & Fixsen, *in press*; Bertram, King, et al., *in press*).

Collaborative dialogues about proven effective practices within and between an MSW program and select practice settings can serve as a basis for establishing EBP transformation zones in which the initial goal should be to create shared understanding and ability to support and apply a few EBPs. Evaluation of these efforts can then guide a scaling up process (Bertram, Blase, et al., 2011) to offer a greater variety of integrated curriculum content and opportunities to apply EBPs in more field settings.

These discussions should begin by exploring and correcting misunderstandings such as the all too common belief that evidence-based practice constrains practitioner creativity. Motivational Interviewing, one of the more frequently taught EBPs identified by MSW program leaders in our study, offers a creative means of engagement, assessment and planning in any social work policy or practice setting. Further, recent work on the common elements approach to evidence-based practice may dissuade all but the most ardent critics regarding practitioner creativity (Barth, et al., 2013; Bellamy, Mullen, et al., 2013). Finally, even well-defined, manualized and tested collaborative practices like Multisystemic Therapy depend upon practitioner creativity in engaging families and other participants in assessment and in design of individualized interventions (Henggeler, et al., 2009).

Discussions within and between an MSW program and practice settings should actively elicit and respond to misgivings or uncertainties about choosing to teach or to implement evidence-based practices. For example, in our study, concerns or barriers identified by MSW program leaders included a perceived



lack of testing specific EBPs with populations most often served in social work settings, especially in serving those with co-occurring disorders or complex unmet needs. However, many well tested EBPs such as Multisystemic Therapy, Structural Family Therapy, Cognitive Behavioral Therapy, Trauma-Informed Care and others have a well established foundation of effective practice addressing complex situations and co-occurring disorders with diverse populations.

Reviews of literature on specific EBPs that focus through NIRN frameworks can inform these discussions and planning. As MSW course content and assignments, these reviews would facilitate students' development of skill sets identified as essential by multiple social work scholars (Aarons & Sawitzky, 2006; Bellamy, et al., 2008; Manuel, Mullen, Fang, Bellamy, & Bledsoe, 2009), yet found wanting in the Barwick study (2011). As discussions focused upon supporting implementation in practice settings, these reviews can focus through NIRN frameworks (Bertram, Suter, Bruns, & O'Rourke, 2011). Select EBP reviews could simultaneously inform students, faculty, and service setting program leaders. An MSW program and select practice settings could then apply this information to re-shape and integrate curriculum content, pre-service, and in-service training and program implementation (Cannata & Hoge, 2012). Development and evaluation of such efforts can be a focal point for securing state, federal and foundation financial support. Presentation and publication of results of these efforts can shape academic careers and support development of junior faculty as they advance toward tenure.

These are but a few recommendations that can collaboratively transform how an MSW program supports the understanding and use of evidence-based practices. The principal investigators of this study as well as the Child and Family Evidence Based Practices Consortium welcome any opportunity to further discuss these findings and to explore these or other recommendations with the Council on Social Work Education, with its National Association of Deans and Directors, or with any MSW program.

