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What is This?

Evidence-Based Practices in North American MSW Curricula

Rosalyn M. Bertram[1], Leia A. Charnin[2], Suzanne E. U. Kerns[3], and Anna C. J. Long[4]

Abstract

This study examined the extent to which evidence-based practices (EBPs) are taught in North American Masters of Social Work (MSW) curricula. A web-based survey distributed through the National Association of Deans and Directors and a similar Canadian listserv facilitated exploration of which EBPs are taught, what faculty positions teach them, in what size programs, geographic areas, and other factors, as well as the barriers and implications of doing so. Fifty-eight program deans and directors responded to the survey. While the majority of programs reported teaching at least one EBP and developing EBP skill sets, challenges to curriculum integration were noted. Ideological, definitional, and practical concerns emerge as constraints to teaching EBPs, with MSW program leaders identifying faculty-related barriers as a primary constraining factor. This article presents the study and its implications for academic and practice settings.

Introduction

This study emerged from the Workforce Development Group of the Child and Family Evidence-Based Practices (EBPs) Consortium. Formed in 2004, the Consortium is an independent group of human service professionals dedicated to the implementation of programs and practices that have strong empirical support. It develops forums and publications that share and learn from successes and challenges experienced in EBP implementation, research, training, and technical assistance activities. Most recently, the Consortium is focusing upon exploration of and improving the extent to which EBPs, translational science, and implementation frameworks are taught in professional advanced degree programs.

This article presents results from an exploration of the extent to which EBPs are taught in North American Masters of Social Work (MSW) curricula. It was inspired by findings from a Consortium-related survey of community-based behavioral health care programs that revealed a significant perception by 589 North American administrators and clinical supervisors that graduate-level practitioners were not prepared to enter an evidence-based workforce (Barwick, 2011). These administrators and supervisors were responsible for selection of staff, most of whom had earned MSW degrees. They reported that basic abilities necessary for EBP, such as knowing how to search for and critically evaluate professional literature, were often not in the repertoire of knowledge and skills of graduate-level clinicians they hired and that these abilities had to be developed through in-service training and coaching. Respondents were also asked about the extent to which their service organization had worked with academic programs to discuss the extent of graduate preparation. Only 25% of the 589 respondents in Barwick's study indicated this did occur, while 36% said this did not occur, and 39% were uncertain. Of those indicating there was contact between their organization and graduate degree programs, 45% indicated the purpose of contact was to secure practicum placements, and only a small proportion addressed curriculum recommendations (16%), intern competencies (15%), or development of course assignments (2%).

With that study as background, the Consortium's Workforce Development Group decided to explore the extent to which EBPs were taught in North American MSW curricula. Factors

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influencing the teaching of EBPs, as well as the barriers to and the implications of teaching EBPs are explored.

Literature Review

Defined as an explicit, judicious use of the best available scientific evidence to make decisions about patient care, EBP is understood and accepted in medical education and services (Sackett, Rosenberg, Gray, Haynes, & Richardson, 1996; Straus, Glasziou, Richardson, & Haynes, 2011). In contrast, EBPs remain a subject of confusion, concern, and dispute in social work education and services (Thyer, 2013; Thyer & Pignotti, 2011), with perhaps a widening division developing between its proponents and opponents (Howard, McMillen, & Pollio, 2003).

Thyer and Myers (2010) provide a deep historical analysis of the emergence of EBP in social work while differentiating the EBP process from empirically supported treatments. Similar to the definition that emerged from medical literature and practice, Rubin (2007) describes EBP as the social worker's selection and use of practice methods that have clear evidence to support efficacy with a client population. For varying reasons, this definition has been misunderstood leading several authors to suggest explicit steps to base social work practice on evidence that include (a) identification of an answerable question, (b) finding evidence to address that question, (c) critical review of the scientific validity and application of that evidence, (d) use of clinical expertise to compare that evidence with client values before choosing to apply it in practice, and (e) subsequent evaluation of outcomes (Gibbs & Gambrill, 2002; Rubin, 2007; Thyer & Pignotti, 2011).

An entire edition of *Research on Social Work Practice* (September 2007) was devoted to articles from a symposium of social work educators who focused upon the teaching of EBP. This event attracted over 200 participants from 70 universities in the United States, Canada, and Sweden (Rubin, 2007). It was inspired by results from a survey of over 900 faculty members from U.S. MSW programs in which 73% of respondents viewed EBP favorably but also identified significant definitional disparities and concerns about the integration of specific EBPs into their curriculum. These concerns included the following: (a) EBPs undervalue clinical expertise, (b) client values and preferences may be ignored and treatment won't be individualized, (c) EBPs are used only for cost efficiency, and, a perception that (d) EBPs reduce the meaning of therapeutic interventions (Rubin & Parrish, 2007). Concerns were also expressed regarding perceived flaws in research designs that establish evidence for a practice. Also noted was the lack of attention in social work research and discourse to the influence of organizational resources, policies, workload assignments, training, and supervision that can compromise social work practitioner abilities to deliver empirically supported interventions (Rubin, 2007).

