

INTEGRATING EVIDENCE-BASED PRACTICE AND SOCIAL WORK FIELD EDUCATION

Tonya Edmond

Washington University

Deborah Megivern

Washington University

Cynthia Williams

Washington University

Estelle Rochman

Washington University

Matthew Howard

University of Michigan–Ann Arbor

The social work academic community is currently considering and critiquing the idea of evidence-based practice (EBP). Given the vital part that practicum education plays in the social work profession, understanding the views of field instructors on this subject is essential. The George Warren Brown School of Social Work at Washington University surveyed 283 field instructors within 180 agencies and found that the majority (87%, $N=235$) viewed it as a useful practice idea. However, most of the indicators employed to assess use of scientific evidence in social work practice revealed that it occurs too infrequently. A lack of time was reported as the greatest obstacle.

RECENTLY, the social work academic community has been considering and critiquing the idea of evidence-based practice (EBP), an important paradigm shift designed to promote the consistent use of scientifically validated information and effective interventions in social work practice (Cournoyer & Powers, 2002; Gambrill, 2003; Gilgun, 2005; McNeece & Thyer, 2004; Mullen & Streiner, 2004; Rosen, 2003; Thyer, 2002). Evidence-based practice may be thought of as a process undertaken by professionals wherein the scientific status of potential interventions is investigated and a thorough explication of the results is shared with clients, so that practitioner and client together can select the most appropriate steps for addressing a specific

problem (Franklin & Hopson, 2004; Gambrill, 1999; Kessler, Gira, & Poertner, 2005).

First introduced in medicine and allied health professions, EBP has been advocated in social work as an alternative to "authority-based practice," or practice based solely on the expertise and experience of practitioners (Gambrill, 1999, 2003; Gibbs & Gambrill, 2002; Upshur & Tracy, 2004). Preliminary research suggests that EBP-trained medical professionals provide higher-quality and more effective services than those who rely on traditional, expertise-based methods (Choudry, Fletcher, & Soumerai, 2005; Norman & Eva, 2005). For example, research has shown that practitioners do not automatically learn from experience and

may be prone to relying on obsolete or ineffective interventions without the introduction of strategies to advance professional knowledge and skill development (Batalden, 2001; Bickman, 1999, 2002; Norman & Eva, 2005; Wakefield & Stuart, 1996). Training that emphasizes EBP offers practitioners a set of skills that supports lifelong knowledge development, while more traditional training (e.g., case consultation with supervisors, colleagues, or faculty) is more likely to teach theory and skills that become outdated in time (Batalden, 2001; Coomarasamy & Khan, 2004; Eddy, 2005; Gibbs & Gambrill, 2002; Zlotnik & Galambos, 2004).

The push toward scientifically supported interventions, and away from practices based primarily on practitioners' ideology or preferences, has been driven by internal professional/ethical concerns about the effectiveness of social work practice (Gilgun, 2005; Perez, 1999; Powell, 2003), external pressures such as demands for service accountability from government (Goldman & Azrin, 2003; Petrosino, Boruch, Soydan, Duggan, & Sanchez-Meca, 2001; Raines, 2004), and funding sources (e.g., requiring that treatments have a demonstrated evidence base for reimbursement) (Fox, 2005; Steinberg & Luce, 2005). Numerous observers have concluded that EBP has become institutionalized throughout health, education, and social services as ever-stronger infrastructure is developed to support it (Kessler et al., 2005; Petrosino et al., 2001; Steinberg & Luce, 2005).

Barriers to EBP

The movement to inform social work practice using scientific research and evaluation is not new (Fischer, 1973; Rosen, 1996). Prior to the development of EBP within social

work, many proclaimed the need for practitioners to use scientific methods to evaluate their practice, while keeping current with the latest innovations from research (Kirk, 1999; Thyer, 1996; Whittaker, 2002). Some have suggested that EBP is the natural evolution of thinking about the scientific practitioner (Steinberg & Luce, 2005; Thyer, 2002). However, while few social workers would discount the importance of research innovations, the actual utilization of scientific research in everyday practice faces many barriers (see Mullen, Shlonsky, Bledsoe, & Bellamy, 2005, for a full review of barriers to the implementation of EBP). Just a few examples of such barriers include lack of available evidence, uneven access to research, practitioner resistance, and constraints on providers' time (Gibbs & Gambrill, 2002; Gira, Kessler, & Poertner, 2004; Raines, 2004; Rosen, 2003; Wambach, Haynes, & White, 1999).

