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Evidence-Based Practice in Clinical Social Work

Second Edition

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Preface

Evidence-based practice (EBP) is a major shaping influence in clinical social work practice, in relation to economic policies, and in professional education. The definition of EBP remains contested; professionals still fail to distinguish EBP as a practice decision-making process from a list of treatments that have some type of research support (which are correctly called empirically supported treatments). All mental health practitioners should understand what EBP is, what it is not, and how it shapes both client options and their own practice experiences. This book explores EBP in depth and in detail. Our focus includes case exemplars that *show* how the EBP decision-making process is done in practice.

There are many recent books about evidence-based practice in social work and in other mental health professions. In reviewing these books, it appeared to us that most of the books on EBP have been written by researchers, bringing a particular point of view and expertise to the technicalities of EBP. These books are important to social workers and other mental health professionals because EBP involves a lot of technical details about research design, methods, and interpretation that are not always covered in other social work texts. On the other hand, the lack of a more direct practice and clinical viewpoint seemed to leave out a lot of the day-to-day realities clinical social workers confront in learning and using EBP in practice. Recent books also lacked much in the way of a broad and critical perspective on EBP as a social movement shaping policy, agency practice, and views of what constitutes "good" research. As we explored other books as resources for our students and for our own practice, we missed both a larger or meta-perspective on EBP and a lack of attention to doing it in clinical practice. This book seeks to illustrate through several cases how important clinical knowledge and expertise are in *doing* EBP well. We seek to introduce the core ideas and practice of EBP and then illustrate them by applying the concepts and processes to real-world cases. We also take a critical look at how EBP has been implemented in practice, education, and policy.

Eight years after we wrote the first edition of this book, EBP continues to be a major influence on clinical practice. Some areas of the book, particularly the research evidence used in our case examples, needed to be updated and made

current. This we did carefully. We also added new case examples based on trauma and on opioid dependence as frequent contemporary concerns leading to undertaking clinical services. The core ideas of EBP appear unchanged, but the evidence it rests upon has evolved. Yet, the definition and uses of EBP remain unclear to many and are used by educators and researchers in ways that undermine clarity about what EBP is in practice. Further, the limited inclusion of populations of color, of LGBTQ+ persons, and of co-occurring disorders sadly limit the relevance of research results for many of today's clients. EBP has many merits but also some serious limitations. One key and continuing limitation is the lack of extensive high-quality research results on many client concerns and for many types of treatments.

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

This book is intended for clinical social workers and other mental health professionals in practice. It will also be suitable for advanced level masters students and doctoral students. Many introductory level books on EBP emphasize procedures without much perspective or much detail. We seek to offer greater perspective, depth, and detail. This includes detailed examination of content from Cochrane Collaboration systematic reviews of practice research. Furthermore, we view many of the technical chapters of the book as *reviews* of research content, not initial introductions to the content. That said, we have tried to make the technical chapters clear but with enough detail for them to be useful to clinical social workers doing practice.

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

In Chap. 1, this book will detail EBP as a practice decision-making process, but it will also critically examine EBP in its real-world context. We will provide a brief history of EBP and evidence-based medicine (EBM) from which it developed. We

employ the contemporary model of EBP that includes four components: (1) the current clinical circumstances of the client, (2) the best relevant research evidence, (3) the client's values and preferences, and (4) the clinical expertise of the professional clinician. Research is just one part of the EBP practice decision-making process. Client views, preferences, and values along with clinical expertise are equally valued in this model, though, in many discussions of EBP, they are omitted or minimized. We aim for balance among the four components of EBP.

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

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

In Chap. 4, we explore assessment in EBP. As experienced clinical social workers, we find it odd that the EBP practice decision-making model does not include standards for assessment. We appreciate that the EBP practice decision-making model is intended to be generic and widely applicable, but we also believe a thorough and wide-ranging assessment is the only appropriate basis for treatment and service planning. Social workers use many different models of assessment, five of which we explore in some depth. Our goal is to help social workers better identify how the use of each model, including the American Psychiatric Association's assessment and diagnostic model, may exclude or de-emphasize issues of concern

to clinical social workers. We also know that the realities of most managed care practice require very brief or single-session assessment, often with a very narrow focus on symptoms and risks. Such brief assessment procedures may not provide sufficient information to guide the best use of the EBP practice decision-making process. Limited assessment procedures may also omit aspects of social diversity and attention to both the positive and limiting influences of the client's social environment. To fail to attend to these issues is inconsistent with social work's core professional values (National Association of Social Workers, 2017).

