INTRODUCTION

An evidence-based practice occurred in the time of medicine and health-care service as an option of incorporating recent advances in research into professional decision making (Ramsay et al., 1991; Sackett et al., 1991) and has over the last 15 years developed rapidly across most areas of health care. An evidence-based practice is considered any practice that has been established as effective through scientific research according to a set of explicit criteria (Drake et al., 2001). The Robert Wood Johnson Foundation consensus panel concluded in 1998 that research findings identify six evidence-based treatment practices for the treatment of persons with severe mental illness: assertive community treatment; supported employment; family psycho-education; skills training and illness self-management; and, integrated dual-disorder treatment. To be considered an evidence-based practice four selection criteria were used: the treatment practices had been standardized through manuals or guidelines; evaluated with controlled research designs; through the use of objective measures important outcomes were demonstrated; and, the research was conducted by different research teams (Torrey et al., 2001).

Accordingly, we can highlight that evidence-based practices or best-practices were identified for the diagnosis, treatment and other management of persons with severe illness through efficacy trials meeting these four criteria. Initially evidence-based practice was defined as “the conscientious, explicit and judicious use of current evidence in making decisions about the care of individuals’ (Sheldon, 2002). Definition of evidence-based behavioral practice from 1992 was following: “entails making decisions about how to promote health or provide care by integrating the best available evidence with practitioner expertise and other resources, and with the characteristics, state, needs, values and preferences of those who will be affected. This is done in a manner that is compatible with the environmental and organizational context. Evidence is comprised of research findings derived from the systematic collection of data through observation and experiment and the formulation of questions and testing of hypotheses” (www.ebbp.org). However, these definitions have thereafter been adapted in order to describe ‘a philosophy and process designed to forward effective use of professional judgement in integrating information regarding each client’s unique characteristics, circumstances, preferences and actions, and external research findings’ (Gambrill, 2006b). Thus, EBP is now mostly described as ‘the integration of best research evidence with clinical expertise and patient values’, a process that involves the following principles or steps (adapted from Sackett et al., 2000):

- Formulate focused and answerable clinical questions, based on service users’ needs.
- Search the literature for the best research-derived evidence in order to address the question previously framed.
- Critically appraise the identified evidence for va-
lidity and relevance.

- Integrate the selected evidence with clinical expertise and the service user's values and preferences, and apply the result to clinical practice and policy decisions.
- Evaluate effectiveness and efficiency through planned review against agreed success criteria (Greenhalgh et al., 2003) and seek ways to improve them in the future.

Accordingly, evidence-based practice is a decision-making process in which judgments are made on a case-by-case basis using best-evidence. In addition, evidence-based social work practice would incorporate the following characteristics.

A relationship in evidence-based practice is characterized by a sharing of information, observation and of decision-making. The practitioner/social worker or other professional does not decide what is best for the client, but rather the practitioner provides and guides the client with up-to-date information about what the best-evidence is regarding the client's situation, what options are available, and likely outcomes. With this information communicated in culturally, nationally and linguistically appropriate approaches clients/patients are supported to make decisions for themselves whenever and to the extent possible.

A critical, inquisitive attitude regarding the achievement of valued outcomes and undesignated negative outcomes rather than an unquestioning belief that only intended outcomes will be achieved and, therefore a failure to secure information about actual outcomes prior expectations to colour achievements.

A focus on fidelity in implementation of client chosen interventions rather than assuming that selected interventions will be provided as intended. Fidelity of implementation requires that the specific evidence-based practice be provided as it was tested when research supported its effectiveness. Too often serious distortion occurs during implementation. An aggressive pursuit of new information about outcomes rather than relying on static prior beliefs. This new information is derived from: researching what occurs, when interventions are implemented; and, new research findings promulgated by others. The ongoing knowledge revision based on this new information which in turn is communicated to clients. A relative weighing of information, placing information derived from scientific inquiry as more important than information based on intuition, authority or custom (Roberts, 2004).