Appendix I
Midwestern United States

Table 1
Midwestern region faculty teaching EBPs

Site	# Students	Teach EBP	# EBPs Met Definition		Full Professor		Associate Professor		Assistant Professor		Clinical Instructor		Adjunct Faculty	
			Yes	No	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP
1	17	No	N/A	N/A	0	N/A	2	N/A	2	N/A	2	NR	0	N/A
2	17	No	N/A	N/A	0	N/A	2	N/A	3	N/A	1	NR	0	N/A
3	50	Yes	2	0	0	0	1	0	3	2	3	1	15	DK
4	56	Yes	1	1	1	0	2	1	2	0	5	0	8	0
5	60	Yes	2	1	3	2	4	3	2	1	1	1	4	3
6	80	Yes	4	1	0	0	4	3	3	2	2	2	8	2
7	85	Yes	2	0	2	2	1	1	4	2	0	0	7	0
8	89	Yes	2	0	4	2	10	7	6	6	1	1	12	4
9	100	Yes	1	9	3	3	4	4	7	7	10	8	10	7
10	105	Yes	N/A	N/A	3	2	2	1	4	2	2	0	5	0
11	120	Yes	2	0	5	DK	5	DK	6	DK	1	DK	DK	DK
12	150	Yes	1	0	8	0	6	2	2	0	0	0	5	2
13	200	Yes	2	0	5	2	15	7	10	7	0	0	40	15
14	210	Yes	1	0	5	2	16	5	7	2	7	2	6	1
15	223	Yes	2	0	11	NR	10	NR	7	NR	2	NR	48	NR
16	330	Yes	N/A	N/A	4	1	5	5	13	13	1	NR	70	DK
17	360	Yes	4	2	15	8	20	10	15	8	3	3	50	40

Note. N/A = not applicable, does not teach EBPs; DK = do not know; NR = no response. Numbers teaching EBP may include faculty teaching a practice that did not meet study criteria.

Table 2
Midwestern region specific EBPs taught

Site	# Students	EBPs taught that met study criteria
1	17	N/A
2	17	N/A
3	50	Motivational Interviewing; Multisystemic Family Therapy
4	56	Multisystemic Therapy
5	60	Cognitive Behavioral Therapy; Motivational Interviewing
6	80	Cognitive Behavioral Therapy; Motivational Interviewing; Multisystemic Therapy; Multidimensional Foster Care
7	85	Family Focused Therapy; Trauma-Informed Cognitive Behavioral Therapy
8	89	Cognitive Behavioral Therapy; Motivational Interviewing
9	100	Cognitive Behavioral Practice
10	105	NR
11	120	Functional Family Therapy; Trauma-Informed Cognitive Behavioral Therapy
12	150	Trauma-focused Cognitive Behavioral Therapy
13	200	Cognitive Behavior Therapy
14	210	Behavior Therapy
15	223	Motivational Interviewing; Parent-Child Interaction Therapy
16	330	NR
17	360	Cognitive Behavioral Therapy; Dialectical Behavior Therapy; Motivational Interviewing; Interpersonal Therapy

Note. N/A = not applicable, does not teach EBPs; NR = no response.

Appendix II
Southern United States

Table 3
Southern region faculty teaching EBPs

Site	# Students	Teach EBP	# EBPs Met Definition		Full Professor		Associate Professor		Assistant Professor		Clinical Instructor		Adjunct Faculty	
			Yes	No	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP
			1	7	Yes	1	0	2	DK	4	2	2	1	0
2	20	Yes	4	0	NR	NR	NR	NR	6	4	1	NR	2	NR
3	40	Yes	0	2	NR	NR	2	2	4	1	NR	NR	4	1
4	40	Yes	2	2	2	2	3	3	2	2	NR	NR	5	5
5	45	No	N/A	N/A	4	N/A	4	N/A	3	N/A	2	N/A	5	N/A
6	65	Yes	2	0	1	0	5	2	1	1	2	1	10	2
7	70	Yes	2	2	2	2	2	1	2	2	NR	NR	8	5
8	75	Yes	2	0	2	1	3	1	3	2	1	1	5	2
9	80	No	N/A	N/A	1	N/A	8	N/A	1	N/A	15	N/A	3	N/A
10	175	Yes	2	0	6	2	6	2	8	2	2	0	20	3
11	200	Yes	1	0	5	0	4	0	6	1	18	2	15	0
12	225	Yes	2	0	3	2	7	3	9	9	5	3	55	DK
13	240	Yes	0	2	6	2	5	2	4	0	1	0	42	6
14	300	Yes	2	0	16	12	9	7	3	3	11	10	30	20
15	380	Yes	3	0	8	0	18	2	16	0	2	1	38	1
16	400	Yes	3	0	5	1	9	5	8	3	12	5	15	NR

Note. N/A = not applicable, does not teach EBPs; DK = do not know; NR = no response. Numbers teaching EBP may include faculty teaching a practice that did not meet study criteria.