Chapters 5, 6, 7, 8, 9, and 10 detail the EBP practice decision-making process. Chapter 5 addresses how to locate "the best available research evidence" in print and online sources. It also begins the complex process of evaluating the quality of research and the relevance of the available research to your client's needs and circumstances. Chapters 6, 7, and 8 provide detailed information on how to appraise research reports. Chapter 6 reviews research designs and the terminology used to describe them in EBM and EBP. This terminology frequently differs from the terminology used in social work research textbooks. Chapter 7 examines methodological issues including social diversity, sampling, tests and measures, and statistical analyses. Chapter 8 explores systematic reviews, the most highly regarded form of evidence in the EBM and EBP models, and also examines meta-analysis, the statistical technique used to compare mathematically the results of multiple studies on the same topic. Neither systematic reviews nor meta-analysis are covered in most social work research textbooks. Both are crucial to the EBM and EBP process. In addition, unfamiliar terms are explained and included in the book's glossary.

Chapters 9 and 10 address how to bring EBP research knowledge back to the client in plain language for consideration. Ultimately, the client makes the final decision about what treatment is best for them. EBP helps provide information and context to make a fully informed decision. We find many EBM and EBP textbooks do not place enough attention on these crucial steps in treatment or service planning. Contemporary EBP models require clinicians to discuss available treatment or service options actively and collaboratively with the client before a treatment plan is finalized. This is part of obtaining fully informed consent for treatment. Contemporary EBP models also empower clients to reject options that do not fit their values and preferences—even if these options are the "best" alternatives based on research evidence. Formally documenting that the steps of EBP have been followed and evaluations of practice are also examined.

The second part of this book, Chaps. 11, 12, 13, 14, 15, 16, 17, and 18, centers on the application of the EBP practice decision-making process through eight detailed case vignettes. The cases include various diagnoses, various ages and needs, various racial backgrounds, and different practice settings and illustrate varying successes in finding and implementing evidence-based treatments or services. We seek to illustrate the challenges of assessment and of identifying a single priority question to begin the EBP process. We also seek to illustrate how to engage clients in the EBP practice decision-making process and also examine how practice proceeds when research evidence is lacking or if research supported services are unavailable.

The third part of this book, Chaps. 19, 20, and 21, examines EBP in clinical social work education and supervision, pointing out some continuing issues. EBP has already had some impact on the content of social work education. It may also impact social work accreditation standards, though it is not yet specifically mentioned in the current Council on Social Work Education (2015) accreditation standards. Doing EBP will require new skills from clinical social workers and access to new resources such as electronic databases and may require new aspects in supervision. Chapter 19 explores issues in clinical social work education related to EBP. Chapter 20 examines issues related to clinical social work practice that are either intended or unintended consequences of the implementation of EBP and will also examine several issues of interest to clinical social workers that are not directly or adequately addressed by EBP research and procedures. Chapter 21 offers a set of conclusions and some recommendations for clinical social work practice, advocacy, and education.

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

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

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Washington, DC, USA — Melissa D. Grady

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I (JD) am the child of two social workers who would be very proud to see this book completed. They pointed me in the direction of intellectual excellence. I am so grateful. My wife Marilyn watched and supported the whole project progress, and was very patient with the time it took to refine and finish. Thank you! My daughters Ann and Meghan are also sources of inspiration and creativity! Love you all.

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Thank you also to my children, Ryan, Maggie, and Elizabeth, who inspire me every day to be a better person. Also, thank you to my husband Mark, who is my sounding board, my consultant, my editor, my best friend, and the greatest life partner I could have. You have always been my biggest cheerleader and I would not be where I am without your support.

Finally, I would like to thank my clients and students who continue to teach me every day how to be a better clinical social worker. This book is dedicated to them.

