

# Implementing Evidence Based Practice: From Research to the Front Line

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## Background

There is ongoing movement toward evidence based practice (EBP) in social work. A continually growing body of knowledge has the potential to inform practice, but applied research that speaks directly to the process of dissemination and implementation of this knowledge is generally limited. This paper is a description of the third phase in a larger project designed to facilitate the use of evidence in practice at the frontlines of social work. The first phase of the project consisted of a literature review of existing research and theory on the dissemination of research in practice. In the second phase, open-ended interviews were conducted with eight expert intervention researchers regarding the barriers, themes, and trends in the use of EBP. The findings from these first two phases, completed in January 2004, have been presented and published elsewhere.

## Objectives

Building on the findings of phases one and two, phase three includes an agency-university pilot intervention with the following objectives:

- To further explore the issues related to EBP as played out in the effort to partner with, motivate, and train agency personnel in the theory and processes of EBP
- To provide technical assistance as agencies begin to use EBP, and troubleshoot any barriers that may arise in the process

Three of New York City's most innovative social work agencies have been engaged as partners in this current phase. Interviews, focus groups, questionnaires and the collaborative experience toward the use of EBP with agencies provide valuable data as to how to address key criticisms of EBP dissemination and implementation. This paper presents baseline focus group data gathered prior to the implementation of (1) a pilot intervention – a series of trainings on the implementation and use of EBP in social service settings – and (2) a second series of focus groups with participating agencies to gather feedback and suggestions on the training process.

## Methods

### Sampling

- Convenience sample.
- Three one and half hour, semi-structured focus groups were conducted (one at each of three research-partner social service agencies).
- Four to six staff members (total = 16), constituting the "EBP team" at each agency participated in the focus groups.

### Focus Group Procedures

- Focus groups held at each of the agencies were conducted by two facilitators, a primary facilitator who guided the sessions using a standard protocol, and a secondary facilitator who took notes using flip charts and monitored the time and flow of content.
- All focus groups were audio taped.
- Participants were provided with a list of questions prior to the focus groups.

### Transcription and Analysis

- Audio-taped sessions were transcribed by a team member not involved in the facilitation of the focus groups; notes from the flip charts for each focus group were also summarized into transcripts.
- Krueger's systematic transcript-based analysis was used for each focus group.
- Transcripts of audio tapes and flip charts were coded separately according to pre-established themes and reviewed and compared for consistency and accuracy in several joint team meetings, achieving consensus by group process.
- Reports for each agency were compiled.

## Results

### Agency Team Description

Agency	Size	Staff	Services
A	10	1 Director 2 Chief Social Workers 1 Supervisor 1 Intern	Domestic Violence Mental Health Alcohol/Drug Abuse Program
B	10	2 Co-Directors 1 Family Care Coordinator 1 Family Care Worker 2 Casework Supervisors	Domestic Violence Mental Health Mental Health
C	10	1 Program Coordinator 3 House Supervisors	Mental Health Undergraduate

### Focus Group Results

Observation	Agency A	Agency B	Agency C	Description
Where they hear about EBP	x			Barriers Continued
Continuation and professional training	x			Research
Research or other projects	x	x		Inadequate presentation to practitioners
Federal or state agencies	x	x		No sense of the conceptualization behind the EBP
School	x	x		No sense of the length of time and research behind the EBP
Faculty, colleagues, or consultants	x	x		Presented on the way and not how to practice
Support (training)	x			Don't understand the art of practice
Journals, reports, or newsletters	x	x		It is artificially reduced and narrow
Meetings with other disciplines (psychiatry)	x	x		Focuses too much on practice, since EBP
Insurance requirements	x	x		There is no feedback loop from practice back to researchers
Non-clinical EBP	x			If agencies welcome practitioners, they'll be increasingly resistant
In name of methods used	x			Trying something new is risky
Data collection	x			Agency culture
Defined sample	x	x		Tendency to fall back on traditional approaches or custom
Not just expert opinion or "best practices"	x	x		Focus on service provision and intense client case load
Has been researched or empirically studied	x			Staff view EBP as more work
Controversial	x			Research is not generally highly regarded
Results and outcomes, proving what works	x	x		No mandate for research or EBP
Issues to theories of change	x	x		Unsupportive organization, cohesion, and structure in the agency
Standards of practice, guidelines or strategies	x	x		Staff prefer to learn through personal interactions
Particular models (e.g. CBT)	x	x		Practitioners are not motivated or available for EBP
Insurance approved approaches	x	x		Insurance
Particular tools (e.g. depression inventory)	x			Practitioner or how to address barriers
Other educational (EBP conferences, supervision, role play, etc.)	x	x		Agency
No resources, "vision," "use of assets"	x	x		Internal desire to keep up with other professions (e.g. M.D.s)
Insurance, conferences, speakers and other trainings	x	x		Skills to find, organize, and apply research
Books and videos	x	x		Perceptions and projects
Self study (internal, public library, etc.)	x	x		Collaborations on studies or research projects
Journals/newsletters	x	x		Leadership, from administrators particularly, but also colleagues
Collaborators and other entities (meetings, school, government, etc.)	x	x		Proactive and dedicated time for EBP (with support in other work)
Training and role played	x	x		Training and role played
EBP in Research	x			Easily accessed trustworthy tools and resources
Difficulty defining EBP	x			Creating support from the outside (technical support)
Don't know if a model is evidence based	x			Pressure from funding or other priorities
Lack the skills to find, understand and judge research	x			Motivation of the "training" needed EBP
Lack of training to support EBP	x			Acknowledge the humanity in practice
Not sure how to apply EBP or assess its fit agency needs	x			Recognize competing values, contradictions, and consensus
Lack of EBP	x			Values and philosophy
Research is too limited	x			Client characteristics and needs
Doesn't fit their client population (e.g. immigrants)	x	x		Provides more information about "how" to apply the knowledge
Doesn't meet client needs, needs, or reality	x	x		EBPs should be practical and simple
Not specific to topic or area of interest	x			Provides more information about "how" to apply the knowledge
Unrealistic: given agency resources	x			More well-trained in-house personnel
No new knowledge, especially for experienced practitioners	x			With skills to provide services as experienced
Doesn't tell you "how" to apply the research in practice	x			With skills to find and interpret research
Doesn't consider the community or outside environment	x			Learning
Can't control the actions, resources, etc. of collaborators	x			Helping better serve clients
Doesn't take into account the human element of the work	x			Training for new and veteran workers or students
Time, staff are already overburdened	x			Increases client role, involvement in intervention, and engagement
Lack of Resources	x			Helps to review or better understand issues of interest
Access to online resources, especially subscription sites	x	x		Conflicting, affirming or reassuring
University quality theory or practice	x	x		Consistent, standard or equivalent approach
Training (in research, EBP approaches, etc.)	x	x		Objective standard or measurement
Common, well-researched and established staff	x	x		Helps with assessment
Community agencies and partners lack resources too	x	x		Credibility with clients
Ecities that encourage EBP or provide resources	x	x		
Time, staff are already overburdened	x	x		