Table 4
Southern region specific EBPs taught

Site	# Students	EBPs taught that met study criteria
1	7	Trauma Focused Cognitive Behavioral
2	20	Motivational Interviewing; Family Focused Treatment; Solution-Focused Therapy; Structural Family Therapy
3	40	None met study definition
4	40	Cognitive Behavioral Therapy; Motivational Interviewing
5	45	N/A
6	65	Multisystemic Therapy; Narrative Therapy
7	70	Cognitive Behavioral Therapy; Structural Family Therapy
8	75	Functional Family Therapy; Trauma-Centered Cognitive Behavior
9	80	N/A
10	175	Cognitive Behavioral Therapy; Motivational Interviewing
11	200	Cognitive Behavioral Interventions
12	225	Behavioral Parent Training; Functional Family Therapy
13	240	None met study definition
14	300	Cognitive Behavioral Therapy; Motivational Interviewing
15	380	Cognitive Behavioral Therapy; Motivational Interviewing; Trauma-Focused Cognitive Behavioral Therapy
16	400	Cognitive Behavioral Therapy; Solution-Focused Brief Therapy; Structural Family Therapy

Note. N/A = not applicable, does not teach EBPs.

Appendix III
Northeastern United States

Table 5
Northeastern region faculty teaching EBPs

Site	# Students	Teach EBP	# EBPs Met Definition		Full Professor		Associate Professor		Assistant Professor		Clinical Instructor		Adjunct Faculty	
			Yes	No	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP
			1	18	No	N/A	N/A	1	N/A	4	N/A	2	N/A	2
2	45	Yes	3	0	3	3	3	2	0	DK	1	DK	3	DK
3	65	Yes	1	0	5	5	5	5	0	0	0	0	15	7
4	70	Yes	1	2	2	0	2	2	4	3	3	DK	8	1
5	150	Yes	2	0	6	2	3	1	7	5	42	DK	0	NR
6	180	Yes	2	1	2	1	3	1	4	3	9	2	41	1
7	232	Yes	6	3	4	3	8	2	5	1	5	3	20	6
8	250	Yes	2	0	10	1	3	2	4	3	0	0	20	5
9	257	Yes	6	0	8	1	13	2	9	6	41	11	2	NR
10	283	Yes	0	4	8	2	6	1	2	1	0	0	20	0
11	340	Yes	1	4	7	5	9	5	3	3	1	1	27	14
12	550	Yes	3	0	3	2	15	14	11	8	21	15	124	100
13	1300	Yes	5	0	14	2	14	5	4	3	12	0	200	10
14	NR	Yes	4	1	7	7	1	1	2	2	2	2	25	25

Note. N/A = not applicable, does not teach EBP; DK = do not know; NR = no response. Numbers teaching EBP may include faculty teaching a practice that did not meet study criteria.

Table 6*Northeastern region specific EBPs taught*

Site	# Students	EBPs taught that met study criteria
1	18	N/A
2	45	Cognitive Behavioral Therapy; Dialectical Behavioral Therapy; Solution-Focused Therapy
3	65	Cognitive Behavioral Therapy
4	70	Interpersonal Therapy
5	150	Cognitive Behavioral Therapy; Dialectical Behavioral Therapy
6	180	Child-parent Interaction; Trauma-Focused Cognitive Therapy
7	232	Cognitive Behavioral Therapy; Dialectical Behavioral Therapy; Exposure-based Trauma Treatment; Motivational Interviewing; Schema-focused Therapy; Trauma-Focused Cognitive Behavioral Therapy
8	250	Multisystemic Therapy; Trauma-Focused Cognitive Behavioral Therapy
9	257	Behavioral Activation with Adults; Behavioral Therapy with Children and Adults; Motivational Interviewing; Multisystemic Family Therapy; Trauma-Focused Cognitive Behavioral Therapy
10	283	None met study definition
11	340	Cognitive Behavioral Therapy
12	550	Cognitive Behavioral Therapy; Dialectical Behavioral Therapy; Interpersonal Psychotherapy
13	1300	Acceptance & Commitment Therapy; Assertive Case Management; Eye Movement Desensitization and Reprocessing; Interpersonal Psychotherapy
14	NR	Cognitive Behavioral Therapy; Dialectical Behavioral Therapy; Eye Movement Desensitization and Reprocessing

Note. N/A = not applicable, does not teach EBPs. NR = no response.