Putting research into practice appears to be difficult for professionals across many disciplines (Cabana et al., 1999; Glasgow, Lichtenstein, & Marcus, 2003; Humphris, Littlejohns, Victor, O'Halloran, & Peacock, 2000; National Institute of Medicine, 2001; Persons, 1995; Rycroft-Malone et al., 2002). When the medical field began emphasizing EBP in the early 1990s, analysts speculated that less than half of medical practice was based on scientific evidence (Eddy, 2005; Hunt, 2001). Likewise, Beutler (2000) estimated that most interventions in clinical psychology have not been based on solid scientific evidence. Social work interventions are even less likely to be based on a review of evidence than those from medicine or psychology (Gambrill, 2001; Proctor & Rosen, 2004). Furthermore, researchers

have found that most social workers do not consistently use research to inform their practice (Mullen et al., 2005).

The challenges of translating research into practice have created several ongoing tensions between researchers and practitioners over: (1) the definition of evidence (Crisp, 2004; Raines, 2004; Shlonsky & Gibbs, 2004; Witkin & Harrison, 2001); (2) implementation of evidence into "best practices" (Ferlie, Fitzgerald, & Wood, 2000; Gonzales, Ringeisen, & Chambers, 2002; Hoagwood, 2002; Hoge, Huey, & O'Connell, 2004); and (3) development of empirically-based practice guidelines (Howard & Jenson, 1999; Jackson, 1999; Kirk, 1999; Nathan, 1998; Richey & Roffman, 1999; Williams & Lanigan, 1999).

Over the past decade, researchers in the EBP "revolution" (Cournoyer & Powers, 2002, p. 798) have tried to systematically resolve some of the barriers that limit broader EBP implementation (Addis, 2002; Addis, Wade, & Hatgis, 1999; Gellis & Reid, 2004; Grol & Grimshaw, 1999; Haynes & Haines, 1998; Mullen et al., 2005). The underutilization of research findings by practitioners in their everyday practice has kindled extensive efforts to increase EBP across the helping professions (Eddy, 2005; Gilgun, 2005; Gira, Kessler, & Poertner, 2004; Shlonsky & Gibbs, 2004). Most of the major professional organizations and federal research funding agencies, such as the National Institute of Health, joined the EBP movement by endorsing improved translation of research into practice to reduce the gap between evidence-based "best practices" and usual treatment (Gonzales et al., 2002; Rycroft-Malone et al., 2002; Thyer, 2002). For example a 1998 National Institute of Mental Health report spurred the investigation of the "best practices" for translating research into practice.

One challenge for EBP is how to organize and disseminate new information from research findings into manageable, user-friendly summaries. Medical researchers responded to this challenge by developing the Cochrane Collaboration, an Internet-based library of rigorously conducted "systematic reviews" of research evidence on specific medical topics (Guyatt, Sinclair, Cook, & Glasziou, 1999). Social scientists have responded in turn with the Campbell Collaboration, intended to be an Internet library of systematic reviews of existing evidence on social and educational interventions (Petrosino et al., 2001). However, at this point, the Campbell Collaboration is producing more plans for systematic reviews than actual completed products (Goldman & Azrin, 2003; Mullen et al., 2005; Petrosino et al., 2001).

Encouraging social work practitioners to rely on evidence to guide their practice is made difficult by the current paucity of scientific research underpinning many social work interventions (Crisp, 2004; Grayson & Gomersall, 2003; Kessler et al., 2005; MacDonald, 1998; Rosen, Proctor, & Staudt, 2003). Furthermore, EBP places a premium on random clinical trials (RCTs) to validate practices and demonstrate their efficacy, but feasibility issues and ethical constraints limit how often social work interventions have been investigated using this experimental method (Fraser, 2003; Gilgun, 2005). While RCTs continue to be the "gold standard" for scientific evidence, other types of research are being given more consideration to validate the effectiveness of interventions in the field (Crisp, 2004; Kessler et al., 2005; Upshur & Tracy, 2004; Victora, Habicht, & Bryce, 2004). Burgeoning interest in EBP has produced plans for new lines of research in previously

understudied fields that will provide scientific evidence in the future (Goldman & Azrin, 2003; Zlotnik & Galambos, 2004).

Practitioners in health, education, and social welfare have expressed some reluctance to adopt EBP for fear it would lead to mechanistic "cookbook-style" interventions without appreciating the tacit knowledge developed through "practice wisdom" (Addis et al., 1999; Klein & Bloom, 1995; Timmermans & Mauck, 2005). Proponents of EBP point out that practice wisdom or the accumulation of experience by practitioners, is not disregarded by evidence-based practitioners (Goldman & Azrin, 2003; Zayas, Gonzales, & Hanson, 2003), but instead is greatly valued in the difficult tasks of matching suitable interventions with the idiosyncratic circumstances of individual clients and in evaluating the effectiveness of a specific implementation of an intervention (Eddy, 2005; Gibbs & Gambrill, 2002; Raines, 2004; Rosen, 2003).

