

**SCHOOL SOCIAL WORKERS' CREATIVE AND ADAPTIVE
USES OF EVIDENCE-BASED PRACTICE: A CRITICAL
REFLECTION ON THE DOMINANT DISCOURSE OF EBP**

SCHOOL SOCIAL WORKERS' CREATIVE AND ADAPTIVE
USES OF EVIDENCE-BASED PRACTICE: A CRITICAL
REFLECTION ON THE DOMINANT DISCOURSE OF EBP

By

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Abstract

Touted as the 'new paradigm' for social work, evidence-based practice (EBP) directs practitioner behaviour and is used to justify services, establish professional credibility and solidify funding. Practicing social workers have not readily adopted EBP. While the literature contains lively debates about what constitutes evidence, the adequacy and relevance of the research literature, and the nature of social work practice, the perspectives of front-line practitioners have been absent.

This qualitative research project sought to discover and understand the opinions and experiences of school social workers with evidence-based practice. Four practicing school social workers, representing a range of social work positions and perspectives, outlined their response to EBP. This study found that practicing social workers were accepting of EBP because it helped guide their practice activities, provided certainty, informed them about what works, and enhanced their individual and collective professional credibility. School social workers highlighted significant tensions arising from their use of EBP: flexibility versus rigidity; practice knowledge versus formal knowledge; improvements versus results; and relationship versus method/technique. Creatively and adaptively, these practitioners redefined evidence, adapted research to local contexts, and used the power of evidence and evidence-based practice to provide accountability, proof of the value of social work services and service rationale.

Contrary to what much of the literature has indicated, this research demonstrates how practitioners were accepting of, and taking up EBP. By valuing practice knowledge, including a broader definition of evidence, and appreciating local adaptations of research

as a skill set, practicing school social workers demonstrate how they can simultaneously adopt and challenge the dominant discourse of EBP.

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Introduction

Evidence-based practice (EBP) is a recent and exceedingly important trend in the field of social work. Generally understood as the effort to direct practitioner interventions based upon formal research, EBP has been hailed as a 'new paradigm' for social work, a "new way...of thinking about what social workers should do in their practice and how they should do it" (Witkin and Harrison, 2001, p.293). Increasingly, a commitment to evidence-based practice is required to justify services, establish professional credibility, and secure funding. Numerous social and economic trends, and institutions act to promote and sustain EBP.

Despite much support for evidence-based practice it has not been adopted readily by practicing social workers. Debates about what constitutes evidence, the adequacy and relevance of the research literature, and the nature of social work practice are lively. Yet the perspectives of front-line school social workers, and in particular, their experiences and opinions concerning evidence-based practice, have been largely absent from these debates.

The literature review explores the socio-political forces in which evidence-based practice has emerged and outlines the appealing promises made to clients and workers. Limitations of current research, organizational issues, and practitioner attitudes and beliefs are suggested barriers to social workers using evidence. A qualitative study of practicing school social workers reveals the tensions experienced when using evidence-based practices, and practitioners' creative use of EBP to meet the needs of both clients and themselves.

Origins of Evidence-Based Practice

Evidence-based medicine is a term developed less than 15 years ago by a group of clinical epidemiologists at McMaster University (Mykhalovskiy and Weir, 2004, p.1059; Witkin and Harrison, 2001, p.293). Epidemiology was the “parent discipline” (Gilgun, 2005, p.42) and germination for today’s evidence-based practice movement.

Evidence-based medicine was initiated when it was realized that doctors did not always treat their patients based upon current and up-to-date information (Gibbs and Gambrill, 2002, p.452). Evidence-based medicine was originally defined as the “conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients” (Sackett, 1996, 71 as quoted by Mullen, 2002). Physicians were trained to access and assess evidence from the literature to direct their practice. Later, in response to criticisms about the diminishment of professional judgment in the definition, the originators of evidence-based medicine charged, “to practice evidence-based medicine, a clinician must be able to integrate best research evidence with clinical expertise and patient values” (Sackett, Strauss, Richardson, Rosenberg and Haynes, 2000) (Franklin and Hopson, 2004, p.67).

Definitions of Evidence-Based Practice

Most definitions of evidence-based practice reflect a dependency on formal research. “EBP involves using the ‘best available’ evidence, often interpreted to mean research-based knowledge, about specific types of practices with particular problems” (Witkin and Harrison, 2001, p.293). According to Cournoyer and Powers, practice that is evidence-based is, “grounded on prior findings that demonstrate empirically that certain actions

performed with a particular type of client or client system are likely to produce predictable, beneficial, and effective results” (Howard, McMillen, Pollio, 2003, p.237). Hoagwood, et al. (2001) note that, in the field of child and adolescent mental health, the term ‘evidence-based’ “is most often used to differentiate therapies...that have been studied with varying degrees of rigor from therapies that are used but have not been studied or have not been studied well” (p.1182). Evidence-based practice, for these authors, is “a shorthand term that denotes the quality, robustness, or validity of scientific evidence as it is brought to bear on (practice) issues” (Hoagwood, Burns, Kiser, Ringeisen, Schoenwald, 2001, p.1180).

These definitions of evidence-based practice represent a deterministic, prescriptive approach to practice. According to these definitions, knowledge is created by researchers, and handed to practitioners to be applied in practice situations.

This view has been challenged on several fronts. Some authors define evidence-based practice with a focus not on the research, but rather on the practitioner; on her or his professional judgment, skills, and knowledge acquisition processes. Howard et al (2003) stated,

Evidence-based practice... requires that social workers be able to identify their information needs or “knowledge gaps” as they arise in dynamic practice interactions and that they possess the skill needed to locate, critically evaluate, and apply scientific evidence consistent with their professional judgment as to its validity and pertinence to the practice situation of concern (p.238).

Gibbs suggests that,

Placing the client's benefits first, evidence-based practitioners adopt a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by the evidence (Gibbs in Raines, 2004, pp71,72).

Other authors, in their definitions of evidence-based practice, highlight the necessarily collaborative relationship between worker and client. Gibbs and Gambrill (2002) noted, "evidence-based professionals...carefully consider whether findings apply to a particular client, and, together with the client, select an option to try and evaluate the results" (p.453). Here the evidence-based practitioner is an active facilitator in accessing and determining the 'fit' of the research evidence in collaboration with clients.

Critics of the mainstream EBP movement agree that EBP is composed of more than the application of evidence to practice. Gilgun (2005), for instance, claims that EBP in social work rests on four cornerstones:

- (1) research theory; (2) practice wisdom, or what we and other professionals have learned from our clients, which also includes professional values;
- (3) the person of the practitioner, or our personal assumptions, values, biases, and world views; and (4) what clients bring to practice situations (p.52).

Along the same lines, Mullen (2002) rejects a "top-down" approach to evidence-based practice, and calls for social work policy and practice professionals to "engage in a process of critical decision-making with clients about what (research) information means when joined with other evidence, professional values, and individualized intervention goals" (Mullen, 2002).

The distinctions between these definitions of evidence-based practice are significant. The first type of definition implies that practitioners are recipients of existing research

knowledge. The second type of definition suggests that practitioners investigate practice problems, and assess research in accordance with their clinical judgment and then, thirdly, collaborate with their clients. These distinctions regarding the evidence and the role of the practitioner, are but one area of debate concerning evidence-based practice.

Emergence of Evidence-Based Practice in Social Work

For the first half of the 20th century, research in the field of social work examined social conditions (Mullen, 2002). For the next 40 years, social work research was defined by the empirical social work practice movement (Howard et al., 2003, p.240). Systematic program evaluation methods, research and development programs, eclecticism, empiricism, and the scientific-practitioner model associated with single-case research were all research movements designed to demonstrate the effectiveness of social work interventions (Howard et. al., 2003, p.240; Schuerman et. al., 2002, p.309). Questions about credibility, effectiveness and efficacy of social work's practices (Zlotnik, J.L., Biegel, D.E., and Solt, B.E., 2002, p.319; Fortune, A.E. and Proctor, E.K., 2001, p.67) dominated the field.

The empirical movement of social work, with its focus on effectiveness, was a necessary precursor to evidence-based practice (Mullen, 2002). The movement to base social work practice on empirical grounds generated interest and support for the evidence-based practice movement (Schuerman et. al, 2002, p.309; Gira, Kessler, and Poertner, 2004, p.68; Mullen, 2002). As reflected in the literature since the late 1990s, there has been an upsurge of interest in evidence-based practice (EBP) in social work generally and school social work in particular. EBP has been hailed by some as the “new

paradigm” for social work (Webb, 2002, p.45) that reflects “new ways of thinking about what social workers should do in their practice and how they should decide to do it” (Witkin and Harrison, 2001, p.293).

Coinciding with developments in social work research, evidence-based practice has been fostered by a number of socio-cultural, political and economic influences external to the field of social work. Questions about ‘expert systems’, the welfare state in general, and the validity of social work’s interventions in particular, alongside governmental cutbacks, have provided powerful influences leading to the emergence of evidence-based practices.

Trinder summarized the emergence of evidence-based practice as follows:

The timing of evidence-based practice is not accidental. It has developed within a specific context, particularly... ambivalence about science and professional expertise, and the concern with effectiveness, proceduralization and the consumer... The response to the critique of science is to place renewed emphasis on science with a constantly revisable and transparent process that excludes uncertainty, and in an age of anxiety, promises security for practitioners, researchers, managers and consumers. Trust is transferred from the fallible individual and placed in a revised system (2000:12-13) (Webb, 2002, pp47, 48).