### Phase 2 and 3 Comparison

Comparing the results found in the second phase with those found in the current phase, the main similarities include:

- Barriers:** lack of knowledge (difficulty defining EBP and inadequate training and skills), lack of fit (limited research and lack of instruction on applying research in practice), lack of resources (funding to support EBP, time consuming, and limited staffing), and agency culture (EBP not mandated nor highly regarded).

- Addressing Barriers:** training and tools aimed at practitioners, attitudes (internal desire), and ongoing support from the outside (technical support).

The main differences include:

- Barriers:** varying experiences with EBP, lack of fit (lack of consumer input); testing EBP in research labs, and lack of resources (little access to online resources).
- Addressing Barriers:** manualized treatments, beginning research in agencies, state agency involvement in EBP development, research-practice partnerships, easy access to tools and resources, and practical and simplified EBPs.

## Discussion

Based on the focus group results across all three agencies, similar responses were given for:

- How they define EBP**, specifically as results, outcomes, and providing what works.
- Other sources of knowledge**, including the use of books and videos and self study (using Internet and public library), to inform their practice.
- Barriers**, including lack of access to online resources, especially subscription sites, and lack of time or overburdened staff.

However, agency responses displayed unique patterns. For example:

- Where they hear about EBP**, agency A seemed to have more exposure via outside sources, agency C had more internal exposure, and agency B seemed to hear the term from many sources.
- Barriers**, although many barriers were held in common, agency A seemed most focused on issues related to a lack of skill or knowledge and agency culture, whereas agency B's focus group data seems to highlight their suspicions about EBP.
- Perceived benefits**, agency A seemed to like the new skill or knowledge that could be gained from EBP in better serving clients, whereas agency B felt it would be more useful to reaffirm or share knowledge with new workers, and agency C appeared more interested in the systematic and objective nature of EBP.

## Limitations and Conclusions

### Primary Limitations

- Small sample convenience sample of agencies that have a history for innovation, long standing presence in their communities, and expressed interest in university. These are characteristics that may have important implications for generalization to other agencies inside or outside of New York City.

- Lack of multiple translators and coders of audio recordings to assess interrater reliability

### Conclusions

- Many of the same themes that have been highlighted in the literature around EBP as well as in phases one and two of the current project are repeated here.
- Although agencies are being exposed to the term "EBP", their understanding of the term as a process or a product is varied and their hands-on exposure to EBP has been generally limited.
- Agencies seem generally interested in the topic, but see many barriers to its use.
- Despite these barriers, they also offer solutions and recognize several benefits, although they are somewhat unique to each agency.

## Implications for Practice and Policy

These data form the basis for recommendations for future efforts toward the sustained use of research in practice, including agency motivation, values, and resource needs as well as strategies for building rapport between researchers and practitioners and troubleshooting common problems in order to facilitate the practical application of EBP in social work agencies. The subsequent pilot intervention and follow-up focus groups also conducted in this phase will be presented in the future. In the fourth and final phase, a model of this agency-university partnership strategy of EBP will be constructed to incorporate the findings of the first three phases. The complete study findings, including a recommended strategy for building university-agency EBP teams, will be published elsewhere.