Appendix IV
Western United States

Table 7
Western region faculty teaching EBPs

Site	# Students	Teach EBP	# EBPs Met Definition		Full Professor		Associate Professor		Assistant Professor		Clinical Instructor		Adjunct Faculty	
			Yes	No	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP
1	30	Yes	2	3	2	2	1	1	3	1	5	2	4	DK
2	64	Yes	2	0	7	3	3	2	NR	NR	11	3	24	NR
3	65	Yes	5	2	1	1	6	6	2	2	2	2	15	10
4	79	Yes	4	3	1	1	4	4	6	DK	10	DK	117	DK
5	100	Yes	1	0	9	1	2	0	3	2	8	NR	2	NR
6	150	Yes	5	0	2	NR	4	1	8	3	4	1	10	4
7	190	Yes	2	8	6	2	9	5	4	3	8	5	85	45
8	NR	Yes	NR	NR	4	4	6	6	4	4	4	4	4	2

Note. N/A = not applicable, does not teach EBPs; DK = do not know; NR = no response. Numbers teaching EBP may include faculty teaching a practice that did not meet study criteria.

Table 8
Western region specific EBPs taught

Site	# Students	EBPs taught that met study criteria
1	30	Functional Family Therapy; Motivational Interviewing
2	64	Cognitive Behavioral Therapy; Multisystemic Therapy
3	65	Cognitive Behavior Therapy, Multisystemic Therapy; Narrative Therapy; Solution-Focused Therapy; Structural Therapy
4	79	Cognitive Behavioral Therapy; Family Conferencing; Mindfulness Stress Reduction; Motivational Interviewing
5	100	Cognitive Behavioral Therapy
6	150	Acceptance & Commitment Therapy; Brief Solution-Focused Therapy; Cognitive Behavioral Treatment; Dialectical Behavior Therapy; Motivational Interviewing
7	190	Cognitive Behavioral Therapy; Solution-focused Therapy
8	NR	NR

Note. NR = no response.

Appendix V
Canada

Table 9
Canada faculty teaching EBPs

Site	# Students	Teach EBP	# EBPs Met Definition		Full Professor		Associate Professor		Assistant Professor		Clinical Instructor		Adjunct Faculty	
			Yes	No	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP	On Staff	Teach EBP
1	21	Yes	1	0	1	2	0	NR	1	NR	2	NR	NR	NR
2	50	No	N/A	N/A	2	N/A	7	N/A	1	N/A	NR	N/A	4	N/A
3	210	Yes	2	0	10	5	8	5	6	4	1	NR	DK	NR

Note. N/A = not applicable, does not teach EBPs; DK = do not know; NR = no response. Numbers teaching EBP may include faculty teaching a practice that did not meet study criteria.



Table 10
Canada specific EBPs taught

Site	# Students	EBPs taught that met study criteria
1	21	Function-Based Interventions
2	50	N/A
3	210	Multisystemic Therapy; Parent-Child Interaction

Note. N/A = not applicable, does not teach EBPs.



Appendix VI

Review of Literature

Evidence-based practice (EBP) emerged from and is well understood and accepted in medical education and services. It was defined as an explicit, judicious use of the best available scientific evidence to make decisions about patient care (Sackett, et al, 1996; Strauss, et al, 2011). However, EBP remains a subject of confusion, concern, and even dispute in social work education and practice, and some authors have observed a widening division between its proponents and opponents (Howard, McMillen, and Pollio, 2003).