In keeping with this analysis, Webb (2002) points to increased cynicism about social work as an ‘expert system’. In a time where people are unlikely to accept authority on trust, social work, like many other professions, has taken up evidence-based practice as a new mechanism of trust. EBP emphasizes science, and, by lessening reliance on professional judgment, offers a sense of certainty about social work interventions. Drover (1998) observes that EBP has emerged during a period of uncertainty about the welfare state generally, and at a time when social workers are being challenged to prove

their worth. “Quality and accountability have become the watchwords of health and mental health services” (Goldman, 2001, p. 1592). Governments and agencies embraced evidence-based practice as a method of ensuring quality services and demonstrating accountability in service delivery (Pollio, 2002, p.59; Barwick et. al. 2005, p.16). In this context, Goldman (2001) has observed, “quality” means positive outcomes obtained by using cost-effective services, and “accountability” means documentation of adherence to evidence-based practices” (p.1592). Larner (2004) notes evidence-based practice reflects a model of corporate accountability (p.35).

Governmental cutbacks during the 1990s forced agencies and practitioners to undertake an internal process of rationalization by examining what they do, with whom, and what the outcomes were. In many communities, efforts were made to coordinate services so as to reduce duplication and wait list times (Hoagwood et. al., 2001, p.1185). Administrators also looked to the literature to provide them with answers about how they could serve clients effectively. As with evidence-based medicine, evidence-based practice assisted agencies in this process of service rationalization (Gibbs and Gambrill, 2002, p.1060). In the field of social work, practitioners were influenced by government, agencies and training programs to adopt evidence-based practices (Webb, 2002, p.45; Carr, 2002; and Larner, 2004). These changes, at the agency and practitioner level, encouraged the embrace of evidence-based practices (Pollio, 2002, p.59). This led Webb (2002) to conclude, “the implementation of some version of EBP in social work is a foregone conclusion” (p.51).

Adherence to evidence-based practice has had significant financial implications for agencies. Some funders are demanding that agencies demonstrate the effectiveness of their interventions (Pollio, 2002, p.59), and other institutions tie funding with demonstrated outcomes (Howard et. al., 2003, p.235). Kellam and Langevin (2003) stated, “lawmakers - particularly at the federal level – insist now that federal money directed at alleviating mental, behavioural, and academic achievement problems be spent on “evidence-based” programs” (p.138).

A number of social-cultural, political and economic influences have surfaced and act to perpetuate and sustain the evidence-based practice movement. The degree to which evidence-based practice has been adopted is reflected in its inclusion in various legislations and Codes of Ethics in the US and UK. For example, the “No Child Left Behind Act of 2001 (P.L.107-110) mentions more than 100 times that educational service providers must use “scientifically based research” to support their interventions” (Raines, 2004, p.71). The Lilac Book in the UK noted the importance of basing practice upon evidence (Taylor and White, 2001, p.39). The National Association of Social Workers’ (NASW) Code of Ethics reads, “providing effective interventions and services is essential to social work practice” (Howard et. al., 2003, p.235; Gira et. al., 2004, p.68).

The “information age” has contributed significantly to the growth and continuation of evidence-based practice. Rubin (2000) excitedly observed how currently we can find more studies on practice effectiveness in one year, than was found in the previous forty years (p.10). Not only is there more literature available, but also practice-relevant research in social work and other related disciplines is growing exponentially (Howard et

al, 2003, pp.235, 240). Mullen (2002) acknowledges the advancement of statistical capabilities when he states, “the growth of methodological sophistication in the review and syntheses of outcomes from multiple studies has been a singularly important methodological development in the move toward evidence-based approaches”.

Task forces and institutions devoted to social work research (Rubin, 2000, p.10), evidence-based centers such as The Campbell and Cochrane Collaborations, the What Works Clearinghouse (Gira et al, 2004, p.68; Schuerman et. al, 2002, p.310); the Centre of Excellence of Eastern Ontario, and initiatives to study the uptake of evidence-based practice (Barwick et. al, 2005) are all examples of ways in which evidence-based practice is supported. Additionally, the evidence-based practice movement has given birth to new journals (Rubin, 2000, p.10), graduate school curriculum (Mullen, 2002; Howard et. al, 2003) and a change in editorial policies (Rubin, 200, p.10). This growth mirrors the changes that happened as a result of evidence-based medicine (Gibbs and Gambrill, 2002, p.452).

The Promises of Evidence-Based Practice for Clients and Social Workers

Promises made by proponents of evidence-based practice are numerous. Supporters of EBP claim that clients will receive better services, occupy a more egalitarian position, and are less likely to be harmed when practitioners use evidence-based practices. For social workers themselves, protection from lawsuits, enhanced job security and service funding, increased professional confidence, and improved professional status and credibility are promises associated with evidence-based practices.

Many authors argue that reliance on research evidence leads to better decision-making by social work practitioners (Howard et. al, 2003, p.256), and, results in, improved services (Schuerman, J. et al, 2002, p.316; Zlotnik, J.L. et al, 2002, p.331). It is also claimed that clients, able themselves to access the ‘evidence’, will achieve greater equity with professionals (Gambrill, 2001, p.171).

Numerous authors assert that EBP is the most ethical way to practice (Howard, M.O., McMillen, C.J., and Pollio, D.E., 2003, p.235; Gira, E.C. et al, 2004, p.77; Franklin, 2001, p.131). Carr (2002) claims that not using evidence-based practices may “deprive clients of potentially useful solutions to their problems” (p.52). Gambrill (2003), in her support of EBP, suggests that social work practice that is not evidence-based may potentially be harmful to clients (p.314). Howard et. al (2003) echo this sentiment when they stated,

The history of professional practice is replete with iatrogenic mishaps and policy blunders attributable to excessive practitioner reliance on theory, unsystematic personal experience, and other nonempirical methods of selecting or delivering social service interventions” (p.243).

In terms of benefits to social workers, it has been suggested that social work practitioners and agencies that use EBP are better protected from lawsuits (Howard, M.O. et al, 2003, p. 235). Quoting Beutler and Schefflin (2000), Raines (2004) cautions, “social workers must know and practice a minimum ‘standard of care’ to avoid malpractice claims” (p.71). Yet another author observed “the emergence of state laws and court decisions that hold practitioners legally accountable for their professional decisions” (Howard et. al., 2003, p.235) has influenced the adoption of evidence-based practice.

Potential financial benefits for the profession's embrace of evidence-based practice have also been identified. "Results, effectiveness of practices, and demonstrable outcomes are essential to funding and job security" (1999, p.3), stated Franklin, and evidence-based agencies and practitioners are in a more favorable position to compete for limited resources (Gambrill, E., 2003, p.321; Franklin, C., 1999, p.3). Goldman et. al (2001) believes, "workers can argue for resources to implement evidence-based practices with greater assurance of accountability and value for money" (p.1592). It was also suggested that evidence-based practice could assist social workers in marketing their practices (Franklin, 2001, p.131). As Goldman et. al (2001) suggested, using EBP permits policy makers to "approach their funders with greater confidence" (p.1592).

Howard et. al (2003) claim that individual social workers will feel more competent and confident when they use EBP (pp. 236, 241). Improved professional status and credibility are two additional promises made to practitioners. Noting that, "social work has long been troubled by the adequacy of its claims to professional status and the possession of appropriate levels of knowledge and expertise", Taylor and White (2001) suggest that social workers willingly embrace evidence-based practice in an effort to boost their credibility and status (p.38). Likewise, other authors have suggested that endorsing science through the adoption of evidence-based practice will help to increase the credibility of the profession (Howard et. al., 2003, pp.235, 256; Fortune and Proctor, 2001, p.67). This sentiment is captured by Witkin and Harrison's (2001) comment, "recent concerted efforts to place social work in the mainstream of scientifically oriented professions can be considered the enactment of cultural beliefs about what a profession

should do and be” (p.294). They assert that social work’s use of evidence-based practice aligns social work with other prestigious professions such as medicine (Witkin and Harrison, 2001, p. 295).

Barriers to Using Evidence

Much of the literature on evidence-based practice presumes that if researchers produce practice-relevant evidence-based approaches, practitioners will adopt and use them (Proctor, 2004). Yet research dissemination studies found social workers still relying “primarily on the advice of their colleagues and supervisors, personal experiences, relevant theory, and authoritative texts for practice direction” (Howard et. al, 2003, p.235). As one author concluded, “simply publishing the results of a study, or a literature review, or presumably practice guidelines, will not generally result in any detectable change in practitioner behaviour” (Kirk, 1999, p.304). Attention turned, then, to barriers to research use in the field, and factors that influence the adoption of evidence-based practices.

Key features thought to influence research use include the tension between research and practice worlds (as seen in the lack of applicability of research findings to practice settings and ‘unplanned adaptations’ of research findings); practitioner issues such as skill deficit, absence of time, and beliefs and attitudes; and organizational issues such as culture and climate, organizational structure, policies and technology.

Applicability of Research Findings to Practice Settings

There is a significant disconnect between treatments established in the laboratory and the everyday use of these treatments which has rarely been considered according to

Hoagwood et. al (2001) (p.1181). Practitioners, keenly aware of this discrepancy, have been suspicious of evidence-based practices. “The resulting dilemma is that treatments validated in efficacy studies may not be effective when implemented under conditions facing most community practitioners” (Schoenwald and Hoagwood, 2001, p.1196).