Social work practitioners need to know what has been identified as best-practices and they need to be prepared to be evidence-based practitioners. Social workers can benefit greatly from clear identification of interventions that work, through such efforts as seen in the systematic reviews conducted and disseminated through the Cochrane and Campbell Collaborations, as well as the work of the many evidence-based practice centers around the world. These collaborations and centers are using systematic reviews to identify effective interventions. What is learned through reviews needs to be effectively implemented and made available to the professionals. Dissemination and implementation of evidence-based practices present special challenges when the intended users are social work practitioners and their clients (Nutley, 2000a; Nutley, 2000b; Eisenstadt, 2000).

**REVIEW AND EVIDENCE-BASED APPROACH**

The first widespread push for EBP in social work came out of a series of studies that began to appear in the 1970s and called into question the effectiveness of existing social work interventions (Reid, 1994). The 1970s and 1980s witnessed a movement to develop evidence based models of practice in mental health and further the development of well researched psychosocial intervention models such as the behavioral, cognitive, interpersonal, and social approaches, as well as the biological and bio-psycho-social theories of mental illness (Bellamy, 2006). Evidence-based researchers in many disciplines pioneered models used in social work practice including: psychology, psychiatry, and social work. In the late 1980s and early 1990s substantial evidence regarding the treatment of common mental health disorders were highlighted by the publication of the results of studies such as the National Institute of Mental Health Treatment of Depression Collaborative Research Program (Elkin et al., 1989). Over the past decade, the proportion and number of articles referring to EBP published in professional journals has risen in the disciplines focused on mental health services, health, and social welfare (Shlonsky, 2004). For a more detailed description of the history of the development and use of EBP in social work see Kirk and Reid (2002).

Today, New York State’s Office of Mental Health, identified as a progressive program by NIMH, is promoting the use of the following EBP for adults with serious mental illnesses (Bellamy, 2006). These EBP interventions include: Assertive Community Treatment, supported employment, intensive case management, wellness self-management, family psy-
cho-education, integrated treatment for co-occurring substance abuse and mental health disorders, medication (and guidelines for practitioners to promote optimal prescribing practices), self-help and peer support services, and post-traumatic stress disorder (PTSD) treatment (New York State Office of Mental Health, 2001). The President's New Freedom Commission (2003) report identified the following additional EBPs for the treatment of mental health disorders: cognitive and interpersonal therapies for depression, preventive interventions for children at risk for serious emotional disturbances, treatment foster care, multi-systemic therapy (MST), parent-child interaction therapy, and collaborative treatment in primary care. The commission also recommended emerging best practices including: consumer operated services, jail diversion and community re-entry programs, school mental health services, trauma-specific intervention, wraparound services, multi-family group therapies, and systems of care for children with serious emotional disturbances and their families (New Freedom Commission, 2003).

TWO APPROACHES TO DISSEMINATION AND IMPLEMENTATION OF EVIDENCE-BASED PRACTICE

As published by Nutley and Davies, there have been used two major approaches to distribute and implement best-practices, namely macro and micro, or what I call top-down and bottom-up strategies. In top-down strategies findings are disseminated for use by front-line practitioners through agency directives, guidelines, manualized interventions, accreditation requirements, algorithms, toolkits and so forth. Top-down or macro strategies can serve to get the word out about what works or what is favored by those in authority, but such methods do not guarantee adoption of best-practices on the front lines. To increase the likelihood of adoption a bottom-up approach is needed. In contrast to the top-down approach, social work practitioners need to be prepared to engage in a process of critical decision-making with clients, about what this information means when joined with other evidence, professional values and ethics, and individualized intervention goals. A bottom-up approach recognizes the importance of engaging the practitioner and the client in a critical, decision-making process (Nutley, 2000b).