Endorsements

"This volume is a superb and user-friendly resource for clinical social workers interested in incorporating the EBP approach into their practice. It provides the intellectual and practical tools that practitioners need to use EBP wisely as well as to appreciate its limitations, with many case illustrations. Although the book can easily be used on its own by graduate clinicians and social workers administering programs that deliver clinical services, MSW programs that include specializations in clinical or direct practice should consider adopting this volume as a required text to equip their graduates for practice in the current context of accountable care."

– Jeanne W. Anastas, Ph.D., LMSW, *former President of the National Association of Social Workers and Professor, NYU Silver School of Social Work, New York, NY*

"Evidence-Based Practice in Clinical Social Work is the most exciting recent contribution to the emerging literature on evidence-based practice. Beautifully written by two broadly experienced clinicians and social researchers, the text is erudite, comprehensive, and apt to be greeted enthusiastically by practitioners across the human services. Among the many helpful and unique features of the book are the clinical vignettes included in six chapters that provide realistic and nuanced insights into the application of EBP to clinical decision making in diverse contexts. Few texts have considered evidence-based practice as a social movement or focused so thoughtfully on practical issues of key importance to clinicians, such as choosing optimal interventions from available treatment alternatives. If asked to select the single best book for students or practitioners interested in evidence-based practice, this is certainly the book I would recommend."

– Matthew Owen Howard, Ph.D., *Frank Daniels Distinguished Professor, University of North Carolina at Chapel Hill and Editor, Social Work Research*

Contents

Part I What Is Evidence-Based Practice and How It Influences Clinical Practice

1 Introduction and Overview 3
What Is Evidence-Based Practice? 4
The Foundations and History of EBP 4
The Overall Goals of EBP 6
Defining the EBM/EBP Practice Decision-Making Process 7
What Makes Up the EBM/EBP Practice Decision-Making Model? 8
How the EBP Practice Decision-Making Process Differs from "Empirically Supported Treatments" and "Best Practices" 10
EBP in Social Work 11
Wasn't There Any Previous Evidence that Treatments Worked? 12
An Example: Is Medication Useful for Treating Depression? 14
EBP: A Movement in Crisis? 16
Summary 17
References 18

2 Three Perspectives on Evidence-Based Practice 23
The Policy Level and Administrative Applications of EBP 24
Using Evidence in Evaluations of the Performance of Professionals 27
EBP, Many Ways of Knowing, and Qualitative Research 29
Qualitative Research and EBP 31
Summary 33
A Starting Point for the Clinical Social Work Practitioner 34
References 34

3 The Steps of Evidence-Based Practice in Clinical Practice: An Overview 39
The Six Steps of EBP in Clinical Practice 40
How Practice Evaluation Links to EBP 41

Step 1: Drawing on Practice Questions, Identify Research Information Needs in a Thorough Assessment . . . 41
Information Needs May Not Always Be About Selecting Treatments . . . 43
A Model for Framing Clinical Questions: The PICOT Model . . . 43
Enhancing the Client-Practitioner Relationship . . . 45
Improving Diagnostic Assessment . . . 45
Selecting the Optimal Treatment . . . 46
Step 2: Efficiently Locate Relevant Research Knowledge . . . 47
Print Resources . . . 48
Online Resources . . . 48
Online Practice Guidelines . . . 49
What the Literature Shows About "Light Therapy" . . . 51
Step 3: Critically Appraise the Quality and Applicability of Found Knowledge to the Client's Needs and Situation . . . 54
The Hierarchy of Research Evidence in EBM/EBP . . . 54
Practice Guidelines: Research Support for Specific Techniques . . . 57
Is This Research Applicable to My Client's Needs and Situation? . . . 59
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture . . . 61
Step 5: Synthesizing Client Needs and Views with Relevant Research and Professional Expertise, Develop a Plan of Intervention . . . 63
Step 6: Implement the Intervention . . . 64
How Practice Evaluation is Different from EBP . . . 64
Summary . . . 64
References . . . 65

4 Step 1 of Evidence-Based Practice: Assessment in Clinical Social Work and Identifying Practice Information Needs . . . 69
Defining Assessment . . . 70
Components of an Assessment . . . 70
The Person-in-Environment Classification System [PIE] . . . 71
The Risk and Resilience Framework . . . 74
Family Systems Models . . . 75
Psychodynamic Models . . . 77
American Psychiatric Association Guidelines: The Medical Model . . . 78
Assessment of Mental Health Disorders . . . 82
The Diagnostic and Statistical Manual of Mental Disorders . . . 83
Guidelines and Cautions Regarding Assessment and Diagnosis . . . 83
Diagnostic Tests and Measures . . . 84