While there is acknowledgement that the movement of evidence-based practices from the lab to the real world, may require “adaptations of treatments, settings, and service systems” (Schoenwald and Hoagwood, 2001, p.1196), there is little discussion in the literature of information regarding the adaptations required to implement evidence-based practices in the field (Mufson, Dorta, Olson, Weissman, Hoagwood, 2004, p.252). This is echoed by the absence of studies focusing upon the process and outcome of evidence-based practices that have been disseminated into community settings (Mufson et. al, 2004, p.252, Schoenwald and Hoagwood, 2001, p.1192).

The applicability of research findings to the practice setting is further hindered by the fact that, “no one social work intervention works best for every service consumer in all settings and at all levels” (Howard et. al, 2003, p.244). Rosen (2003) highlighted the problem of relevance of research findings to specific clients, when he said,

expecting practitioners to apply empirical generalizations ideographically presents them with a fundamental dilemma that characterizes all science-based helping professions-applying probabilistic (that is, uncertain) generalizations to individuals and situations that practitioners know (or assume) do not correspond fully to the circumstances from which these generalizations were derived” (p.197).

He suggested that practitioners needed certain skills to alleviate this dilemma, and given the complexity in doing so, practitioners may give up or simply not even try (Rosen, 2003, p.197). As Webb (2002) commented, “ironically, perhaps one of the most

significant concerns with EBP is the very risk and uncertainty associated with its implementation” (p.60).

‘Unplanned’ Adaptations in Local Settings

Adaptations to the local settings are common amongst practitioners implementing evidence-based practices, and the source of significant tensions between researchers and practitioners. One of the hallmarks of evidence-based practice is fidelity. This means that the treatment being delivered is the same regardless of sites or practitioners. Yet when adopting evidence-based practices, most practitioners adapt them to fit organizational needs (Dusenbury and Hansen, 2004, p.57). Pentz (2004) described this as “reinvention” or “unplanned adaptation” of the EBP to the site (p.26). Practitioners perceive these adaptations as necessary and important, whereas researchers interpret these as a threat to the integrity of the treatment.

Practitioner Skill Deficit

Evidence-based practice demands that practitioners have skills relating to the use of formal research literature. Some authors suggested that social workers do not use evidence-based practices because they do not possess the skills required to access, read, interpret and apply research findings (Mullen, E.J., 2002, pp.10-11; Franklin, C., 1999, p.3; Gibbs and Gambrill, 2002, p.457). Yet Franklin (2004) cautions that there is more to implementing evidence-based practice than just reading the literature (p.68). A lack of familiarity with the concept of evidence-based practices (Mufson et. al., 2004, p.259), and the absence of formal training (Mullen, 2002), were two additional skill deficits blamed for the poor use of evidence-based practices.

Another perceived skill deficit of practitioners was their heuristics. Rosen (2003) asserted that the “transfer of lay knowledge and skills to the professional context” was responsible for social workers’ reluctance to adopt evidence-based practices (p.197). Describing ‘lay knowledge’ as knowledge that a worker accumulates as a result of their own lived experiences and observations of others, Rosen (2003) was critical of how this kind of knowledge departed from the “principles of logic and rationality” that are a part of evidence-based practice (p.197).

Absence of Time

Time, or more importantly, the lack of time, was identified as a barrier to implementing evidence-based practice. Whether it is the pressure to see numerous clients, or the difficulty in keeping up-to-date on the myriad of issues each practitioner encounters, Gira et. al (2004) noted how difficult it is for practitioners to stay current with the literature. In their study of implementing an evidence-based practice into the school system, Mufson et. al (2004) noted that the training required to implement the evidence-based practice was “forced on top of an already burdened system” (p.257). Gilgun (2005) highlighted the tension resulting from the absence of time when he noted, “on the one hand, social workers are enjoined to do EBP, and, on the other hand, they do not have the time and resources to deepen their understanding of research relevant to their practice” (p.59).

Practitioner Beliefs and Attitudes

Practitioner beliefs and attitudes such as skepticism and resistance to change are key concepts in understanding the adoption (or not) of evidence-based practices.

Noticing that new treatments are not adopted by everyone uniformly (Dusenbury and Hanson, 2004, p.55), and that the level of practitioner commitment to implementing EBP varies, (Mufson et. al, 2004, p.257; Aarons, 2004, p.62), researchers began to focus their attention on individual practitioner attitudes.

Skepticism is cited as an attitudinal barrier to the adoption of evidence-based practice. Rubin (2000) stated that practitioners were skeptical about locating research that had “some basis in reality” which could then help to inform their practice (p.12); a view echoed by other authors (Jackson, 1999, p.333; Barwick et. al, 2005, p.25; Hemsley-Brown, 2004, p.534). Additionally, practitioner skepticism “about the appropriateness (of evidence-based practices) for their treatment environment and client population” (Barwick et. al, 2005, p.38) was noted. Practitioner perception about research, in particular, whether or not it is relevant and therefore valued, also influences whether or not social workers adopt evidence-based practices (Rubin, 2002, p.11; and Hemsley-Brown, 2004, p.541).

While Barwick et. al (2005) agrees that social workers in general are skeptical about research, they believe that practitioners are more specifically resistant towards evidence-based practices (Barwick et. al, 2005, p.25). They suggest, “whether practitioners have enough evidence to warrant the implementation of EBPs and whether EBPs are too prescriptive, not taking into account the judgment and ‘art’ required in psychotherapy” also accounted for practitioner skepticism about EBP (Barwick et. al, 2005, p.38).

Ideologies about research, ideologies about social work

Rosen (2003) believes that there are other ideological bases for the poor implementation of evidence-based practices by social workers. He claims,

the delegitimization of the scientific paradigm as appropriate for researching and deriving knowledge for practice and the sanctioning of lay judgment and decision strategies for use in practice constitute a potent obstacle to practitioners' acceptance and implementation of EBP" (Rosen, 2003, p.197).

Another ideological debate concerns the "extent to which it is possible to quantify the effectiveness of a treatment" (Barwick et. al, 2005, p.38). Gilgun (2005), in her discussion of social work and evidence-based practice, highlighted yet another ideological issue. She said, "diffusion and utilization (of EBP) connect to basic orientations to practice. Is social work best viewed as a positivistic endeavor? Are clients responsive to prescriptive practice and expert systems?" (Gilgun, 2005, p.58). Supporting this position is Aarons (2004), who observed, "the conceptual shift from treatment as usual to EBP values represents an important evolution in the culture of clinical practice" (p.72).

Resistance to change is yet another attitude that prevents the adoption of evidence-based practice. One author suggested that practitioner resistance to change stemmed from loyalty to "strategies learned in school or with a favored supervisor" (Jackson, 1999, p.33).

Adoption of evidence-based practices entails "challenging practitioners' beliefs and values" charged Gira et. al (2004) (p.77). One belief in particular that would be challenged is the "implication that what we (as social workers) have been doing in the past was not necessarily useful" (Jackson, 1999, p.333). Barwick et. al (2005) noted that

practitioners were concerned about losing their professional autonomy should they adopt evidence-based practices (p.38). From this same study, the authors comment, “it has been suggested that power is critical to the uptake of knowledge”, yet the report did not elaborate on this further (Barwick et. al, 2005, p.28).

Facilitators of EBP

Torrey et. al (2001) conducted seven focus groups with practitioners and asked them extensive questions concerning their attitudes and beliefs towards evidence-based practices, and found that, most importantly, clinicians had to believe that the new practice was worth learning (p.47). If the new practice was in high demand by clients, or it increased practitioner competence, practitioners were more likely to incorporate it (Torrey et. al, 2001, p.47). In addition to research support, Torrey et. al (2001) discovered that,

(practitioners) are influenced by compelling vignettes, impressions of the practice seen in action, and a practice ideology, or theory, that resonates with their values and experiences as providers. Practices that can be learned and put into action quickly are more appealing than those that require intensive learning or dramatic system change (p.47).

Hemsley-Brown (2004) stated that practitioners wanted the chance to examine the connection between the research literature and their professional experiences (p.541). In other words, the change had to be relevant to their professional needs, and to the needs of their clients.

Aarons (2004) developed a measure of practitioner attitudes towards evidence-based practice. He found that four factors affect individuals' receptiveness to evidence-based practices: openness, appeal, requirements and divergence (Aarons, 2004). Results of

their study indicated that when a practitioner had a positive attitude towards EBP, when EBP's had an intuitive appeal and were perceived as relevant to practitioners, and when EBP's were similar to current practices, adoption was far more likely to happen (Aarons, 2004, p.70). This last point was also noted by Torrey et. al (2001) and Schoenwald and Hoagwood (2001).

Organizational Issues

While individual practitioner issues are seen as important in the uptake of evidence-based practice, organizational issues such as culture and climate, organizational structure, policies and technology are also seen as influential.

Examining the connection between the uptake of evidence-based practice and organizational issues, Glisson (2002), in his review of the literature, found that the “organizational context of mental health services is believed to affect whether new treatments and service protocols are adopted, how they are implemented, and whether they are sustained and effective (Hohmann and Shear, in press, Schoenwald and Hoagwood, 2001)” (p.234).