Sackett and others (2000) have noted there may be insurmountable barriers to implementing evidence-based practice guidelines in individual circumstances. For successful implementation a number of components need to be in place. These include:

- Organizational culture, policies, procedures and processes must provide opportunities and incentives supporting evidence-based practice (e.g., financial incentives, funding, openness to change, workload adjustments, information technology supports, and legal protection).
- The organization's external environment must provide similar opportunities and incentives supporting evidence-based practice (e.g., national, regional and local authorities, funders and accrediting groups).
- Applied practice research and evaluation must provide scientific evidence about assessment, intervention and outcomes pertinent to the organization's practice domain.
- Systematic reviews which synthesize research findings must be conducted assessing the weight of the evidence generated by current research & evaluation studies.
- Prescriptive statements based on these syntheses must be developed and communicated in user-friendly forms (e.g., practice-guidelines, manuals, toolkits).
- Organizational procedures need to be put in place to assure fidelity of implementation of these prescriptions.
- Systematic, structured evaluation processes capable of providing timely feedback to various stakeholders as to the fidelity of implementation and outcomes must be designed and implemented as an ongoing process.
- The organization must have social workers available who are trained as evidence-based practitioners capable of functioning in evidence-based practice organizations (Sacket, 2000).

The wider field of social science knowledge utilization is just beginning to build a theoretical framework that explains why research evidence, such as the EBPs listed above, is or is not utilized in social work practice. While researchers have identified EBP health services, the implementation of these services into practice has been problematic. One of the greatest complaints has been backward of more than 20 years (in some European countries even more) between the identification and incorporation of EBP interventions into routine care (Balas, 2000; Bellamy, 2006). Furthermore, social work as a professional organization that introduces expertise and specialized knowledge, ethics and skills aimed at addressing difficult human problems, including different illnesses. However, many courses, experiences and training are
not supported by evidence as necessarily related to helping clients through the use of evidence (Dawes, 1994; Gambrill, 1999; 2000).

Very important consequence of increasing popularity of EBP among professionals has been its expansion from health care to other disciplines e.g. social work, historically particularly in English-speaking countries such as the UK, the US, Canada and Australia, where the new way is becoming increasingly influential (Gilgun 2005; Rosen 2002). Thus, in the UK the New Labour Government after its election in 1997 announced, in its White Paper Modernising Social Services, the objective that social services should base practice on research and other evidence of what works (Department of Health 1998), an aspiration that soon became one of the cornerstones of the government’s modernisation agenda for social services (Bonner 2003). In fact, the need for underpinning practice with an evidence base has consistently been emphasised in subsequent White Papers in the area of social care (Department of Health 2001, 2006) and also in major policy documents published in Northern Ireland (Northern Ireland Social Care Council 2002), Scotland (Scottish Executive 2006) and Wales (Welsh Assembly Government 2007). Examples of the initiatives undertaken in order to bridge the gap between research and practice include the creation of the Centre for Evidence-Based Social Services, which operated between 1997 and 2004; the Social Care Institute for Excellence, established in 2001; the Scottish Institute for Excellence in Social Work Education, created in 2003 and which in 2007 changed its name to the Institute for Research and Innovation in Social Services; and the Social Services Improvement Agency, set up in 2006 to promote excellence within social services in Wales (Lishman, 2011). Besides the Anglo-Saxon countries, other regions are also witnessing a growing development of EBP in the area of social care. For instance, SFI-Campbell (the Nordic Campbell Centre), 1 based in Denmark, has been producing and disseminating research-based knowledge – especially systematic reviews – in the Nordic countries since 2002, and the Institute for Evidence-Based Social Work Practice (IMS) was officially created in Sweden in October 2004. In the Netherlands, where outcome measurement and effectiveness in social services are increasingly demanded by governments and service users (Mullen, 2004), the Verwey-Jonker Institute has been promoting evaluative research into social issues over the last decade (Morago 2006; Lishman, 2011).