Similar to the definition that emerged from medical literature, Rubin (2007) described evidence-based practice as the social worker's selection and use of practice methods that have clear evidence to support efficacy with a client population. However, many authors note that for varying reasons, this definition has been misunderstood and suggest explicit steps to base social work practice on evidence that includes: (1) Identification of an answerable question; (2) Finding evidence to address that question; (3) Critical review of the scientific validity and application of that evidence; (4) Use of clinical expertise to compare that evidence with client values before choosing to apply it in practice; and (5) Subsequent evaluation of outcomes (Gibbs & Gambrill, 2002; Rubin, 2007; Thyer & Pignotti, 2011).

An entire edition of *Research on Social Work Practice* was devoted to papers and recommendations from a conference symposium of social work educators who focused upon the teaching of evidence-based practice. This event attracted over 200 participants from 70 universities in the United States, Canada and Sweden (Rubin, 2007). It was inspired by results from a survey of over 900 faculty from United States MSW programs in which 73% of respondents viewed EBPs favorably, while also identifying significant definitional disparities



and concerns about integration of EBPs into the curriculum. Expressed concerns about EBPs included: (a) EBPs undervalue clinical expertise; (b) client values and preferences are or may be ignored in delivery of an EBP; (c) Evidence-based practice is not uniquely specialized to each client; (d) EBPs are used only for cost efficiency; and oddly, (e) Evidence-based practice reduces the meaning of therapeutic interventions (Rubin & Parrish, 2007). Some participants at that conference suggested that evidence-based practice may ignore unique client and practitioner factors, and contribute to non-individualized service. Concerns were also expressed regarding perceived flaws in research designs that establish evidence for a practice. Also noted was the lack of attention in social work research and discourse to the influence of organizational resources, policies, workload assignments, and components like training and supervision that can compromise MSW graduates' abilities to deliver empirically supported interventions (Rubin, 2007).

Client Characteristics and Choice

Expanding upon some of the above concerns, some authors believe that EBPs are not tested sufficiently for more complex client populations or that they fail to consider so-called macro factors, and thus may not be efficacious for the unique needs of diverse groups. They note that research designs often drop subjects if there is co-morbidity of problems and that these client populations are often the ones served by social workers (Otto, Polutta, & Ziegler, 2009; Wampold & Bhati, 2004). Questions about generalizability of randomized controlled studies, and about the use of manuals and guidelines that may limit practitioner creativity or client choice are often raised (Roberts & Yeager, 2004; Rubin, 2007; Rubin & Parrish, 2007).

In contrast, evidence-based practice advocates assert that thoughtful selection of interventions with clients and their evaluation of intervention outcomes support professional



accountability to clients, to continual development of social work competencies, and can support encouraging clients to be informed consumers (Gambrill, 1999, 2007; Hudson, 2009; Zlotnik, 2007). Parrish and Rubin (2012) suggest that as a discipline, social workers' attitudes toward implementing EBPs are similar to what is found in other disciplines. These perspectives mirror recent emphasis in medical literature that the best research evidence should be integrated with clinical expertise and with the patient's unique preferences, concerns, expectations, and circumstances (Straus, Glasziou, Richardson, & Haynes, 2011).

However, in a recent edition of *Families In Society*, Gitterman and Knight (2013) are critical of evidence-based practice and of comparisons of social work and medicine. While these points are considered and thoroughly addressed in Thyer's response (2013) to Gitterman & Knight, Multi-systemic Therapy (MST) offers an excellent, practical example of an EBP that has been repeatedly and successfully tested in longitudinal experimental design studies with diverse families in which youth displayed complex anti-social and substance using behaviors. MST is now being adapted and tested with diverse client populations to successfully address child abuse, psychiatric hospitalization, and juvenile sex offenders. MST is guided by nine theory-based principles and actively uses data-informed formats for training, coaching and consultation that simultaneously focus upon model fidelity and staff development that encourage practitioner creativity in engagement, assessment, design and evaluation of interventions with clients. In MST, youth and family caregivers are active participants in individualized ecological assessment and in the development of present-focused, action oriented interventions to diminish or eliminate contributing factors to behaviors of concern (Henggeler et al., 2009).