Organizations that do not have a culture in which research, and the use of research is both valued and supported, usually have low uptake of evidence-based practices (Hemsley-Brown, 2004, p.534). In an “evidence-informed culture that encouraged reflection and criticism of existing practices together with opportunities to share experiences and outcomes” (Hemsley-Brown, 2004, p.544) workers were more likely to adopt evidence-based practices. This kind of progressive, or “constructive culture”

promotes the adoption of evidence-based practices, whereas changes/innovations are resisted by organizations that have “defensive cultures” (Glisson, 2002, p.241).

Organizational structure was also found to have a significant impact on practitioner behaviour concerning implementation of evidence-based practices. Co-operation from senior colleagues and adequate facilities (Hemsley-Brown, 2004, p.538) and training and supervision schedules (Proctor, 2004, p.229) were necessary requirements for the successful adoption of EBP.

Organizational policies, which support EBP, and mirror governmental and legislative mandates and financial requirements, also effect the implementation of evidence-based practice (Dusenbury and Hansen, 2004, p.57; and Torrey et. al., 2001, p.47). Policies supportive of EBP were seen as beneficial because they help practitioners become familiar with new technologies and reflect the organization’s expectation of using EBP (Aarons, 2004, p.64).

Other organizational issues were also influential in the maintenance of evidence-based practices. Specifically, poor decision-making, lack of sustainable funding, staff turnover/insufficient staff, and lack of training and materials (Pentz, 2004, p.26; Gira et. al, 2004, p.78), were blamed for not maintaining the changes required of moving to evidence-based practices. Additionally, a lack of a long-term vision for the service system and lack of agreement on desired outcomes (Aarons, 2004, p.542) were also cited as being responsible for poor sustainability of evidence-based practices that had been implemented.

Technology is a key concept in the organizational literature. Distinctions are made between “soft” and “hard” technologies. “Human service technologies generally and mental health technologies in particular are ‘soft’ technologies (Glisson, 1978)” (Glisson, 2002, p.237). Amongst workers there is often a great deal of variety in the ways in which they implement soft technologies because it is difficult to determine which way is most effective (Glisson, 2002, p.237). As Glisson (2002) observed,

organizations that implement soft technologies such as mental health treatments often create social contexts that emphasize conformity, consensus, and subservience in a misguided effort to inject certainty into what is an inherently uncertain technology (Glisson, 1992, Glisson and James, 2002)” (p.237).

From an organizational perspective, the embrace of EBP may reflect the organization’s and practitioners’ attempt to create predictability and certainty in what is an inherently uncertain milieu.

The Research

In the absence of literature from practicing social work practitioners, this research sought to discover and understand their opinions and experiences with evidence-based practice. School social workers are an especially appropriate focus of attention because they, like medical social workers, are practicing in environments that emphasize effective service delivery with improved service outcomes. Additionally, EBP is endorsed as a practice framework by many Ontario School Boards and school social work practice associations. School social workers, because of their emphasis on children's mental health, are also influenced by the increasing emphasis within that field to embrace EBP.

A rejection of the ideological basis upon which evidence-based practice is situated, and difficulties implementing scientific research were anticipated themes at the outset of the research. While participants certainly reflected on these issues, interestingly what emerged from the data were social workers' complex and adaptive uses of evidence-based practices that reveals the ways in which power is negotiated within certain contexts and claimed by social workers within their own practice through the valuing of practice knowledge.

Design

This qualitative research project was designed to discover and understand the opinions and experiences of school social workers with evidence-based practice. A semi-structured interview, based upon an interview guide (see Appendix I) encouraged participants to talk about their opinions and experiences in an in-depth personalized manner. Social workers were asked for their definition of evidence-based practice, what

they either liked or disliked about EBP, what influenced them to either use or not use EBP, and what were the challenges, risks or gains in either using or not using EBP for themselves, their department or the profession. During the course of the interviews, all participants provided detailed descriptions and examples of their thought processes and experiences with EBP.

Participants received a Letter of Information (see Appendix II) about the project, and signed a Consent to Participate in Research Project (see Appendix III) at the time the interview took place.

With permission of participants, all interviews were audio taped and later transcribed. Two participants reviewed their transcripts prior to analysis, and any changes made were incorporated.

To analyze the interviews, a process of qualitative data analysis, based upon the grounded theory method as outlined by Connolly (2003), was used. In the first level of analysis, the generative phase, each interview was reviewed line-by-line or sentence-by-sentence, and various key words or phrases were recorded on the bottom of each page. This process generated a number of coded meanings that were then organized according to themes on a separate sheet of paper for each interview. In the second level of analysis, the interpretive phase, themes from each interview were organized into conceptual categories based upon recurring ideas, patterns, and relationships. In the third and final stage of analysis, the theorizing phase, analyses from all four interviews were compared for similarities. Concepts that helped to understand the meaning of the data, outline the

implications, link research or refine ideas, and were located and shared within all four of the interviews, were then identified.

Sample

A small purposive sample of practicing school social workers within southwestern Ontario was sought. After receiving approval from the McMaster University Research Ethics Board, a number of recruitment strategies were used. The Manager of a large social work department within a Board of Education was approached. Through their endorsement of the research project, all members of the department received a Letter of Information (see Appendix II) and permission to participate in the research project during work time. One social worker agreed to participate. Additional reminders/requests to the department did not result in further participants. Approaching another Manager of a different Board of Education resulted in another social worker agreeing to participate in the research project.

Following a presentation to a professional committee of school social workers representing various Boards of Education, one individual expressed interest in participating in the research project. However, despite attempts to arrange an interview time the meeting never took place.

Two school social workers agreed to participate in the research upon referral from other participants and/or other individuals who had been approached and knew about the research.

A total of four practicing school social workers participated in the research project that entailed face-to-face interviews lasting between 1-1.5 hours. All participating social

workers had MSW degrees and RSW designations. Different school boards within southwestern Ontario employed all participants; Catholic Boards of Education employed two participants and two participants were employed by public Boards of Education. All of the participants worked within urban school settings within cities that ranged in size from 200,000 – 500,000 people. One social worker worked within a fairly affluent and culturally homogenous community, and the remaining three social workers worked in schools that represented financially and culturally diverse communities.

One participant was a Manager, and the remaining three participants were front-line workers. Their job assignments ranged from having one school to a grouping of schools. Participants ranged in their years of experience as a school social worker from 2 years to 21 years.

Participants' experiences with evidence-based practice varied. Two participants were extremely familiar with evidence-based practice, and the other two participants knew about it, and described themselves as having a beginning understanding of what it meant. Their employers' organizational embrace of evidence-based practice varied as well. One board was silent, two were in the early stages of investigating it and one Board has endorsed the use of evidence-based practices wholly.

Although the sample size is small, the sample does encompass a range of social work positions and perspectives, and as such, findings offer important insight into school social workers' opinions and experiences with evidence-based practice.

Findings and Analysis

All of the interviews were taped and transcribed with participants' permission. From the interview transcriptions, school social workers revealed how they are using evidence-based practices within different contexts. Results of analyses of the research data are provided below.

School Social Workers Using Evidence-Based Practices as Prescribed

Informing Practice Activities

Every participant reflected on how evidence-based practices informed, or guided their practice activities in their work with individual clients. One participant stated, “even the assessment and treatment formulation needs to be research based” and further suggested that “when I ask questions to people I use the research based support as opposed to just coming up with questions that I would ask that person myself”. This was echoed by another participant who, in reflecting on the rationale for the use of evidence-based practices suggested that it is so “you just don’t come in and do a wish wash of anything and everything, so then it’s a little bit more planned out and strategic in terms of what you’re going to do as a social worker”. The third participant suggested that his practice stance of being a peer helper was based on the evidence of peer counseling. Another social worker indicated that she consults the evidence-based literature to direct her practice interventions “when I’m at quite a loss and I really don’t have an opinion one way or the other.”

Social workers indicated that they used evidence-based practice to guide their selection of various program models or protocols. In describing their process of program

selection, one social worker described how “we went to the research, we looked into who’s doing what, what seems to be having the best results and we’ve taken a model from Australia because it comes with some evidence, some conclusive results”. Another social worker indicated how she had “developed a substance use and abuse protocol for the school that’s research based”.

Interestingly, these participants were using the evidence-based literature because it provided a sense of purpose or planning. This is in contrast to many authors who assert that social workers should use the evidence-based literature from either a legal or ethical obligation (Franklin, 2001, p.131; Pollio, 2002, p.61; Raines, 2004, p.61; Howard et. al, 2003, p.235; and Carr, 2002, p.52).

Providing Certainty

The certainty that workers felt when basing their practice on the evidence-based literature was pervasive. One social worker declared, “I’m not willing to try anything new unless I know that it’s pretty much steadfast, or that it has a good evidence base”. “We were looking for something that had some evidence-base as opposed to ‘we think it would be nice to have somebody come in twice a week and talk stress’. So we were looking for some structure around that”, commented another social worker. She emphasized that “you want to do something that works, you want to make sure that its meaningful, its effective kind of stuff”. In his explanation of the nature of social work practice and evidence-based practice, this social worker revealed the polarities between the two and the appeal of certainty when he said, “And again, it’s instinctive. But I would love to have info about what works.”

Glisson (2002), in his literature on organizational issues, makes the distinction between “hard” and “soft” technologies. Soft technologies exist within social service agencies where there are many ways of doing things ‘right’, and where it is often difficult to determine what is the ‘best’ way of intervening. Glisson (2002) observed that, due to the uncertain nature of soft technologies, organizations might make an “effort to inject certainty into what is an inherently uncertain technology” (Glisson, 1992, Glisson and James, 2002)” (p.237). All of the social workers interviewed commented on a feeling of certainty associated with using evidence-based practices, and in this way, support Glisson’s hypothesis.