In this context, an evidence-based practice is also being incorporated as a component of professional competence and responsibility of social work across different European, American and Australian countries. For instance, in the US the Educational Policy and Accreditation Standards expect social workers to employ evidence-based interventions as well as research findings in their professional practice, and in Australia social workers must demonstrate their ability to utilise research in practice (Australian Association of Social Workers 2008). In the UK, the critical evaluation and appropriate use of research findings has been formally recognised as a qualifying requirement in England and Wales (Training Organisation for the Personal Social Services 2002; Social Services Inspectorate for Wales 2004; General Social Care Council 2008) Northern Ireland (Northern Ireland Social Care Council 2003) and Scotland (Scottish Executive 2003). Therefore, social work education is now generally expected to provide students with appropriate knowledge and training in applying research evidence to practice.

Although EBP implementation is still emerging in social work education, an increasing number of authors have reported that the notion of EBP is gaining momentum across schools of social work, and they have also identified implementation issues and barriers as well as strategies to overcome them. In particular, the main themes arising from the literature in this area are:

1. Integration of EBP into the curriculum of social work education.
2. Readiness of social work academic staff for EBP implementation.
3. The role of agency-based practice learning in the EBP implementation process.
4. Relevance of EBP implementation for the social work profession ((Drake et al. 2007; Franklin 2007; Howard, McMillen, 2003; Howard, 2007; Howard et al. 2009; Jenson 2007; Mullen. 2005a; Mullen et al. 2005b; Mullen et al. 2007; Proctor 2007; Scheyett 2006; Shlonsky, 2007; Soydan 2007; Springer 2007; Thyer 2007; Weissman et al. 2006, Lishman, 2011). The main purpose of this paper is to provide an overview of these themes and discuss them with reference to the literature selected, using the author’s previous experience as a lecturer in social work at different important universities in US, Africa and Europe e.g. at the St. Elizabeth University of Public health and Social Work (SEU) as an exemplar. SEU has explicitly been promoting an EBP approach within social work programmes and, in general, the issues arising from the implementation of EBP in the curriculum are closely similar to those identified by the literature reviewed (Suvada, 2010).
INTEGRATION OF EVIDENCE-BASED PRACTICE INTO THE CURRICULUM OF SOCIAL WORK EDUCATION

For some authors (Howard et al., 2007), social work education has traditionally adopted a generalist practice perspective in which students are trained to work effectively at different levels and in a variety of settings and client groups. Therefore, they are trim up with a broad, eclectic knowledge and skills base (e.g. interpersonal or ‘use of self’ skills and practical skills necessary to work effectively within organisational and interdisciplinary procedures (Jenson, 2007). Notwithstanding, this model has been criticised on many levels for several reasons, for example: for including officially approved theories and interventions of unproven efficacy instead of empirical evidence across specific fields of practice (Bledsoe et al., 2007; Mullen et al., 2007; Thyer, 2007).

In this context, Gambrill (2006c) claims that students risk becoming passive recipients of untested knowledge who uncritically receive it and inappropriately apply it to practice. Another objection to the generalist model is that, by assuming that social work’s knowledge base is stable, it is ignoring the changing and somehow ambiguous nature of social work (Mullen et al., 2007). Therefore, a didactic approach would seem insufficient to prepare social work students in training for the requirements of modern practice. Instead, and given the increasing availability of good quality empirical research, a rigorous evidence-based approach to social work’s knowledge base beyond lecture-based and opinion-based learning is regarded as the optimal tool for students to develop critical thinking skills and cope effectively with vast amounts of information, change and uncertainty (Franklin, 2007; Gambrill, 2006b; Shlonsky, 2007; Soydan, 2007; Howard et al., 2007).

As mentioned hereinbefore, it is a formal demand that social work trainee, and graduated practitioners generally need to establish an appropriate use of relevant findings from research studies. But there is a question to which EBP is being embedded within social work programmes is a different matter. In point of fact, to integrate a new subject into already dense curriculum like that one in most social work trainings is a great challenge for social work universities education worldwide (Howard et al. 2003, 2009). A short-term solution could be to try to include some teaching sessions and assessment tasks wherever there is some space for them and thus justify that accreditation requirements in relation to EBP teaching are met (Soydan, 2007). However, such a patchy, almost tokenistic, presence of EBP in the curriculum is still far from the implementation levels that EBP promoters are advocating. For them, rather than a discrete subject, EBP is a coherent and systematic framework for critical inquiry that should, as implemented, for example, by the George Warren Brown School of Social Work at Washington University, inform the whole curriculum (Drake et al. 2007). Such an ambitious plan requires a strategic redevelopment of social work curricula with specific action on, at least, two areas: a teaching of EBP skills and a teaching of effective methods of intervention across the different subjects or modules of the curriculum (Springer 2007; Suvada, 2010).