A Social Work Assessment Format . . . 85
Issues in Step 1 of EBP: Drawing on Practice Questions, Identify Research Information Needs in a Thorough Assessment . . . 86
Case of Samir: Identifying Practice Information Needs Through Assessment . . . 88
Summary . . . 90
References . . . 91

5 Step 2 of Evidence-Based Practice: Locating Practice Research . . . 95
Starting Points . . . 95
Print Resources . . . 96
Online Resources . . . 97
Disorder- or Diagnosis-Specific Online Resources . . . 98
Program-Oriented Online Resources . . . 99
General Online Resources Addressing Clinical Practice . . . 100
Databases of Individual Research Articles . . . 101
The Advantages of Combining Results for Systematic Reviews and Individual Articles . . . 101
Search Strategies . . . 102
The Next Step in EBP: Critically Evaluating Located Research Knowledge . . . 105
References . . . 106

6 Step 3 of Evidence-Based Practice: Part 1—Evaluating Research Designs . . . 107
Research Designs . . . 108
Types of Clinical Studies . . . 109
Part 1: Experimental Studies or RCTs . . . 109
Effectiveness vs. Efficacy Studies: Experiments Done in Different Settings . . . 114
Part 2: Quasi-experimental and Cohort Studies—Comparisons Without Random Participant Assignment . . . 114
Part 3: Non-interventive Research Designs and Their Purposes . . . 116
Resources on Research Design in EBP . . . 120
Summary . . . 121
References . . . 122

7 Step 3 of Evidence-Based Practice: Part 2—Evaluating Research Methods . . . 123
Sampling Issues . . . 123
Representativeness and Diversity . . . 124
Sample Size . . . 125
Types of Samples . . . 125
The Human Diversity Included in Study Samples . . . 128

Standardized Tests and Measures of Biopsychosocial Issues 129
Identifying and Locating Standardized Tests and Measures 129
Identifying the Specific Properties of Tests and Measures 130
Defining Treatments 136
Treatment Manuals 139
Statistics 141
Levels of Measure 142
Parametric and Nonparametric Statistics: Differences in Population Distributions 143
The Five Uses for Statistical Tests 144
Choosing a Statistical Test 146
The Misuse and Misinterpretation of Statistics in Published Reports 147
Reporting Statistics 147
Summary 151
References 151

8 Step 3 of Evidence-Based Practice: Part 3—Meta-analysis and Systematic Reviews: Aggregating Research Results 155
Meta-analysis as a Method of Research Synthesis 155
Systematic Reviews 157
Specifying the Systematic Review Topic 158
Locating Research Studies for a Systematic Review 159
Evaluating the Methodological Quality of Research Reports in Systematic Reviews 161
Statistical Meta-analysis 163
Statistics Used in Meta-analysis 164
An Example of a Cochrane Collaboration Systematic Review 167
Cochrane Systematic Reviews: Organization and Audiences 168
Psychological Therapies for Chronic Post-traumatic Stress Disorder (PTSD) in Adults 169
The Plain Language Summary of a Systematic Review 169
The Systematic Review Abstract 170
Evaluating Systematic Reviews 173
Summary 173
References 174

9 Step 4 of Evidence-Based Practice: Collaboratively Discussing Treatment Options with the Client 177
Reasons to Include the Client in the Decision-Making Process 178
Consistency with the *Code of Ethics* 178
Active Collaboration Is Part of Culturally Competent Practice 178
Research Support for Active Collaboration with the Client 179
Including the Client Strengthens the Alliance 179
Growing Policy and Financial Support for Active Collaboration with Clients 180

Factors to Consider During the Conversation 181
Guiding Questions to Consider 181
Additional Questions to Consider Regarding the Clinician and Setting 182
Key Dimensions of Client Input in Clinical Decision-Making 183
Summary 185
References 185