Education and Training for EBP

Education and training programs across the helping professions have been identified as being behind the pace of developments in the field, including responding to the call for increased EBP training (Hoge, Huey, & O'Connell, 2004; Raines, 2004). If the social work profession is to adopt EBP as the guiding methodology for intervention, the education of social workers will need to be strategically changed so that all aspects of coursework, field practicum, and professional development include training in the steps of EBP, including defining specific practice questions, locating relevant scientific information, critical appraisal of the evidence, and evaluation of practice (Howard, McMillen,

& Pollio, 2003). Experts in adult education argue that experiential learning provides the most influential long-term knowledge and skill development (Knight, 2001; Miller, Kovacs, Wright, Corcoran, & Rosenblum, 2005). In particular, field education has been identified by master of social work graduates as the most memorable part of formal training for "the development of practice-based skills and for socializing students into the professional role" (Bogo, Regehr, Hughes, Power, & Globerman, 2004, p. 417).

Almost a decade ago, Schneck (1995) wrote, "Field education must also be viewed in the larger context of advancing the quality of social work practice itself" (p. 8). Field experience provides students with the opportunity to apply what they learn in classroom instruction including the critical EBP-related ability to integrate theory and practice (Berg-Weger & Birkenmaier, 2000; Bogo & Globerman, 1999; Bogo & Vayda, 1998; Knight, 2001; Mishna & Rasmussen, 2001; Power & Bogo, 2002). Students often struggle to apply theories from class with working with actual clients. They highly value observing experienced social workers model their practice and decision-making skills, and then having a chance to test their own skills with constructive feedback (Knight, 2001; Fortune, McCarthy, & Abramson, 2001).

There is a pervasive sense among field education experts that this aspect of social work training is undervalued (Knight, 2001; Reisch & Jarman-Rohde, 2000). In a review of research articles, Lager & Robbins (2004) found that less than 1% of social work articles were dedicated to field education. Yet, researchers studying the best methods for implementing EBP have identified field education as essential for students to learn how to apply EBP skills

in real world settings (Hatala & Guyatt, 2002). Thus, understanding how evidence-based practice is understood and taught by social work field instructors is vitally important for assuring that students will receive EBP training in classroom *and* field settings.

In May of 2001, the George Warren Brown (GWB) School of Social Work became the first school within the profession to adopt evidence-based practice as a guiding focus of its curriculum. As explicated by Howard et al. (2003), "Curriculum modifications were instituted such that formal instruction in the methods critical to evidence-based practice were integrated throughout the foundation and concentration-level coursework" (p. 6). In the article, Howard et al. (2003) define evidence-based practice, describe GWB's process of adopting and implementing evidence-based practice instruction, and discuss potential limitations associated with adopting EBP. Among the concerns noted, was the potential adverse effect it might have on our relationships with members of the practice community and adjunct faculty. They cautioned that

schools of social work developing evidenced-based practice curricula will need to carefully consider service issues relating to field education. . . . Schools of social work have typically, and justifiably regarded their field instructors as practice experts. To move away from that assumption may compromise relationships with agencies that are valued by the school and its students. (pp. 21-22)

This concern about maintaining positive relationships between schools and field sites

merits further consideration, because field instructors and agencies provide instruction for students voluntarily, and typically without work release time or compensation (Globerman & Bogo, 2002, 2003). Meanwhile, potential field instructors are dealing with greater time and resource constraints precipitated by recent trends in social service delivery (Lager & Robbins, 2004; Reisch & Jarman-Rohde, 2000). Demands on social workers have become so significant that some have questioned how effectively they can be expected to serve as field educators (Dettlaff & Wallace, 2002; Globerman & Bogo, 2003). These circumstances have led Reisch and Jarman-Rohde (2000) to conclude that future students will be expected to learn more independently, even as their cases become more complicated. Of course, there are benefits to individuals and organizations for accepting students, such as a ready-made pool of trained potential employees, extra workers who can take clients from bloated caseloads, and innovations brought from the university (Globerman & Bogo, 2003).