EVIDENCE-BASED PROGRAMS AND ARGUMENTS FOR ITS USE IN DAILY PRACTICE

Despite the numerous barriers to which are facing social workers in the health services sector, we have a number of conclusive reasons to implement evidence into their practice with ill or another way affected clients. Practitioners have cited advantages of using EBPs such as: (1) conceptualizing, planning, and guiding treatment, (2) increasing knowledge and skills, (3) improving treatment outcomes for clients, (4) integrating and supplementing, not supplanting, clinical judgment and knowledge, (5) complying with current practice, values, and professional consensus, and (6) satisfying grant or managed care reimbursement requirements Overall, the basic tenet of EBPs is that clients should receive the benefit of the best technology that social work has to offer (Mullen, 2004; Lishman, 2011).

It is difficult to imagine the basis on which structured, fact-based and well informed decision making and planning referenced to the best available published research can be viewed as counter either to the provision of effective outcomes for service users or social work professional staff (Barratt, 2003). There are many questions as to what exactly should be addressed, disseminated and used as evidence to identify the best possible approach. Undoubtedly this argument will, and should, continue within the field. Though, if some fact upon what is a validated intervention can be secured, the question becomes one of dissemination and implementation (Suvada, 2010; Czarnecki, 2013).
THE TEACHING OF EFFECTIVE METHODS OF ASSESSMENT AND INTERVENTION

Besides training students to develop EBP skills, EBP implementation also requires that social work students are informed about the effectiveness of the methods of assessment and intervention that are taught across the different components of the social work curriculum. In particular, social work programmes should always include in the curriculum the teaching of those interventions with the strongest empirical support from research studies (Howard et al., 2009). In fact, in the last two decades a considerable amount of evidence has been generated in areas relevant for social work practice, such as mental health, learning and developmental problems, offending, poverty and social exclusion, work with children and families and the care of older people, to cite just a few examples (Weissman et al., 2006). Such a body of evidence constitutes a powerful tool to achieve an old professional aspiration – namely, to base social work practice on the best knowledge available in order to deliver effective interventions (Bledsoe et al., 2007; Mullen et al., 2007; Thyer, 2007). However, some authors claim that evidence of empirical support has been integrated into social work programmes only to a modest extent that interventions and approaches of dubious efficacy continue to be prevalent within such programmes. Furthermore, Lilienfeld et al. (2003) and Howard et al. (2009) use the term pseudoscience to refer to a body of social work approaches and strategies based on ‘fashion’ rather than on rigorous empirical evaluation. This situation is not likely to change unless social work academic staff effectively engaged with the EBP implementation process, which is the second of the themes identified by the literature reviewed in this chapter and which will be examined in the next section.

READINESS OF ACADEMIC STAFF FOR EVIDENCE-BASED SOCIAL WORK PRACTICE IMPLEMENTATION

In addition to the lack of space in already tight social work programmes, another potential challenge for EBP implementation identified in the literature is that all social work academic staff may have the readiness or skills for teaching EBP (Franklin 2007). Perhaps the discussion of this issue should be contextualised by looking at the debate that the expansion of EBP from medicine to social work has originated within the profession. As we all know, along with strong enthusiasm from some fields of the social work profession, an EBP has also been received with considerable scepticism and a range of objections from other authors (Barratt 2003; Green 2006; Suvada 2010; Gambrill 2003, 2005, 2006a, 2006b, 2006c).