10 Steps 5 and 6 of Evidence-Based Practice: Finalizing the Treatment Plan and Practice Evaluation 187
Discussing Treatment Options with the Client and Finalizing the Treatment Plan 187
Documenting the Treatment Plan 188
Implementing the Treatment 189
Practice Evaluation 190
Models of Practice Evaluation 191
Summary 197
References 197

Part II Case Examples of Evidence-Based Practice

11 Sam: An Older, Gay Man Who Appears Depressed 203
Applying the Six Steps of EBP to the Case 204
Step 1: Drawing on Client Needs and Circumstances Learned in a Thorough Assessment, Identify Answerable Practice Questions and Related Research Information Needs 205
Step 2: Efficiently Locate Relevant Research Knowledge 205
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation 208
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture 208
Step 5: Synthesizing the Client's Clinical Needs and Circumstances with the Relevant Research, Finalize a Shared Plan of Intervention Collaboratively with the Client 209
Step 6: Implement the Intervention 210
References 210

12 Ray: A Man Fearful of Panic Attacks 213
Applying the Six Steps of EBP to the Case 214
Step 1: Drawing on Client Needs and Circumstances Learned in a Thorough Assessment, Identify Answerable Practice Questions and Related Research Information Needs 214
Step 2: Efficiently Locate Relevant Research Knowledge 215

Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation 219
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture 220
Step 5: Synthesizing the Client's Clinical Needs and Circumstances with the Relevant Research, Finalize a Shared Plan of Intervention Collaboratively with the Client 220
Step 6: Implement the Intervention 221
References 221

13 Sally: A 12-Year-Old Who May Have Disinhibited Social Engagement Disorder 223
Applying the Six Steps of EBP to the Case 226
Step 1: Drawing on Client Needs and Circumstances Learned in a Thorough Assessment, Identify Answerable Practice Questions and Related Research Information Needs 226
Step 2: Efficiently Locate Relevant Research Knowledge 227
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation 229
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture 230
Step 5: Synthesizing the Client's Clinical Needs and Circumstances with the Relevant Research, Finalize a Shared Plan of Intervention Collaboratively with the Client 231
Step 6: Implement the Intervention 231
References 232

14 Newman and Loretta: Parents of Arthur, a Man Who Has Schizophrenia 235
Applying the Six Steps of EBP to the Case 237
Step 1: Drawing on Practice Questions, Identify Research Information Needs 237
Step 2: Efficiently Locate Relevant Research Knowledge 237
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation 238
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture 239

Step 5: Synthesizing the Client's Clinical Needs and Circumstances with the Relevant Research, Finalize a Shared Plan of Intervention Collaboratively with the Client . . . 240
Step 6: Implement the Intervention . . . 240
References . . . 241

15 Jin: A 16-Year-Old Korean-American Male with Drinking Issues . . . 243
Applying the Six Steps of EBP to the Case . . . 245
Step 1: Drawing on Client Needs and Circumstances Learned in a Thorough Assessment, Identify Answerable Practice Questions and Related Research Information Needs . . . 245
Step 2: Efficiently Locate Relevant Research Knowledge . . . 246
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation . . . 250
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture . . . 251
Step 5: Synthesizing the Clinical Needs and Circumstances with the Views of the Client and the Relevant Research, Develop a Plan of Intervention Considering Available Options . . . 251
Step 6: Implement the Intervention . . . 252
References . . . 253

16 Jennifer: A Young Homeless Woman Who Has Borderline Personality Disorder . . . 255
Applying the Six Steps of EBP to the Case . . . 257
Step 1: Drawing on Client Needs and Circumstances Learned in a Thorough Assessment, Identify Answerable Practice Questions and Related Research Information Needs . . . 257
Step 2: Efficiently Locate Relevant Research Knowledge . . . 258
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation . . . 260
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture . . . 261
Step 5: Synthesizing the Client's Clinical Needs and Circumstances with the Relevant Research, Finalize a Shared Plan of Intervention Collaboratively with the Client . . . 262
Step 6: Implement the Intervention . . . 262
References . . . 262