Bogo and Globerman (1999) have studied interorganizational relationships between field agencies and social work schools, and they have identified four primary issues affecting social workers' willingness to become field educators: (1) commitment to education, (2) organizational resources/support, (3) effective interpersonal relationships, and (4) the nature of collaborative relationships (reciprocal benefits). Historically, field educators reported being motivated to accept students primarily by their personal valuation of generative activities, but more recent research has found that external factors are more commonly reported, including organizational valuation of education, expectations

of employing agencies, and recognition from the university and agency (Globerman & Bogo, 2003). Social workers who serve as field educators feel they have something unique to offer students and they are motivated by the value they feel from schools of social work (Globerman & Bogo, 2003), so EBP must not be seen as a challenge to expertise or as a harsh critique of current practice methods.

Not only are the relationships between the school and field agencies potentially at risk, but so is the relationship between students and field instructors. This relationship has been identified by researchers, students, and alumni as the key component of field education, so potential sources of conflict require diligent action (Bogo, 1993). Research on the sources of field instructor–student conflict is rare, but one study found that differences in beliefs about effective interventions were a significant source of conflict (Giddings, Vodde, & Cleveland, 2003).

Students could potentially be receiving contradictory messages from the school and their field instructor about the relevance of EBP to practicum activities (Mishna & Rasmussen, 2001; Savaya, Peleg-Oren, Stange, & Geron, 2003). If the school does a thorough job of teaching students EBP methods in their fields of interests they could conceivably be more knowledgeable about such methods than their field instructors. Consequently, field instructors could feel uncomfortable, inadequate or embarrassed about not knowing about the latest and best EBP methods in their practice area and feel that their credibility and authority have been undermined. And while significant advances have occurred with regard to EBP, especially in areas such

as substance abuse (Howard, 2002; Walker, Howard, Walker, Lambert, & Suchinsky, 1995), given the breadth of social work practice issues and client populations, there remain large gaps that might reinforce the notion that practice decisions should be based on tradition and authority. Clearly, strategies for integrating EBP into field education are needed.

Initially, as GWB began implementing EBP into the curriculum, we turned to community advisory boards comprised of practitioners, faculty, and students for recommendations about how to integrate EBP into our practicum sites. Our field education program consulted the practicum-advisory committee, which recommended that we begin by conducting a survey of practicum sites and field instructors in an effort to deepen our understanding of their views and attitudes toward EBP, and the degree to which EBP appears to be currently in use within these sites. Thus, we undertook a survey in the fall of 2002 to gather information about the degree to which field instructors supported and used EBP, and had access to and used professional resources to update and strengthen their practice.

Method

Design and Instrument

To survey MSW social work practicum site supervisors, known as “field instructors” in our system, the authors constructed a 25-item self-administered questionnaire that contained both open- and closed-ended questions designed to collect information regarding EBP, resource utilization, professional title, credentials, and practice area. The closed-ended questions were a combination of dichotomous responses (i.e.,

yes/no), 5-point Likert-type scales ranging from strongly agree to strongly disagree, and 4-point scales ranging from always to never.

The definition of EBP was drawn from in-house documents written by GWB faculty and summarized for the respondents to enhance consistency in interpretation of the term. Two faculty members that wrote these documents reviewed drafts of the questionnaire prior to its administration. The questionnaire was pilot-tested with four practicum field instructors and reviewed by the GWB practicum-advisory committee, and revised based on their critique. The survey was confidential rather than anonymous and this study was reviewed and exempted by our university's Human Subjects Review committee.

Sample

The sampling frame for the survey consisted of a list of 761 affiliated field instructors located within 418 local, national, and international agencies that had previously been approved as practicum sites. Questionnaires were mailed to everyone listed in the sampling frame, along with a cover letter explaining the purpose of the survey and a self-addressed stamped return envelope. Of the 761 questionnaires mailed, 161 (21%) were returned as undeliverable, addressee unknown or through indications from the agency that the identified field instructor was no longer there, or unable to provide practicum opportunities. Consequently, the list of potential respondents was reduced to 600 field instructors within 399 agencies. The initial mailing only yielded a 13% response rate (78 returned questionnaires). The authors employed several follow-up measures in an effort to obtain a better response rate,

which increased the response rate of field instructors to 47%, and included data from 180 different agencies (45%).

Data Analysis

As this is a descriptive study, the statistical analysis was comprised mainly of descriptive statistics, frequencies, and chi-squares. In addition, *t* tests and ANOVAs were run, and post hoc analysis was conducted when appropriate to determine which means differed significantly.

Results

Description of Respondents

The descriptive characteristics of interest in this project were professional title, credentials, practice area and attendance at a field education conference on EBP. A third of the respondents identified themselves as administrators/managers and nearly a quarter of them as clinical social workers. The other respondents identified as medical social workers (9%, $n=25$), school social workers (8%, $n=21$), case managers (4%, $n=11$), researchers (1%, $n=4$), policy analysts (1%, $n=3$) or some other type of social worker or professional from a different discipline (20%, $n=55$). Although this last category represents one fifth of the sample, unfortunately the responses were too varied to analyze separately, or make comparisons across disciplines. For example, it included seven LPC/counselors, five attorneys, four community workers, two gerontologists, one psychologist, one psychiatrist, and one medical doctor.