One of the main objections raised in discussion about EBP, is presents a deterministic version of rationality that ignores the complex processes of deliberation and choice that social workers must follow when making decisions (Webb 2001). Thus, concerns have been expressed that a narrow concept of evidence based on results from randomised controlled trials may be appropriate for medicine but not for such a complex and multifaceted field as social work (Green 2006; Parton 2000; Webb 2001), and that such a kind of evidence cannot meet ‘the sometimes contested and divergent knowledge brought into play in the many places and ways social work is practised’ (McDonald 2003). Sackett et al. (2000) describes EBP’s very nature: ‘a philosophy and process designed to forward effective use of professional judgement in integrating information regarding each client’s unique characteristics, circumstances, preferences and actions, and external research findings’. Consequently, Gambrill (2006b) argues, EBP is not presented as a substitute for professional competence: along with the best and most updated information from research studies and service users’ values and preferences, professional skills, empathy and the ability to build human relationships are essential assets of social workers’ practice. Equally, there seems to be wide acceptance that the sources of social care knowledge are diverse – for example, organisational knowledge, practitioner knowledge, user knowledge, research knowledge and policy community knowledge (Pawson et al. 2003).

In relation to research evidence, the initial emphasis on results from randomised controlled trials has been gradually replaced by a broader, pluralistic approach that embraces contributions from different research designs as appropriate to the purpose of the enquiry (Braye, 2007; Lishman, 2000; Mullen, 2004; Rubin, 2005; Soydan, 2007; Taylor, 2007).

However, objections to EBP continue to be a significant feature of academic debates within social work schools (Rubin, 2007; Suvada 2010), which for some authors (Gilgun 2005; Howard et al., 2009; Magill, 2006; Springer, 2007; Thyer, 2007) suggests the existence of certain misconceptions about EBP as well as lack of information about how the notion of EBP in social work has evolved over the last years. This is a serious difficulty for EBP implementation that may require the creation of appropriate training, information sharing and discussion spaces for the professional development of academic staff (Franklin, 2007). From
our experience at SEU these kinds of initiatives have, in addition, a considerable potential for reinvigorating academic debates often stifled by increasing administrative and course management-related demands (Suvača, 2010; Czarnecki 2013). Yet, and despite its importance, promotion of EBP in the classroom as so far outlined is not sufficient for a fully effective implementation of EBP in social work education.

RELEVANCE OF EVIDENCE-BASED PRACTICE IMPLEMENTATION FOR THE SOCIAL WORK AS A PROFESSION

As indicated earlier, some of the strongest objections traditionally raised against EBP that it presents a deterministic version of rationality that ignores and replaces professional competence and is clearly insufficient to take into account the different sources of social work knowledge. The EBP extends the notion of reflective practice. What Franklin (2007) calls the ‘resourced self’ is precisely the essence of EBP implementation in social work education: to provide a systematic framework for critical inquiry that enables social work students to become resourced practitioners, able to make more informed and transparent decisions. MacDonald (1990), a pioneer of EBP in social work, has already argued that a more empirically based practice was required in order for social workers to take ‘correct decisions’ i.e. ‘those for which appropriate information is sought from diverse sources, appropriately weighed against available knowledge, and whose outcomes are fed back into that knowledge base to inform future practice’.

A few studies have suggested that field instructors are far more influential than faculty instructors (Lager, 2004). If faculty members are teaching EBP in the classroom, without having buy-in from field educators, students are likely to follow the lead of their practice educator by downplaying the need for EBP, rather than adhering to the classroom instruction of faculty who may seem disconnected from the realities of the field. To counteract the apparent gap between research and practice, many have suggested students participate in integrative seminars and use tools such as field journals that are reviewed by both university and field instructors (Dettlaff, 2002). Field instructors, even highly experienced social workers, require additional training before they are ready to supervise students’ field education. Recognizing this reality, most social work education programs provide ongoing training to their field educators (Miller, 2005; Suvača, 2010). These training activities may provide the opportunity to introduce EBP training to experienced social workers who likely were not educated within this framework. These seminars and workshops may also be the best place to introduce new methods of assessing student competencies using EBP. Importantly, field education experts have begun to develop measures for evaluating student learning and performance of both explicit skills and “implicit” practice wisdom, and these measures could be adapted to include EBP competencies (Bogo et al., 2002,2004; Czarnecki, 2013).