Practitioner Creativity

Nevertheless, some authors assert that treatment manual specification of key participants, elements, activities, and phases of a service model, as well as measurements of fidelity constrain clinician creativity (Addis, Wade, & Hatgis, 1999; Gitterman & Knight, 2013; Roberts & Yeager, 2004; Rubin, 2007; Rubin & Parrish, 2007). Those expressing this perspective frequently state that in psychotherapy, the relationship between the client and clinician is more efficacious than specific ingredients of treatments (Wampold, 2001).

Again, the example of MST stands in clarion contrast to such concerns. In MST, the youth and family caregivers, and key persons from the school or community are actively engaged by the MST therapist in individualized ecological assessment and in the development of interventions to diminish or eliminate contributing factors to behaviors of concern. This process is described in training manuals and measured by adherence to nine theory-based principles. Participants are uniquely engaged by each clinician, and assessments and interventions uniquely reflect the contributing factors and client strengths in each family situation (Henggeler, et al., 2009). Individualized creative application of model elements and activities are also evident in other EBPs such as Motivational Interviewing, Structural Family Therapy, Solution-Focused Treatment, Cognitive Behavioral Therapy and other manualized EBPs. Careful attention to the training manuals and guidelines for these EBPs should be cause to critically question the basis for rejection of EBPs by educators or practitioners who embrace eclectic or psychodynamic theory based practice.

Program Implementation

Evidence-based practices are less likely to be implemented in community settings than are values-driven models that lack evidence of efficacy or effectiveness (Bickman, 1996;



Rotheram-Borus & Duan, 2003). Related to this, a substantial barrier to teaching EBPs in MSW curricula are field placement sites where there may be limited opportunities for students to apply course lessons on specific evidence-based practice models (Rubin & Parrish, 2007). Workload and organizational policy may not provide time for delivery of key activities, elements, or phases of an EBP (Dulcan, 2005; Mullen & Streiner, 2004). Directed actions are needed in multiple environments to reflect empirically supported practices in agency-based practice-relevant research, organizational infrastructures, and in class and field education (Proctor, 2004; Proctor et al, 2007).

Social work educators and practice setting administrators should always consider and attend to the NIRN identified core intervention components that comprise an practice model. These include: (1) specification of key elements, participants, activities and phases of the practice model; (2) the theory base(s) supporting them; (3) research supporting efficacy of the practice model with specific populations; and (4) the practice model's theory of change. Based upon such clarification or practice model, social work educators and service setting administrators should focus through NIRN identified implementation drivers to shape organizational supports to deliver that practice model effectively with fidelity. These include the competency drivers of staff selection, training, coaching, and performance assessment, as well as the organization drivers of administrative policy and procedure, data systems, and interventions with other systems to protect the integrity of the practice model (Bertram, 2013; Bertram, Blase, & Fixsen, *in press*; Bertram Blase, et al, 2011; Fixsen, Blase, et al, 2009). These implementation frameworks emerged in the midst of social work's last decade of discourse on EBPs (Fixsen, Naoom, et al, 2005) but have only recently been applied to clarify, improve, and test promising practices like wraparound (Bertram, Suter, Bruns, & O'Rourke, 2011) or applied in MSW



curricula to clarify and inform discussions about evidence-based practices (Bertram, 2013; Bertram, Blase, & Fixsen, *in press*; Bertram, King, Pederson, & Nutt, *in press*).

MSW Program Curricula and Faculty Abilities

MSW students often feel that seeking empirical evidence is mechanistic or disempowering, and more often focus on subjective evaluation of practice (Baker, Hudson & Pollio, 2011). MSW students tend to be more interested in providing psychotherapy or counseling, especially when they aspire to clinical private practice, and often don't value accessing empirical data as part of their post-graduate responsibilities (Green, Bretzin, Leininger & Stauffer, 2001). Moreover, MSW students are often uncertain of how to generate, apply, and identify relevant data (Hardcastle & Bisman, 2003; Howard, McMillen & Pollio, 2003; Rubin, Robinson & Valutis, 2010).