The majority of the respondents (58%, $n=161$) were Licensed Clinical Social Workers (LCSW), 15% ($n=42$) had obtained Academy of

Certified Social Workers (ACSW) certification, 29% ($n=81$) classified themselves as "other," which included credentials outside of the social work profession, 1.5% ($n=4$) were certified as a Diplomat in Clinical Social Work (DCSW) by NASW, and 1% ($n=3$) were Qualified Clinical Social Workers (QCSW). The total exceeds 100% since it is possible to hold more than one of these credentials. Of the field instructors who responded to the question regarding credentials ($n=271$), 18% ($n=49$) indicated that they had none of those listed above. All of the credential categories were collapsed into dichotomous yes/no categories to allow for the use of chi-square to examine whether having or not having credentials was associated with specific questionnaire responses.

In an effort to be comprehensive, 35 different practice areas were listed, and respondents were asked to select their primary practice area. There was also the option of selecting "other," which generated the largest response, with 25% ($n=71$) of respondents selecting this option. Given the wide range of practice areas selected, it was not possible to meaningfully collapse categories and analyze differences in responses based on area of practice. A list of respondents' practice areas has been summarized in Table 1.

In the fall of 2001 after adopting EBP as a teaching theme, GWB held a conference entitled "Practice Makes Perfect: The Evidence-Based Route to Your Best Social Work Outcomes?" as an avenue to begin working with our practicum sites around the idea of employing EBP. Just 16% ($n=44$) of the respondents had attended that conference, which means that in all likelihood, at the time of the survey only a small percentage of the respondents were aware of the

fact that GWB had adopted EBP as a teaching theme. There were no significant differences between those who attended the conference and those who did not in terms of their views on the usefulness of EBP, or in their current level of implementing it in their practice.

Evidence-Based Practice

The primary interest in this survey was in the degree of support for and use of EBP by GWB practicum field instructors, the assessment of which seemed crucial given the influence that practicum instructors have on MSW students. A definition for EBP was constructed by summarizing information provided by Howard et al. (2003), and in the questionnaire read as follows:

Evidence-Based Practice is the *conscientious and judicious* use of current best practice in decision-making about interventions at all system levels. *Conscientious* includes both consistently applying evidence, and continuing to learn as new evidence becomes available. *Judicious* includes balancing client characteristics, preferences, and life circumstances against relevant research/practice guidelines (expert consensus, research-based treatment recommendations).

Evidence Based Practice involves four steps: (1) formulating specific answerable questions regarding practice situations and identifying practice information needed, (2) finding and critically appraising the best scientific evidence, (3) applying the practice-relevant scientific evidence in the treatment process, and

(4) evaluating the utility of information obtained by evaluating treatment outcomes/process.

Most respondents (87%, $n=235$) agreed or strongly agreed that EBP is a useful practice idea. To assess the degree to which they were implementing EBP the respondents were asked four separate questions about how often they implemented each of the four steps included in the definition above. Step 1 involves formulat-

ing specific answerable questions regarding practice situations and identifying practice information needed. Of all of the steps, this was the one most often used by practitioners, as 62% ($n=167$) indicated that they usually or always implemented it. Step 2 entails finding and critically appraising the best scientific evidence. Although half ($n=135$) of the respondents reported that they always or usually implement step 2, 43% ($n=116$) only do it sometimes and 7% ($n=18$) indicated that they never do it.

TABLE 1. Primary Practice Areas Reported by Field Instructors in Survey Responses

Practice Area	<i>f</i>	%
Other	71	25.18
Mental health	27	9.57
School social work	19	6.74
Health (medical care)	19	6.74
Child welfare	16	5.67
Gerontology	14	4.96
Family therapy	10	3.55
Education	10	3.55
Juvenile delinquency	8	2.84
Homelessness/housing	7	2.48
Youth services	6	2.13
Family support/development	6	2.13
Community organization	6	2.13
Legal services	5	1.77
AIDS	4	1.42
Alcohol/drug addiction	4	1.42
Crisis intervention	4	1.42
Developmental disabilities	4	1.42
Advocacy	3	1.06
Social justice-related issues	3	1.06
Domestic violence	3	1.06
Family preservation	3	1.06
International services	3	1.06
Sexual abuse	3	1.06
Employment	2	0.71
Immigration/refugees	2	0.71
Child development	1	0.35
Criminal justice	1	0.35
Economic development	1	0.35
Forensic social work	1	0.35
Policy analysis	1	0.35

Similar results were found with steps 3 and 4. In terms of applying the practice-relevant scientific evidence in the treatment process (step 3), slightly over half (52%, $n=137$) reported that they always or usually do it, 39% ($n=105$) do it sometimes and 9% ($n=24$) never do it. Step 4 has to do with examining the utility of information obtained by evaluating treatment outcomes/process, which according to 53% ($n=142$) of the respondents, is always or usually done, and sometimes done by 38% ($n=102$), but never done by 9% ($n=25$). (See Table 2.)