In fact, the literature provides a few examples of how interventions, some of them very popular but the efficacy of which has not been rigorously evaluated, may have harmful consequences for service users and the public in general. One example is ‘Scared Straight’ programmes, an approach that consists of inviting young people at risk of offending to visit a prison, where they have the opportunity to talk to adult inmates and know ‘in situ’ how life in prison is. The major assumption of this programme is that such a scary experience will deter the youngsters from future criminal behaviour. The model became popular in the US to the extent that it was adopted as public policy by several states. However, when nine different ‘Scared Straight’ interventions were evaluated, it was found that crime rates were significantly higher among participants in the programme in comparison with their control counterparts who had received no intervention (Petrosino, 2002). Therefore, social work students should be taught to avoid – or at least to be cautious about methods of assessment and intervention, the efficacy of which has not been rigorously evaluated.

This is particularly relevant to those areas of practice where social workers’ activity is subject to intense scrutiny (e.g. child protection when it could be argued that, if after a professional intervention something goes wrong and the social worker and/or the agency are subject to inquiry, a decision strictly based on the integration of the different components of the EBP process is likely to be significantly more defensible than one based on wild information, opinions of colleagues or authorities). Thus, rather than as an instrument to undermine social workers’ professional autonomy, EBP is presented as a vehicle for newly qualified social workers and practitioners in general, to make more informed, effective and ethical decisions, which, in turn, should reinvigorate social work’s professional practice against increasing bureaucratic control and loss of professional autonomy (MacDonald, 2003).

Indispensably because of the emergent spirit of EBP in social work education, the evidence of its impact in preparing students for professional practice...
is limited on an excellent research opportunity for those interested in this area. It is probably too soon to provide any conclusive evidence of the effectiveness of an EBP approach in this field but when it is discussed advantages and disadvantages of EBP implementation in social work trainings, it would be advisable to clarify following: what are the outcomes on which the success of such study actually depend? While it seems reasonable to assume that teaching students about the level of effectiveness of major methods of assessment and intervention would result in more critical and informed professionals (the relevance of EBP becomes less clear when success is based on indicators such as achievement of funding targets, student numbers and student retention rates) (Czarnecki, 2013).

Full adoption and implementation of EBP in social workers remains elusive. The studies on the professional socialization of student social workers remains sparse, particularly in comparison to the socialization literatures for professions such as medicine or nursing (Suvada, 2010). The process by which social workers are socialized to value some knowledge innovations such as EBP and not others remains poorly understood. Interestingly, in one study encompassing four disciplines, social workers were unique among professionals for reporting that new knowledge and innovations were valuable to them, because they could use the information in encouragement of their client's needs, often invoking the word advocacy to describe their continuing education activities.

GENERAL REVIEW CONCLUSION AND RECOMMENDATIONS FOR PRACTICE

Several researchers have made general and wide recommendations for dissemination of evidence into the practice. First of all, it is essential to secure organizational and practitioner buy-in (Mullen, 2004). Before any real progress is made toward dissemination stakeholders and policymakers must both agree that EBP is valuable and important enough to valuation a commitment of time, space, staff, training, and other resources. Leadership is a crucial ingredient for change in this area (Barratt, 2003). Although the dissemination of EBPs must occur at all levels, important issues such as protecting practitioner time for research and training as well monitoring and following up on implementation activities must be guided by administrators and other persons or agencies with authority. Also, some authors have described the importance of establishing a network of local organizations and implementers so that they can pool resources such as training and research, become actively involved, and develop broad community goals (Anderson, 1999; Howard, 1999). McKay and colleagues stress the importance of training and the establishment of an “engagement team” consisting of intake workers, clinical and administrative staff, and supervisors who oversee the implementation of interventions at each site (McKay, 2004). Commissions and practitioners cannot be realistically expected to “go it alone” on tight budgets, timelines, and a research base that is a moving target. A much more efficient approach seems to be one of networking and sharing with other social workers, community organizations, educational institutions, and other stakeholders. In essence, the research evidence on the use of EBPs has not been well developed. “Researchers have been relatively oblivious to the processes by which knowledge, once developed, might be effectively disseminated and used” (Kirk, 2002).