Informing Practitioners about What Works

Most of the research participants identified with the desire to know that their practice was effective, that what they were doing ‘was working’.

One social worker noted, “I think there’s a lot of times when we close files or end groups without knowing if we impacted any kind of change, so I think it would be nice to have a bit of info because then it would help you to know how to do it better the next time”. One participant declared, “For me, yeh, what works is everything. If it doesn’t work, then get rid of it. And if it does work, learn it as fast as you can, and put it into practice because we want results.” Making the connection to evidence-based practice, he said, “that’s why I think EBP, if we can get answers to some of that stuff, then we can increase our efficacy, we can be more effective, we can work better, we can do more good”. Another social worker simply stated that it was important to ask, “What difference are we making, is it making a difference?”

Information provided by participants reflects some of the social influences identified as leading to the emergence of evidence-based practice. Witkin and Harrison (2001) suggest that evidence-based practice is appealing to individual practitioners, managers and funders because evidence-based practice is perceived as being able to provide answers to the demands of our “tell me what works” society (p.294). Taylor and White (2001) suggest that evidence-based practice can reassure the social work profession of its effectiveness (p.38).

Enhancing Professional Credibility

All of the participants indicated that evidence-based practice was a way to improve their professional credibility, and the credibility of the their departments and the social work profession.

One participant said, “you know, if I’m a professional, then I would want to make sure that I have evidence behind what I’m saying”. In talking about the benefits of adopting evidence-based practices, one social worker noted, “I think as a department that we might be more well respected... (and) that would certainly help us to bring up our image more than we have in the past”. Another social worker indicated that using evidence-based practices would mean a higher profile and better public persona for all social workers. One social worker concluded, “I think if I just kind of went by the gut, I’m not sure I would have the same kind of professional credibility”.

Enhanced professional credibility is one of the alluring promises made by the evidence-based practice movement. Witkin and Harrison (2001) hypothesized that when

a profession aligns itself with the medical model, through the endorsement of evidence-based practices, that it is an attempt to improve the credibility of the profession (p.294).

While there were clear benefits ascribed to using evidence-based practices, all of the research participants shared concerns about using evidence-based practices that revealed tensions arising from the use of evidence-based practices.

Tensions Arising from the Use of EBP as Prescribed

The social workers I interviewed understood EBP to mean a prescribed way of practicing that entailed adhering to specific techniques determined to be ‘effective’ based upon formal research. In the process of using EBP ‘as prescribed’, certain tensions arose.

Flexibility vs. Rigidity

Ensuring that their interventions fit for clients was an overriding concern for all of the participants, and was expressed as a tension between implementing rigid evidence-based practices versus the need to be flexible with clients based upon the uniqueness of each individual client and his or her situation. For example, one social worker was adamant, “If I treated every grade nine student the same, or all grade ten students the same, it just wouldn’t work. Then it really wouldn’t work.” Another participant, in sharing her concerns about evidence-based practice observed, “That would be my caution for clients, right, is that we don’t try to fit them for our programs, that we’re willing to adapt our program to the needs.” One social worker noted how she discusses with her clients the evidence, and lets the clients determine the fit. She asks her clients, “what feels comfortable for you, what fits for you, they both look like...they’ve had some, you know, some results, but neither is perfect”.

Social workers were also keenly aware of the fit issues relating to group or model interventions. One social worker stated, “If someone says come in and do bullying, I don’t just walk in and do the better bullying presentation. I usually find out what the needs are, what are the priorities. How can I tweak it in a way that really helps to go in and address what the true need is.” Also reflective of the importance of individualizing the intervention was this worker who, in discussing their planning meetings, said,

I kept saying, this is great, this is the parameters I want to use, we know it’s based on something, but...not wanting to get so rigid that we buy programs, so to speak, and implement them without some ability to be intuitive.

Participants were also cognizant of the fit, or lack of fit, of evidence-based practices to their organizations or settings. “I mean there might be things that I can’t do, I can’t operationalize” noted one participant. Limitations of evidence-based practice established in research was reflected in this participant’s comment,

So I think we always have to review things and we have to decide, is this applicable in my setting?...Because so much of the research, and the stuff we do is around clinical issues, but we’re not a clinical setting.

Still yet another aspect of fit was between the intervention and practitioner. This was reflected in this social worker’s comment, “I’d wanna know the research. I mean and this is kind of too intimate a question to be answered well. But...what doesn’t work for my colleague Jim might work for me”.

The literature is rife with debate about the conflicts resulting from implementing evidence-based practices into practice settings. Edwards and Dattilio (2004) captured this concept well when they stated, “the disadvantage is that the manualized treatment may

restrict flexibility in the adaptation of the treatment approach to specific aspects of the client's personality and circumstances" (pp.589/590). Likewise, Larner (2004) believes, "family therapy is an ecological intervention in a natural environment that does not translate easily into a step-by-step procedure or intervention manual that can be repeatedly applied and tested" (p.19). Pentz (2004) noted that one of the problems with the dissemination of evidence-based practice is the "reinvention" or "unplanned adaptation" of the EBP to the practice site (p.26). The disconnect between the research and practice worlds is likely to continue to be a source of tension because practitioners clearly value the need to be flexible and will continue to resist becoming rigid when applying evidence-based practices.

Practice knowledge vs. formal knowledge

All of the participants made a distinction between formal knowledge and their practice knowledge. Each one of them revealed a tension between these two kinds of knowledge and all of them talked about valuing their own practice knowledge.

For example, one social worker, said, "what's important I guess here, what's essential is, is to move beyond the unproven into the proven into something that you may do by instinct or by gut feel, but substantiate that." The following example he provided further illustrates the tension between practice knowledge and formal knowledge for this worker:

Um, I have this profound sense that reprimanding kids doesn't work. I just don't think that ah, raking them over the coals, or distancing ourselves...I have that sense that it is not effective. So I don't have any evidence for that except for the fact that it seems to turn kids off, and they don't come back when you do it.

In talking about sources of information for clinical decision-making one worker suggested, “I would use what I already have at my fingertips”. This was echoed by another participant who added, “And I have a lot of gut-based evidence”. In other words, their practice knowledge guided their decision-making. Another social worker mused, “I guess the other thing that I didn’t want to lose sight of in terms of the research...is just intuitively wanting to trust my gut about what works. And that’s okay.” She articulated the tension in noting, “I would hate to become so single-minded that I’m sitting in a meeting saying, well, based on the evidence base that... so I use both (practice knowledge and formal knowledge), and I’m not apologetic that I use both.”

This belief in experience extended to colleagues as well. As one social worker explained,

But if you know somebody’s a fairly experienced practitioner, um and they seem to be on board, and they seem to know what they’re doing, then certainly their experience, um, might not be, ah, scientifically evidence-based in terms of having research studies behind them, but, you know, it would be evidence based to me that they have the experience that this has worked before and I’d be very open to trying something like that from someone who’s more experienced in one area.

Sheppard et. al (2000) makes the distinction between practice knowledge and product knowledge. Practice knowledge refers to the knowledge that a practitioner gains from experience whereas product knowledge refers to knowledge that is produced as a product, like that found in evidence-based practice. Within evidence-based practice, formal research, or product knowledge is touted as more valuable. Gabbay, le May, and Jefferson (2003), in their case study, noted how participants strongly valued their experiential or practice knowledge, and sometimes devalued the research literature. For

participants in this study, they clearly articulated how they value both formal knowledge and their practice knowledge.

Improvements/Changes vs. Results

All of the participants were keenly aware of their desire to know the results of their interventions with clients, and hinted at the pressures they felt to be producing changes for their clients.

How do you know its working – that's a good question because if it turns out, that the kids don't want to come, or the other thing they said was it's a waste of time, well then, that's good enough evidence for me to know that I'm not going to try this again...

observed one social worker. He added further, "Because the measure of what's functional for us, is, how much we're able to bring about worthwhile changes for our people." In other words, how clients perceive their gains is more meaningful than what would be reflected according to a particular measure or assessment instrument. Another participant noted,

There's a lot more to it, and a lot more ways of trying to pull out whether you've made improvements. I think it's um, more measuring how did you do your plan of intervention, and what was the end result? And so to me, that is evidence-based because you're looking at what movement have you made, and what's the change and you're evaluating.

One social worker, in reflecting on the outcomes of a group intervention for adolescent males stated,

There's a whole other angle that you can look at, and I would argue that the um, the relationship that I was able to form with those high risk kids was a very good relationship. And to this day, a year later, they will walk into my door and ask me if I have hot chocolate, or if I have any pizza.

One respondent provided this very powerful example of how feedback from a former client has encouraged him to continue to use an intervention despite an absence of formal evidence. He said, “I had one mom who actually spoke to me years after the fact... she said, “You know, I attribute the fact that (my son is) doing his OAC’s now to the fact that you sent him to camp.”

One social worker, the manager, illuminated this tension when she said,

Five or ten years ago – I would have been much more content to say it works, yes I know it works because I’m busy, I’m seeing kids all day, I’ve got referrals coming down the tubes, and my schools like me, and they appreciate me and they want more of my time, so of course it’s working. And now I find myself having really to be more critical and thinking more about, so, what are they (my staff) doing out there?