17 Bethany: A Woman Recalling Her Traumatic History 265
Applying the Six Steps of EBP to the Case 266
Step 1: Drawing on Practice Questions, Identify Research Information Needs. 267
Step 2: Efficiently Locate Relevant Research Knowledge 267
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation. 269
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture 269
Step 5: Synthesizing Client Needs and Views with Relevant Research and Professional Expertise, Develop a Plan of Intervention 270
Step 6: Implement the Intervention. 270
References. 271

18 Gabrielle: A Young Woman in Pain Who Is Opioid Dependent 273
Applying the Six Steps of EBP to the Case 274
Step 1: Drawing on Practice Questions, Identify Research Information Needs. 274
Step 2: Efficiently Locate Relevant Research Knowledge 274
Step 3: Critically Appraise the Quality and Applicability of This Knowledge to the Client's Needs and Situation. 277
Step 4: Actively and Collaboratively Discuss the Research Results with the Client to Determine How Likely Effective Options Fit with the Client's Values, Preferences, and Culture 277
Step 5: Synthesizing Client Needs and Views with Relevant Research and Professional Expertise, Develop a Plan of Intervention 278
Step 6: Implement the Intervention. 278
References. 278

Part III Evidence-Based Practice in Clinical Social Work Education and Ongoing Issues

19 Evidence-Based Practice: Teaching and Supervision 281
Teaching EBP 281
Defining EBP 282
Modeling the Complexity of EBP in Teaching. 283
Examining the Social Work Curriculum. 286
Field Education. 287
Coordinating Social Work Professional Organizations. 288
Shifting the Culture of Social Work 289
Supervision and EBP 290
Summary. 292
References. 293

20 Continuing Issues Regarding Evidence-Based Practice in Practice 297
Challenges to EBP in Practice 298
Social Justice and EBP 298
Limitations to Available Research 299
Realities of Real-World Practice 300
Accessibility of Research 301
Ignores the Expertise of the Clinician 302
Logistics and Realities of EBP Implementation 303
Questions Related to Modifying the Intervention 304
Motivation to Use EBP 305
Social Workers Compared to Other Professionals in the EBP Movement 306
Including Human Diversity in EBP 307
Summary 307
References 308

21 Conclusion: The Evidence for Evidence-Based Practice 311
Other Perspectives on EBP 313
EBP as a Shaping Influence on Research and Education 313
EBP as a Public Idea that Shapes Policy and Practice Funding 314
Making the Most of Professional Expertise 315
Staying Close to Cases and to the Realities of Clinical Social Work Practice 316
Is EBP Effective? 317
References 318

Appendix A: An Outline for a Biopsychosocial Assessment and Intervention Plan 321

Appendix B: A Bullet Point Summary of the Merits and the Limitations of Evidence-Based Practice 327

Glossary 335

Index 343

List of Figures

Fig. 1.1 The four components of the evidence-based practice model. (Adapted from Haynes et al. 2002) 9

Fig. 8.1 A Quorom flow chart. (Retrieved from www.springerimages.com/Images/MedicineAndPublicHealth/5-10.1186_1471-2474-9-64-0 Source Chester et al. (2008)). 161

Fig. 12.1 A forest plot comparing the effectiveness of psychotherapy versus psychotherapy plus benzodiazepine medication on panic severity at the end of treatment. (From Watanabe et al., 2009, p. 37) 217

Fig. 15.1 Results of brief computerized interventions on alcohol misuse from Smedslund et al. (2016). (Note that all but two of the 95% confidence intervals (CIs) in the line chart touch the "0" value, indicating no difference between treated and control conditions. Study quality is summarized in 'stop light' fashion, with green indicating good study quality, and yellow and red indicating research quality concerns.) 247

List of Tables

Table 3.1 The PICOT Model 43
Table 3.2 The hierarchy of EBM/EBP evidence (for treatment outcomes) 55
Table 3.3 Recommendation grades (for recommendations in practice guidelines) 58

Table 4.1 Factors of the Karls and Wandrei PIE assessment model 72
Table 4.2 Components of the American Psychiatric Association's (2016) *Practice Guidelines for the Psychiatric Evaluation of Adults* 79
Table 4.3 Some resources for social work assessment and diagnosis 84

Table 5.1 Some print resources for finding mental health research results 96

Table 6.1 More resources on research design 120

Table 7.1 Choosing a statistical test: number of independent and dependent variables, required levels of measure, and required types of data distribution 148