CONCLUSION

Evidence-based practice would allow social work students to become competent and highly resource practitioners, more able to challenge ineffective practice and promote change within their organizations. However, EBP also involves dealing with the uncertainty derived from the existence of inconclusive or conflicting evidence, or just simply the lack of it, and this poses a major challenge to ‘a society that is uncomfortable with change and uncertainty’. In fact, factors such as risk aversion and the reinforcement of the role of students as consumers of higher education services may result in standardised approaches to teaching that tend to make the learning experience as safe and satisfactory as possible but which might encourage students to become just passive customers instead of self-directed learners (Furedi, 2004). For example, university students are increasingly provided with user-friendly, digestible pieces of information as well as with prescriptive assessment guidance that, having the apparent advantage of minimising uncertainty and unnecessary effort, are hardly compatible with a genuine development of critical thinking skills and the very notion of the evidence-based practitioner (Suvada, 2010).

This is a challenge that like the others outlined in this paper, faces social work education in its efforts to implement EBP. As Austin and Claassen (2008) point out, EBP implementation is not a straightforward process but a complex one that requires considerable planning and resources.

However, in the literature reviewed, there is general agreement that, if social work education overcomes the difficulties involved in this process, it will
be able to make a significant contribution not only to the education of newly qualified social workers as resource and critical practitioners but also to increasing the influence, credibility and autonomy of social work as a profession (Lishman, 2011).

To encourage practitioners to implement EBPs a unified approach that incorporates all of the strategies outlined above and addresses the major barriers identified in this paper:

1. Increase EBP education (particularly at the master’s level) as well as access to high quality continuing education based on EBPs.
2. Build partnerships toward sharing EBP resources, including technology, training, and technical assistance, between agencies and practitioners.
3. Facilitate buy-in and ownership of EBPs at all levels of stakeholders including practitioners, administrators, researchers, policy makers, and community members.
4. Translate research into user-friendly, digestible, and specific approaches, providing tools such as tool kits, guidelines, and technical support to both support and encourage the use of EBPs.
5. Improve the communication, feedback loop and relationship between researchers and practitioners.
6. Increase the number of EBPs available to the field.
7. Test the different types and mechanisms of dissemination, perhaps through analyses based on a taxonomic framework like the one proposed by Walter to organize future research efforts (Walter, 2003).

The most important factor in facilitating change toward the use of research in Professional practice is whether or not the profession wants to change (Bellamy, 2006). As the call for EBP in mental health services grows, social workers will benefit by being more research-minded and thereby improve services for their clients. The call for the use of research evidence in practice is not limited to a trend of policy, but is also aligned with the professional code of ethics (NASW, 1996) and meeting the expectations of an increasingly savvy consumer movement in mental health (Bellamy, 2006). Major national reports, which often shape federal and private funding streams, continually call for the use of research-supported interventions. However, policies that encourage, if not require, the use of EBPs cannot succeed without adequate training, resources, technical assistance and other infrastructure support necessary to deliver evidence based mental health interventions. Even if social workers endorse the value of EBP, practitioners and administrators may not have the knowledge or the resources to implement research based practices. The search for research evidence alone is difficult, and the more complicated the decision the less available the evidence (Gray, 1997; Czarnecki, 2013). Additional demonstration projects, and research and policy efforts aimed at moving EBPs into community based organizations there-by building professional and organizational capacity are needed to address these and other barriers. Social workers are poised to move this work forward by transferring the increasingly broad and sophisticated body of research mindfully into the hands of the community agencies and practitioners.

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