A critique of evidence-based practice is its focus upon identifiable results such as reduction in presenting symptoms. Messer (2004) suggests that it is equally important, if not more so, to consider other goals such as “attainment of insight, a sense of agency, a firmer identity, higher self-esteem, etc.” (p.582). Witkin and Harrison (2001) suggested “medically precise definitions of “outcomes” may be hard to reconcile with social workers’ espoused views of taking into account all relevant aspects of a social situation” (p.293). Participants did not have a narrow definition of results. Instead, these social workers talked about how they looked to other indicators from their clients that their involvement was effective.

Relationship vs. method/technique

Research participants agreed wholeheartedly that the relationship was as important, if not more important, than the particular technique employed. One worker described how,

If you’re saying I do this, this and this, and a parent comes to see you

and they're saying I'm really concerned that my child...and I say do this, this and this, and I wasn't using my good social work skills to deliver that information...then that evidence is not going to be very helpful.

She elaborated further by stating,

That's part of it, the use of self, the relationship. But I'm talking about what you're able to, who you are, how you talk to people, what your skills are, um, so just, you know, just using evidence alone, or research based studies it not enough, it's how you deliver that info.

In other words, the relationship provides the context in which evidence-based information can be shared and used meaningfully. This same participant also indicated that the relationship could be more important than the evidence when she said, "And you know, the delivery could actually be more important in that case than the evidence because the evidence would say that there's no therapeutic value to anger management stuff."

The importance of 'starting where your client is at', was underscored by this participant who said,

But I think also that when you have families or students telling you what their concerns are or their needs, and you're basing the intervention on their ideas, then that's different. That's different then me coming in and saying, "Okay, you're depressed, this is what we're going to do.

This worker was suggesting that by beginning with the client she would determine the right intervention, rather than applying the intervention to the client. Another participant was concerned about the impact of applying interventions without regard for their individual client. He observed, "People don't take kindly to being handled with tweezers. If in the middle of an interview, if you look up who they are, there must be a label that fits you here... I don't think that's helpful for people." He also cautioned that the way we

as social workers use evidence-based practices could have a negative effect on the relationship between our clients and ourselves. He implored, “You can’t pull rank on your people. By that I mean, you can’t sit there and stroke your beard and pretend you’re some kind of superior being.”

Within the literature there is a lively debate about what effects change: the relationship that practitioners have with clients or the particular methods and techniques that practitioners use in their work with clients. Edwards et. al (2004) believe

clinicians may feel that researchers are dictating how they should function in practice (Addis, 2002; Schulte, Bochum and Eifert, 2002) and point to an excessive emphasis on technique, inadequate attention to the working alliance, and a failure to recognize the importance of clinical innovation and the expertise of the therapist (Carroll and Nuro, 2002) (p.590).

Bhati (2004) noted, “there is compelling evidence that it makes more sense to think of elements of the relationship as being empirically supported rather than particular treatments” (p.567). For these participants, the relationship with clients is more important than the evidence.

School Social Workers Adapting Evidence and Evidence-Based Practice

In discussing their opinions and experiences with evidence-based practices, research participants revealed how they are using evidence and evidence-based practices in adaptive and creative ways. This has led to a redefining of evidence and the uses of evidence-based practice for school social workers.

Adaptations to Local Context

Most participants talked about how they would begin with an evidence-based practice, but adapt it to their local setting. Commenting on her practice with individual

clients, one worker said, “You let them lead you, you let them tell you what they want to talk about.” Another worker stated, “I tend to do kind of a bit of a mixture of all kinds of stuff.”

Adaptations within a group were also evident. In talking about a group that she had offered, this worker remarked, “We would often get off on a tangent, you know, we didn’t necessarily cover what we were supposed to.”

While proclaiming the appeal of using a model of intervention, this worker was equally clear about her intentions when she said, “I think that my model of intervention might stay fairly constant, but that I would be flexible within that model.” Even when it came to applying an evidence-based model, participants talked about how they had adapted the models. “I would probably try to use pieces of it that might work and then draw in pieces from other models” said one worker. This was echoed by another worker who noted, “So we took bits on an evidence-based approach, (and) created our own.”

The rationale for the adaptation was clear:

Cause I think there’s already too much of that in our schools
where certain models are already forced upon our students.
And I think that that’s where we come in and offer a bit of a
different perspective. Because we can offer a little more flexibility
and zero right on to what the concerns are I think and work in small steps.

Another worker highlighted the negative outcomes of not being adaptable when she said, “What a rip for the kids if we weren’t flexible enough to change.”

Much of the evidence-based practice literature sees it as problematic that front-line practitioners alter evidence-based practices when they implement them into practice settings (Mufson et. al, 2004; and Schoenwald and Hoagwood, 2001). Research

participants however, endorsed the need to alter and adapt evidence-based practices and perceived this to be beneficial.

Redefining Evidence

Information from these participants indicates that they have a broad definition of evidence-based practice that incorporates evidence from a wide variety of sources, including their practice experience.

One worker explained her changing definition of evidence-based practice as such: “When I first heard of it I always thought that it was much more scientifically based...But as I kind of got into it I realized that its probably even less formal than what I originally thought EBP is...I’ve learned that it’s a little bit more flexible.” She elaborated further in saying, “I used to think that it was much more formal. Like, I used to think that you had to have a pre-test, post-test and you had to have numbers or qualitative data.” Now she says, “I think evidence is just the situation at hand.” Another worker reflected, “But I remember thinking at one point, well, so basically evidence-based is just a whole bunch of case consultations that you make sense out of and write down.”

Another worker described her evidence-based practice as follows:

I think sometimes you would say, if you haven’t come across the research about that, and you can’t know research, or you can’t have the evidence about everything, so you might say in my experience this has been helpful, in my experience, this has been helpful before. Well, there’s your own bit of research evidence, your own evidence-based practice that you have developed.

As noted in the literature review, there are numerous definitions of evidence-based practice that reflect either a dependency upon formal research, or suggest that evidence-based practice is a process of knowledge acquisition. Definitions that mentioned practice

knowledge clearly delineated it as different from formal knowledge, yet still situated practice knowledge as important in the implementation of evidence-based practice.

Gilgin (2005) stated, “evidence derived from sources external to individual clients, as well as evidence that emerges from interactions with clients, are relevant to social work practice” (p.58). These social workers conceptualize evidence in its broadest sense, and as a result, their definitions, and their practice based upon those definitions, represent a de-mystifying of evidence as it is constructed in the dominant discourse on evidence-based practice.

Evidence and Evidence-Based Practice as Power

The various social, economic and political contexts that have given rise to the emergence of evidence-based practices have created a powerful paradigm, a political economy of evidence-based practice. Interestingly, all research participants talked about their different uses of evidence and evidence-based practice within different contexts. In this way, social workers are negotiating power through their definition of evidence, and their strategic use of both evidence-based practice and the language of EBP.

When participants talked about their use of evidence-based practices they made it obvious how they were using evidence-based practice, and the definition of evidence, very differently with different audiences. One participant shared,

When I’m often relying on the research, the evidence, the lit and stuff... it’s at this level, the managerial role where I’m fighting for a program, fighting for a resource to run a program. Advocating for that kind of intervention. Often when I’m saying things like in my experience, in my gut, it’s when I’m involved in casework. So times I’m relying on the lit, is when I’m looking for support at the Board level.

In other words, her definition of evidence holds different currency with different audiences. Within organizational structures that are determining funding and service levels, formal knowledge is seen as more reliable and valid therefore, the language of evidence-based practice is used to provide proof or support of the request for continued or additional service.

With other service colleagues, the language of evidence-based practice is also used. Within this context however, evidence-based practice represents the voice of authority. One worker explained it this way, “I mean I like to be able to pull that when I’m in a meeting...I like to talk a little bit about how home instruction is often contraindicated in the literature because of blah, blah, blah and so it gives me some credibility, I think, at the table of education, and so you know, um, I think that’s a helpful thing.” She added further, “If I just kind of went by the gut, I’m not sure I would have the same kind of professional credibility.” Another social worker noted how, when she is providing recommendations to staff, she has said, “I have some research to support what I’m saying”.

Alternatively, in the company of clients, the language of practice knowledge is seen as reliable and valid, and is used within that context. As one worker said,

Because it’s not like I’m going to say in a case conference, well, I can tell you 26 out of 30 times this works. Its not like I pull the research out there. But I somehow pull that out for my own sake, even at an unconscious level.

From the data, social workers have indicated that they use the language and power of evidence-based practice to meet a variety of needs.

Service Rationale

As with numerous authors (Pollio, 2002, p.59; Howard et. al, 2003, p.235; and Carr, 2002, p.29) participants were keenly aware of the tie between evidence-based practice and funding for continued or additional services. Reflecting on her own employer, one social worker observed, “I think it always comes down to if you want to access funding, for a lot of the kind of stuff that we would be looking for extra monies to do, that a lot of that tends to be, is said to be, based on evidence-based practice.” With her previous school board, this same worker noted how their work was “measured because I mean, they were basing it on funding, and they needed to have a lot of that in place.” Another worker was blunt in their observation that “you can’t do much these days without some evidence-based language or process.” A third social worker shared how she provided evidence-based literature to the phys ed teacher to help support her request for additional phys ed resources.

Proof of the Value of Social Work

For all of the participants the language of evidence-based practice was used to provide proof of the value of social work services, especially because school social workers are in secondary settings.