Given that EBP has been operationalized as the implementation of the four steps described above, the four items that correspond to each step were combined to create an Evidence-Based Practice Scale (EBP Scale) that has a scoring range of 4 to 16. The scale has excellent internal consistency with a Cronbach alpha of .90. The mean score for the sample was 10.38 ($SD=2.9$). An ANOVA was run to see if there were between-group differences in the EBP scale score based on categorization by professional title (clinical, management, medical/school social worker/case management, or other), and significant differences were found ($f=5.41$, $df=3$, and $p=.001$). Given this significant finding, post hoc analysis was conducted using Bonferroni (Dunn) to reduce the risks of committing a Type 1 error. Both the clinical group and the "Other" group had a significantly higher EBP score than the medical/school/case management group. However, the difference between the clinical group and "Other" group was not significant. None of the groups were significantly different from the management group. ANOVA was also run to see if there were any between-group differences in EBP score based on having or not having credentials, but no significant differences were found.

To assess the degree to which their practice settings provided support for the use of EBP the respondents were asked two questions. They were asked about the degree to which they felt encouraged by their employer to identify and examine available systematic reviews (articles that have reviewed and summarized key findings from the literature), and 70% ($n=188$) of the respondents agreed that they were. They were also asked if their employer would be more likely to support the use of interventions based on evidence if it would reduce malpractice liability. Slightly more than half ($n=122$) strongly agreed or agreed that their employer would be more likely to support evidence-based interventions, 36% ($n=85$) were uncertain and 13% ($n=32$) disagreed or strongly disagreed. When the respondents were asked how often they thought that the other practitioners in their practice setting used scientifically supported, empirically tested interventions, they reported that 52% ($n=136$) always or usually did so, 44% ($n=115$) did it sometimes, and 4% ($n=11$) never did it.

Resource Availability and Utilization

The implementation of EBP can be aided by access to up-to-date current practice information. Therefore, it was important to assess the degree to which practicum instructors had access to and used educational resources for their professional development. The majority of the respondents work in practice settings that contain several educational resources. The Internet, which was found in nearly all of the practicum agencies (96%, $n=263$), was the most widely available resource followed by professional journals (79%, $n=210$), practice manuals (67%, $n=175$), published practice

TABLE 2. Synopsis of Survey Questions and Responses on Field Instructor Implementation of Evidence-Based Practice (EPB)

Question	Response									
	Strongly Agree		Agree		Uncertain		Disagree		Strongly Disagree	
	%	n	%	n	%	n	%	n	%	n
1. EBP useful practice idea?	42	115	44	120	13	35	<1	1	0	0
2. Agency encourages use of systematic reviews?	28	75	42	113	15	40	12	33	3	7
3. Agency would use EBP to reduce malpractice risk?	19	46	32	76	36	85	9	22	4	10

Question	Response							
	Always		Usually		Sometimes		Never	
	%	n	%	n	%	n	%	n
4. Currently implementing step one of EBP?	18	48	44	119	34	91	4	10
5. Currently implementing step two of EBP?	13	35	37	100	43	116	7	18
6. Currently implementing step three of EBP?	11	29	41	108	39	105	9	24
7. Currently implementing step four of EBP?	19	51	34	91	38	102	9	25
8. EBP used by practitioners in your agency?	6	16	46	120	44	115	4	11
9. Used in practice decision-making process?								
Intuition	29	79	42	112	27	72	2	5
Practice experience	61	166	36	99	3	8	0	0
Empirically tested interventions	16	41	40	106	39	104	5	13
Advice from colleagues	18	48	42	113	40	108	<1	1
Practice guidelines	27	72	44	119	25	66	4	11
Manualized therapy	4	10	12	27	43	99	41	93
Systematic reviews	15	38	23	60	47	122	15	3
10. Guides selection and application of interventions?								
Practice experience	58	153	41	108	1.5	4	<1	1
Supervisory direction	18	48	35	92	41	107	5	14
Policy procedure manual	26	68	38	97	29	74	7	19
Professional training	45	119	46	121	9	23	0	0
Assessment of client system	58	152	33	88	6	15	3	7
Client's unique circumstances	63	164	30	77	5	14	2	4
Relevant research findings	13	33	34	89	44	114	9	23
Practice guidelines	26	69	45	116	26	67	3	7
Client preferences	31	81	51	135	18	47	0	0
11. Used to strengthen knowledge and skills?								
Review of literature	21	58	36	97	40	109	3	9
Professional journals	16	43	36	99	44	121	4	11
Study groups	6	16	12	31	31	84	51	137
Conferences/workshops	27	73	46	127	25	69	2	5
Supervisor/consultation	27	73	35	95	33	88	5	13
Practice guidelines	12	31	30	81	46	121	12	31
Professional library	11	30	18	48	50	135	21	57
Internet	13	36	33	90	45	123	9	25