Reflecting this student predilection rather than challenging it, single subject case studies are often the focus of graduate research courses (Bertram, King, et al, 2014; Hardcastle & Bisman, 2003; Rubin, Robinson, & Valutis, 2010). Further, required practice and research courses in MSW programs tend to rely on overview texts that do not emphasize critical appraisal of literature, and tend to not enhance student comfort with appraising empirical data (Bertram, King, et al, 2014; Howard, McMillen, & Pollio, 2003; Smith, Cohen-Callow, Hall & Hayward, 2007).

If provided with a sound knowledge base regarding the relationship between implementation frameworks and evidence-based practice, social work educators and students, as well as service setting administrators and practitioners may better appreciate how to use model-pertinent information to improve both client and organization outcomes (Bertram, 2013; Bertram, Blase, & Fixsen, *in press*; Bertram, King, et al., 2014). To accomplish this MSW



programs must encourage students to become more familiar with accessing and appraising literature and with elements of evidence-based practice (Aarons & Sawitzky, 2006; Bellamy, Mullen, et al., 2013; Barth, et al., 2013; Bellamy, et al., 2008; Manuel, Mullen, Fang, Bellamy, & Bledsoe, 2009). Although the Council on Social Work Education (CSWE), acknowledges the need for teaching EBPs in the classroom (CSWE, 2013), many tenure track faculty haven't received formal training in specific EBPs, and adjunct faculty or clinical instructors usually have little exposure to doctoral level research. These limitations may be even more pronounced in small or new MSW programs (Bledsoe, et al., 2013). As noted in the background to this study, Barwick (2011) surveyed 589 North American administrators and supervisors from behavioral health care programs. They reported that MSW staff were most often hired and that these clinicians frequently did not have the ability to search the literature to identify evidence-based practices that could be effective with a specific population.

To address these constraints to evidence based practice, faculty and program leaders should collaboratively consider how they develop student knowledge and skills to find, select, and deliver and evidence-based practice throughout the curriculum in both courses and field settings. Mullen and colleagues (2007) make the following suggestions: (a) Students should be taught how to ask practice-relevant questions and to seek that information in order to implement EBPs; (b) Students should learn classification systems to organize empirical evidence regarding intervention efficacy to promote self-directed learning and individualized interventions in client context; (c) MSW programs should develop at least a beginning level of competence in empirically supported assessments and interventions; (d) MSW programs should partner with service organizations and provide support for selecting and implementing EBPs that should pay specific attention to developing field instructors and supervisor competencies in teaching and



coaching EBPs. This should not be an unmanageable task. Parrish and Rubin (2012) suggest that as a discipline, social workers' attitudes toward implementing EBPs are similar to what is found in other disciplines. However, training in specific EBPs is often seen as limited to purveyors of the EBP, creating an artificial barrier for MSW faculty. This perception is exacerbated by the tendency of MSW programs to develop practice courses covering broad topics that manualized EBPs may not address. Thus courses on specific EBPs are often offered only as electives (Barth, et al., 2013).

Howard and Allen-Meares (2007) further assert that the long standing practice of teaching qualitative and quantitative required research course to MSW students is neither efficient nor effective. Most students pursue an MSW and do not continue their higher education in pursuit of a PhD. Instead, Howard and Allen-Meares recommend a complete reorganization of the required MSW research sequence so students learn EBP principles. Then, through exposure to specific cases they could develop the skills to access and critically appraise population characteristics and practice data to guide informed evidence-based practice decisions. Jenson (2007) concurs, stating a paradigm shift is in order as he questions whether the generalist social work practice model is an historical artifact of the profession when examined in light of evidence-based practice.



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