Explaining her use of evidence-based practice, this worker stated,

I think it’s a way to always prove what you’re delivering, to be able to explain what you’re delivering, and I think that’s important in education, particularly for us because we are a secondary service. So, as long as we’re a secondary service, I think we have some more ‘splaining to do.

She predicted, “We’ve gotta be able to document that things are contributing to student success. Not because we think it is, but because it really is.” This sentiment was echoed by another worker who remarked,

The ultimate litmus test is, is this school board doing better because of school social workers? Are students learning better? Are there fewer barriers to learning because of having school social workers here? And if that’s true, I would assume there would be more people hired and just generally we would thrive as a profession.

Observing, “The long and the short of it is that we would be seen as vastly ineffective if we didn’t do what works and at worst, we would be seen as destructive” was one worker’s way of underscoring the importance of how evidence-based practice can be used to prove the value of social work services.

Using evidence-based practices as ‘proof’ of social work’s value has been identified by some authors as one of the promises to practitioners and organizations who use evidence-based practices (Zlotnik et. al (2002); and Fortune et. al (2001)).

Accountability

Three of the participants identified how evidence-based practice can be used to provide accountability for our professional activities. One worker suggested, “Somebody’s going to say to somebody one day, where did you get that idea or how would you advise somebody about that? Or what have you been doing with that kid, there’s no research to support what you’ve been doing with that kid.” She identified how social workers could be questioned during inquests and inquiries and concluded “It (EBP) helps you explain things in court”. Another worker noted,

I think that um, that accountability is the word of the decade. So I think there’s going to be more of a demand. Far more of a demand

for evidence that this effects change and I think we're going to have to start connecting it, with effecting academic change, school retention change, and all that kind of stuff.

As with a number of authors (Pollio, 2002, p.50; Barwick et. al, 2005, p.16; and Goldman et. al, 2001, p.1592), evidence-based practice is seen as a valuable tool for social workers to be accountable to their School Boards.

Discussion and Implications

Much of the literature on social work and evidence-based practice has focused on social workers' reluctance or apparent incapacity to take up this 'new paradigm' of practice. Appreciating practicing school social workers' opinions and experiences with evidence-based practice leads to a greater understanding of the implications of this phenomenon for front-line practitioners, while simultaneously revealing opportunities to challenge and re-define EBP.

Contrary to what much of the literature has indicated, practicing social workers in this research study were in fact supportive of, and taking up evidence-based practices. In many instances, they described benefiting from the promises of EBP as it informed their practice activities, provided feelings of certainty in implementing techniques, clearly delineated what works/what is effective, and enhanced their personal and collective professional credibility.

Much of the mainstream EBP literature suggests that social workers have been ambivalent or reluctant to adopt evidence-based practices due to limitations of their skills, time and resources, or their beliefs and attitudes. This study, however, in keeping with important critiques of EBP, confirms that social workers identify important tensions between the dominant discourse of EBP and social work practice values.

A key tension for social workers centred on the value placed upon formal knowledge versus practice knowledge. This is reflected in the epistemological debate concerning the definition of evidence. The discourse on evidence-based practice is situated within a narrow, prescriptive, and scientifically defined construct about what constitutes evidence

and how that evidence should be used. As Pollio (2002) observed, “perhaps the most important concept in discussing evidence-based practice is the term *evidence*” (p.62). Designating certain kinds of information as evidence has lead to the creation of a hierarchy of knowledge or “pyramid of certainties” (Holloway, 2001,p.13). This led Lerner (2004) to claim, “there is ongoing controversy about the political economy of evidence, how it is defined and who defines it. This is not a question of evidence or no evidence but who controls the definition of evidence and which kind is acceptable to whom” (p.20).

Evidence-based practice has been criticized for minimizing practitioner knowledge. As Holloway (2001) observed, evidence-based practice, “imposes a paradigm for what counts as legitimate evidence that is external to the practices and ways of knowing of the many professionals” (p.21). Howard et. al (2003) observed, “advocates of evidence-based practice explicitly reject the long-standing assumption that theory, unsystematic practice experiences, traditional training, content expertise, or common sense alone or in toto provide sufficient guidance for effective professional practice” (p.239).

Within the paradigm of evidence-based practice, the definition of evidence is crucial to understanding what kinds of knowledge are accepted and valued, and what kinds of knowledge are dismissed. The evidence-based paradigm further means that certain treatments are endorsed as evidence-based, and others are not. As Lerner (2004) noted,

by restricting the types of information to be used as evidence and defining the relationships among these types of evidence (for example, information from randomized clinical trial versus practical experience), EBP supports certain practices (for example, those claiming to be “empirical”) and undermines others (p.30).

Social workers in this study believed in, relied upon, and valued their practice knowledge, when the literature was absent on the practice issue, when they were applying the evidence-based literature and when their knowledge was contrary to the literature.

Social workers in this study also described the tension they felt between rigid adherence to manualized protocols required of evidence-based practices and the need to be flexible in response to their individual clients' needs. This tension is reflected in the critiques of the evidence-based practice research. Many authors have been critical of the artificial results created within highly controlled laboratory settings (Messer, 2004; Burton and Chapman, 2004; Schoenwald and Hoagwood, 2001). Burton and Chapman (2004) suggest, "in the face of this natural complexity and uncertainty, the common 'scientific' response is to use a *strategy of simplification*. This means that, in the 'production of knowledge', the context is controlled, the participants are restricted, (and) the intervention is formalized and standardized (p.59/60)".

Still other authors have noted how research settings do not take into account the complex nature of the real world. As Lerner (2004) so succinctly articulated, "it is certainly not evidence-based to close one's eyes to the complexity of lived human experience and say treatments work when there is no evidence they do so in real-life clinical situations" (p.30).

Evidence-based practice has also been criticized for ignoring and negating the nature of social work practice. "Attention to contextual determinants is a defining feature of social work", stated Howard and Jenson (1999) (p.359). Burton and Chapman (2004) in their discussion of the disconnect between research and the practice world, stated,

with practice typically assuming a generative causality, and outcome research typically assuming an associationist causality, there is something of a mismatch between these two logics. Hence, practitioners can come to rely chiefly on their own training and experience, and make only limited contact with more systematic empirical work, which does not necessarily speak to their practice and experience. (p.61).

Or, as Rosen (2003) suggests, “I believe that factors inherent in practitioners and in the practice situation render much of EBP incompatible with its routine application in practice. Such incompatibility has rarely been recognized or addressed constructively (Rosen, 1983, 1996)” (p.198).

For these practicing social workers interviewed in this study, consistent with critiques of EBP, the problem with the current discourse of evidence-based practice is that it reduces understanding of the complexity of human experience in the real world, ignores the realities of practice settings, and negates the practice knowledge of social workers.

In addition to identifying the benefits and tensions of using evidence-based practice, this research uncovers ways in which social workers are creatively and adaptively using evidence-based practices. Participants noted the importance of adapting evidence-based practices to individual clients and to their particular practice settings. Unlike much of the evidence-based literature that is critical of this kind of adaptation, these workers valued this approach as a way of supporting and respecting the individuality of their clients. These social workers also valued their client’s assessment of change, and their own observations of client progress as sources of evidence.

These social workers also revealed how they negotiate power through their definition of evidence, and their subsequent strategic and creative use of both evidence-based practice and the language of EBP. Social workers use the language and persuasive

discourse of EBP with management and funding bodies to provide accountability for services provided, proof of the value of social work services, and rationales for continued or increased service levels. With colleagues, using the language of EBP provides the practitioner with the voice of authority.

The literature on evidence-based practice often advocates either for or against EBP. Interestingly, this research shows how social work practitioners can simultaneously appreciate and benefit from EBP while also questioning and adapting it. This complex stance is articulated by Witkin and Harrison (2001), who, in their depiction of social workers said,

we learn to listen for discrepancies between the public discourse of disadvantaged people dealing with more powerful systems and the internal discourse within groups and individuals that frequently offer different understandings. In this sense, social workers are often cultural bridges, able to deal in multiple worlds of understandings (p.293).

Data from this research project identifies how social workers are cultural bridges between the research and practice worlds, two vastly different kinds of evidence, and two different uses of evidence-based practice.

School social workers from this study value both formal and informal knowledge, and creatively use their different kinds of knowledge in different contexts. Holloway (2001) suggests, “ways of knowing can be categorized as empirical, experiential and theoretical (Gomm and Davies, 2000, p.4) and knowledge should not be reduced to any one of these modes” (p.21). Burton and Chapman (2004) suggest that evidence can be categorized as micro (“evidence from practice with individual people or small groups”), meso (“evidence from local studies, evaluations, audits”), and macro (“evidence from

published literature”))” (p.65). They assert that all three kinds of evidence are valued and necessary for “informing decisions about practice and service provision” (Burton and Chapman, 2004, p.66).

One of the implications of this study is appreciating how practicing school social workers rely on, and highly value, their practice knowledge. By proclaiming their practice knowledge as valuable, social workers resist the notion of empirical evidence as superior, and instead, have created opportunities to broaden the concept of evidence. Like the social workers in this study, Gilgun (2005) suggests, “practitioners may see that information that they gain from interactions with clients is evidence as well” (p.58). Stanley (2005) suggests, “from an initial, predominantly empiricist perspective the case is being made for broader dimensions of understanding of the nature of evidence” (p.6).