guidelines (65%, $n=167$), systematic reviews (50%, $n=127$), and professional resource libraries (47%, $n=119$).

Given that there are numerous resources available, what do GWB practicum instructors use to strengthen their knowledge and skills in their primary practice area? In this sample there is a primary reliance on attending workshops and conferences to strengthen skills and knowledge (73%, $n=200$; always or usually), followed by supervision and consultation (63%, $n=168$), reviewing the literature (57%, $n=155$) and using professional journals (52%, $n=142$). Although virtually all of the instructors reported that their practicum sites have access to the Internet, only 46% ($n=126$) indicated that they always or usually use it for professional development. Of the remaining resources, published practice guidelines are always or usually used by 42% ($n=112$) of respondents, professional resource libraries located at the practicum site by 29% ($n=78$), and the resource least likely to be used was study groups (18%, $n=47$).

We were also interested in learning what practicum instructors rely on to assist with their practice decision-making process. Looking solely at the responses that were always or usually relied on, the following preferences were revealed: practice experience (97%, $n=265$), intuition (71%, $n=191$), practice guidelines (71%, $n=191$), advice of colleagues (60%, $n=161$), empirically tested interventions (56%, $n=147$), systematic reviews (38%, $n=98$), and manualized therapies (16%, $n=37$). When asked which methods were most likely to guide selection and application of interventions, again examining only the responses that were always or usually used, the following preferences were revealed: practice experience (98%, $n=261$), client systems'

unique circumstances (93%, $n=241$), assessment of client system (92%, $n=240$), professional training (91%, $n=240$), client preferences (82%, $n=216$), practice guidelines (71%, $n=185$), policy procedure manuals (64%, $n=165$), supervisory direction (54%, $n=140$), and relevant research findings (47%, $n=122$).

Barriers to Resource Utilization

In examining potential barriers to resource utilization it was revealed that a large majority of respondents (84%, $n=228$) indicated that a lack of time was the greatest obstacle. In addition, 36% ($n=95$) felt that there was a lack of relevant information in the professional literature and research articles. A lack of knowledge about computer technology (search engines, software) was an obstacle for 22% ($n=58$) of the sample.

Discussion

As GWB has worked to advance the use of EBP, both within our curriculum and within the social work practice community, there has been clear recognition of the importance that field instructors must play in this process. Within this sample of field instructors, there was substantial agreement that EBP is a useful practice idea. However, while most of the practitioners responding to the survey view EBP as useful, a much smaller number of them actually implement these processes in their practice with any regularity. Less than half of the respondents report practicing it consistently. Practicum instructors who identified as case managers, medical social workers, or school social workers appear to be using evidence-based practice much less often than clinical social workers, policy analysts, or instructors from other disci-

plines. This information could be used to target outreach efforts to specific practicum sites to facilitate dissemination of information on best practices in case management, school social work, and medical social work. It could also be used to gain further insight into the potential barriers preventing practicum instructors in these areas from engaging in EBP.

As has been illustrated in similar studies with helping professionals, GWB field instructors are more likely to rely on traditional strategies such as practice experience, intuition and advice from colleagues in the practice decision-making process rather than empirically tested interventions (Gira et al., 2004; Klein & Bloom, 1995). In the selection and application of interventions, practice experience reigns supreme as the most dominant guiding force, with 98% of the practitioners (always or usually) using it. While professional training, assessment of the client and their unique circumstances, and client preferences all follow closely behind practice experience, relevant research findings come up short as a guiding source (47%).

According to the definition, the evidence-based practitioner relies primarily on the best available (scientifically rigorous) evidence in selecting interventions (Thyer, 2002). Other methods associated with EBP, such as manualized therapies and systematic reviews, did not fare as well in the decision-making process; while both are used, neither was endorsed with the degree of regularity observed with the other sources. Therefore, these respondents cannot be said to be using EBP as a systematic way of thinking about practice (as described by Gambrill, 2003). In other words, they were using some of the processes associated with EBP in selecting interventions, but they were

not using EBP as a set of steps or a way of organizing their practice.

Efforts should be made to understand the types of barriers that limit the use of EBP as a systematic way of practicing. Do field instructors face informational barriers that prevent full implementation, such as having misconceptions about the utility of EBP? Perhaps there are uncertainties about the implementation of EBP as a daily practice.

It appears that this group of practitioners/field instructors is receptive toward EBP, even if widespread implementation is limited. Practice guidelines were endorsed strongly—with close to three out of four respondents frequently using them to investigate best practices. Perhaps surprisingly, within this sample of field instructors, practice guidelines are used in the decision-making process virtually as often as intuition. This is an exciting development in social work practice, because previous research has indicated that social work professionals have been reluctant to adopt guidelines (Rosen, 2003; Wambach et al., 1999; Zayas et al., 2003). It is important to note that consultation of practice guidelines, often developed by systematic reviews of the scientific literature, is one of several steps in the adoption of EBP. This finding on the acceptability of practice guidelines may also suggest support for the development of guidelines for social work, as some within the profession are currently advocating (Howard & Jenson, 1999; Kirk, 1999; for a counterargument see Jackson, 1999).

Limitations

There are a number of limitations that need to be taken into consideration when evaluating the results of this study. Most importantly is the

sample selection bias of a 49% response rate. It is possible that the respondents who chose to participate are more apt to use EBP than those who did not participate. Therefore, our findings could be an overly optimistic estimate of receptivity to and use of EBP. There is also a risk of social desirability bias in that respondents may have wanted to appear more receptive than they actually are. This could have also led to an exaggeration of the extent to which they use EBP in their practice. Given the reputation that GWB has within our community for being a strong research-focused institution, the respondents may have felt concerned about how we would view them as a practicum site if they expressed disinterest in EBP or indicated that they did not use it in their practice. Consequently a cautious interpretation of the findings is warranted, as each of these factors may have led to an overestimation of the receptivity and use of EBP in our practicum sites. Of course, the use of EBP methods by practitioners outside the GWB area remains to be investigated.

Implications for Social Work Education

A few studies have suggested that field instructors are far more influential than faculty instructors (Lager & Robbins, 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 & Wallace, 2002).

Field instructors, even highly experienced social workers, require additional training before they are ready to supervise students' field education (Abramson & Fortune, 1990). Recognizing this reality, most social work education programs provide ongoing training to their field educators (Miller et al., 2005). 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).

Conclusion

Full adoption and implementation of EBP by social work practitioners remains elusive. The literature on the professional socialization of student social workers remains sparse, particularly in comparison to the socialization literatures for professions such as medicine or nursing (Barretti, 2004). 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 furtherance of their client's needs, often invoking the word advocacy to describe their continuing education activities (Daley, 2001). Tapping into this

ethical sense of needing to learn new and best practices to improve quality of care on behalf of one's clients may motivate field educators to adopt EBP.

Following this survey, efforts were made at our school of social work to facilitate access to best practice guidelines for field instructors and local practitioners. To respond to potential resource constraints faced by practitioners, several developments began at GWB in late 2002. A resource area for field instructors was created in the library reading room, complete with a computer that has electronic access to scientific articles, a printer, and reserve section including evidence-based practice books. The electronic resource area is accessible through the Internet, so practitioners can retrieve information from remote locations. Providing these resources will hopefully enhance adoption of EPB, but such passive dissemination strategies will not be sufficient. Concerted effort will need to be made to develop more collaborative partnerships with our practicum instructors and sites.

Evidence-based practice is an innovation for the social work profession (Gibbs & Gambrill, 2002), and like many innovations, diffusion has been uneven and slow (Rogers, 2003). Although these findings are limited in generalizability, there is some suggestion that dissemination of EBP has positively influenced receptivity of evidence-based practice by field instructors. The next step is to identify effective strategies for enhancing utilization.

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Tonya Edmond is associate professor, **Deborah Megivern** is assistant professor, **Cynthia Williams** is the associate director of field education, and **Estelle Rochman** is director of field education, George Warren Brown School of Social Work, Washington University. **Matthew Howard** is professor of social work and professor of psychiatry, University of Michigan-Ann Arbor.

Address correspondence to Tonya Edmond, George Warren Brown School of Social Work, Washington University, Campus Box 1196, St. Louis, Missouri 63130; e-mail: tee1@wustl.edu.

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