In addition to asserting the value of practice knowledge, social workers interviewed in this study show us how they have adapted evidence-based practices through their flexibility and adaptations to local contexts. Mufson et. al (2004) had noted the absence in the literature of the adaptations required to integrate evidence-based practices into the field. As Burton and Chapman (2004) observed, “practitioners and teams on the front line of service delivery are pivotal agents in both generating evidence and working innovatively with it” (p.63) and adaptation to local contexts is one example. This has important implications for the transportability and dissemination of research findings to practice settings. Specifically, this research challenges the suggestion that social workers are skeptical about research (Jackson, 1999; Barwick et. al, 2005; Hemsley-Brown, 2004) and instead validates practitioner perceptions about the limited applicability of empirical

research (based on RCT's) to practice settings, and the limitations of applying treatments based on the generalizations of homogenous samples to their individual clients. Up until now, practitioner knowledge and experience with research applicability was often disregarded, framed either as resistance to EBP or as a practitioner skill deficit in quantitative research. This study has important implications for valuing social workers' skills in assessing, implementing and adapting evidence-based practices to their practice settings, and viewing this as a unique and valued skill set. Additionally, this research suggests that more research, based within practice settings, needs to be undertaken.

The divide between researchers and practitioners has a long history in social work. And while there have been pleas to respect each other in order to effectively learn from each other (Randall, 2002), researchers, especially within the evidence-based discourse have enjoyed a higher status than practitioners. What this research highlights is that practitioner knowledge is highly valuable knowledge, and should be regarded as such by researchers. Additionally, collaboration between practitioners and researchers is encouraged, however, practitioners can engage in case-based research to help understand how treatments work with specific individuals (Edwards et. al, 2004).

This research also implies that social work practitioners can make valuable contributions to research projects by ensuring that the research is relevant to clients and practitioners by focusing on client needs/experience and insisting that the research takes place in the real world under real life practice conditions. Social workers can advocate for research methodology and measures that promote an understanding of process and outcomes, and they can also advocate for measures that reflect clients' experiences.

Another implication from this study is a challenge to the literature that has positioned social workers as either unskilled or resistant to evidence-based practices. These social workers have not been passive in accepting EBP, nor have they been resistant. Instead, these practitioners have thoughtfully engaged in a critical analysis of EBP. They have taken up and implemented what is beneficial about EBP, identified and resisted what is problematic about EBP, and creatively adapted EBP for the benefit of clients. In so doing, social workers have demonstrated how they can effectively adopt evidence-based practices while simultaneously challenging the public discourse of evidence-based practice to be both broader and more inclusive.

Social workers from this study have also creatively used the new paradigm of EBP for the benefit of clients and the provision of social work services. They are using EBP as a source of practice information with clients, and as an authoritative source with colleagues and funding/organizational bodies.

Evidence-based practice has been hailed as a new paradigm, a new way of describing what and how social workers should practice (Witkin and Harrison, 2001, p.293). Through a thoughtful and critically analytical process, practitioners who took part in this study revealed *their* paradigm of evidence-based practice, where client experience and practice knowledge is valued and counts as evidence, and their clinical practice is acknowledged as evidence-grounded.

School Social Workers' Opinions and Experiences With Evidence-Based Practice

Interview Guide

1. What do you think about evidence-based practice in school social work?
Or How do you define evidence-based practice?
2. What do you like or dislike about evidence-based practice?
3. What kinds of things influence you to either use, or not use, evidence-based practice in your work?
4. What specific evidence-based practices have you used? How have those practices differed from your usual practice?
5. Are there evidence-based practices have you chosen not to use? What lead you to that decision?
6. Can you share with me how you would intervene with a client if you disagreed with the evidence-based practice suggested?
7. In your opinion, what challenges, demands, risks or gains and losses are there to using and not using evidence-based practice?
8. In your opinion, what is the impact of using evidence-based practice for your clients, your practice or your agency?
9. In your opinion, what is the impact of not using evidence-based practice for your clients, your practice, or your agency?
10. What impact do you think evidence-based practice is having on the practice of school social work, or social work in general?
11. What concerns have you raised about evidence-based practice? To whom? What was their response?

September 1, 2005

RESEARCH PROJECT
*School Social Workers' Opinions and Experiences
with Evidence-Based Practice*

Letter of Information

Evidence-based practice in the field of social work is a growing phenomenon. Evidence-based practice (EBP) in social work has been described as a process of "continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence". (Gibbs, 2003)

While there is significant literature concerning why social workers should use evidence-based practice, and some literature about why social workers do not use EBP, there has been no study exploring front-line practising social workers' own beliefs and perspectives about EBP.

The purpose of this research project is to explore school social workers' experiences with, and opinions of, evidence-based practice.

I am a student in the MSW program at McMaster University, and am conducting this research project as a requirement of my thesis. I would like to meet with individual school social workers who would be willing to participate in an interview, approximately 1 hour in length, in which I will ask them questions about their opinions and experiences with evidence-based practice, be they positive or negative. Participants will be asked questions such as: What evidence-based practices have you used? How have those practices differed from your usual practice? Are there evidence-based practices you have chosen not to use? What lead you to that decision? In your opinion, what challenges, demands, risks, or gains and losses are there to either using or not using evidence-based practice? In your opinion, what is the impact of either using or not using evidence-based practice for your clients, your practice or your Board? Participants will be asked to give their permission to have the interview audiotaped.

If you decide to participate in this study, you can choose where we will meet. If your participation involves traveling outside your home community you will be reimbursed for your mileage costs.

As a school social worker, I know that evidence-based practice can be a controversial topic, and talking about it may be unsettling. If you participate in this research, the information that you provide will be anonymous, and will be kept confidential at all times. Additionally, you are free to decline answering any question(s), and may withdraw from this study at any time.

Potential benefits of participating in this study might include helping you to better understand evidence-based practice and its impact on your clients, your department and on your day-to-day practice. I also believe that this research project provides an opportunity for the opinions and experiences of front-line school social workers to be heard and may encourage dialogue about this topic.

This project has been approved by the McMaster University Research Ethics Board and may be reached by calling: 905-525-9140 x 23142 or by e-mail: ethicsoffice@mcmaster.ca. Dr. Chris Sinding, is the Faculty Supervisor and may be reached by calling: 905-525-9140 x 22740 or through e-mail at: sinding@mcmaster.ca. **If you might be willing to participate and/or you want to know more about this study, please contact me (Michelle Bates) by phone: 905-689-8031 or by e-mail: dwoodworking101@sympatico.ca.**

Thank you!

Michelle Bates

September 1, 2005

**School Social Workers' Opinions and Experiences
With Evidence-Based Practice**

Research Consent Form

I understand that I am being asked to participate in this research study concerning school social workers' opinions and experiences with evidence-based practice.

Evidence-based practice (EBP) in social work has been described as a process of "continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence". (Gibbs, 2003)

I understand that Michelle Bates, a graduate student, is conducting this research under the supervision of Chris Sinding, faculty member of the Health Studies Programme and School of Social Work, McMaster University, Hamilton, Ontario.

By agreeing to participate in this study, I am willing to take part in one interview that will likely be one hour in length, and am agreeable to having this interview audiotaped and later transcribed. I understand that during the interview I will be asked questions such as: What evidence-based practices have you used? How have those practices differed from your usual practice? Are there evidence-based practices you have chosen not to use? What lead you to that decision? In your opinion, what challenges, demands, risks, or gains and losses are there to either using or not using evidence-based practice? In your opinion, what is the impact of either using or not using evidence-based practice for your clients, your practice or your Board?

Evidence-based practice can be controversial, and talking about it may be discomforting. Therefore, I understand that I may decline to answer any particular question(s). I understand that I will receive a transcript of my interview prior to analysis of the results, and I have the right to add, change or remove any comments at that time. I also understand that I may access any information that I have provided at any time during this research project.

I am aware that my participation is voluntary, and that I can choose to withdraw from this study at any time and that, if I do, any information I have provided (audiotapes or notes) will be erased, shredded or returned to me.

I understand that my confidentiality will be respected. No information that discloses my identity, or that of my employer, will be published. My employer will not know about my participation.

I have been advised that a potential benefit of being a participant is that I may gain a greater understanding of evidence-based practice and its impact on my clients, my department, and on my day-to-day practice. Additionally, this research project may provide an opportunity for the opinions and experiences of front-line school social workers to be heard and may encourage dialogue about this topic.

If my participation involves traveling outside of my home community, I understand that I will be reimbursed for my travel expenses at the rate of .34 cents a kilometer. If I withdraw from the study, I will still receive the travel reimbursement if my participation to date involved travel.

If I have any questions, I can contact Michelle Bates by phone: 905-689-8031 (home) or e-mail: dwoodworking101@sympatico.ca; or Chris Sinding by phone: 905-525-9140 ext. 22740 or e-mail: sinding@mcmaster.ca.

This project has received ethics approval from the McMaster University Ethics Review Board. If I have concerns about my rights as a participant I may contact:

McMaster Research Ethics Board Secretariat
Phone: 905-525-9140 ext. 23142 or by e-mail: ethicsoffice@mcmaster.ca

CONSENT

I have been informed about this study and I understand its purpose. I have had the opportunity to ask questions about my involvement in the study and questions have been answered to my satisfaction. I consent to participate in this study.

Signed: _____

Dated: _____

I have explained the purpose of this research study to the above-named individual, and believe that they understand the proposed research and have freely consented to participate in this study.

Researcher signature: _____

Dated: _____

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