Concern for Clients and Practitioners

EBP advocates assert that thoughtful selection of empirically supported interventions with clients and mutual evaluation of intervention outcomes, support ethical and professional accountability as well as continual development of practitioner competencies (e.g., Gambrill, 1999, 2007; Hudson, 2009; Thyer & Myers, 2010; Zlotnik, 2007). Parrish and Rubin (2012) suggest that as a discipline, social workers' attitudes toward implementing EBPs are similar to what is found in other disciplines. These perspectives mirror recent emphasis in medical literature that the best research evidence should be integrated with clinical expertise and with the patient's unique preferences, concerns, expectations, and circumstances (Straus et al., 2011). However, Gitterman and Knight (2013) remain critical of EBP and comparisons of social work and medicine.

Other critics express concerns that EBPs are not tested sufficiently for more complex client populations and contexts and thus may not be efficacious for the unique needs of diverse groups. They note that randomized controlled studies often drop subjects if there is comorbidity of problems and that these client populations are often the ones served by social service providers (e.g., Otto, Polutta, & Ziegler, 2009; Wampold & Bhati, 2004). However, multisystemic therapy (MST) offers an excellent example of an EBP that has been repeatedly and successfully tested in longitudinal experimental studies with diverse families in which youth display complex antisocial and substance-using behaviors. MST is being adapted and similarly tested to successfully and more efficiently address child abuse, psychiatric hospitalization, and juvenile sex offenders (Borduin, Schaeffer, & Heiblum, 2009; Huey et al., 2004; Letourneau et al., 2009; Swenson, Schaeffer, Henggeler, Faldowski, & Mayhew, 2010).

Critics assert that empirically supported treatment manual specification of key participants, elements, activities, and phases of a service model, as well as measures of treatment fidelity constrain clinician creativity (e.g., Addis, Wade, & Hatgis, 1999; Gitterman & Knight, 2013; Roberts & Yeager, 2004; Rubin, 2007; Rubin & Parrish, 2007). Those expressing this perspective frequently assert that in psychotherapy, the relationship between the client and clinician is as efficacious as specific elements of research-supported treatments (Wampold, 2001). But again, the example of MST stands in contrast to such concerns. MST is guided by nine theory-based principles that both allow and encourage practitioner creativity in engagement, assessment, design, and evaluation of interventions with clients. In MST, youth and family caregivers are active participants in individualized ecological assessment and in the development of present-focused, action-oriented interventions to diminish or eliminate contributing factors to behaviors of concern. This process is described in training manuals and measured by adherence to those theory-based principles. MST assessments and interventions uniquely address contributing factors by engaging client strengths in each family situation (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009). Individualized creative application of model elements and activities are also evident in other EBPs with treatment guidelines such as motivational interviewing, structural family therapy, solution-focused treatment, cognitive behavioral therapy (CBT), and others.

MSW Curricula and Faculty Abilities

MSW students reported more interest in providing psychotherapy or counseling, especially when they aspire to clinical private practice and often did not value accessing empirical data as part of their postgraduate responsibilities (Green, Bretzin, Leininger, & Stauffer, 2001). Many MSW students believe that seeking empirical evidence can be mechanistic or disempowering and more often focus on subjective evaluation of practice (Baker, Hudson, & Pollio, 2011). Moreover, many MSW students are often uncertain of how to generate, apply, and identify relevant data (Hardcastle & Bisman, 2003; Howard et al., 2003; Rubin, Robinson, & Valutis, 2010).

Rather than challenging these student tendencies, social work curricula are usually not well organized to develop EBP skills (Shlonsky, 2009). Required practice and research courses in MSW programs tend to rely on overview texts that do not emphasize critical appraisal of literature and empirical data (e.g., Bertram, King, Pederson, & Nutt, 2014; Bronson, 2009; Howard et al., 2003; Smith, Cohen-Callow, Hall, & Hayward, 2007), and single-subject case studies are often the focus of course assignments (e.g., Bertram et al., 2014; Hardcastle & Bisman, 2003; Rubin et al., 2010). Since most MSW students do not continue in pursuit of a PhD, Howard, Allen-Meares, and Ruffolo (2007) assert that the long-standing practice of teaching required qualitative and quantitative research courses is neither efficient nor effective. Instead, they recommend a complete reorganization of the required research sequence, so students learn EBP principles. Then, through exposure to specific cases, they could develop the skills to access and critically appraise population characteristics and practice data to guide informed EBP decisions. Jenson (2007) concurs, stating a paradigm shift is in order, and questions whether the generalist social work practice model is a historical artifact of the profession when examined in light of EBP.

MSW programs must encourage students to become more familiar with accessing and appraising literature and with elements of EBP (e.g., Aarons & Sawitzky, 2006; Barth, Kolivoski, Lindsey, Lee, & Collins, 2014; Bellamy, 2013; Bellamy, Bledsoe, Mullen, Fang, & Manuel, 2008; Manuel, Mullen, Fang, Bellamy, & Bledsoe, 2009). However, in Barwick's (2011) survey, 589 North American behavioral health care administrators and supervisors reported they most often hired MSW practitioners and that these clinicians frequently did not have the ability to search and critically review literature to identify EBPs that could be effective with a specific population. Further, although the Council on Social Work Education (CSWE, 2013) acknowledges the need for teaching EBPs in the classroom, many tenure-track faculty have not received formal training in specific EBPs, and adjunct faculty or clinical instructors often have limited exposure to doctoral-level research. These limitations may be even more pronounced in small or new MSW programs (Bledsoe, Manuel, Bellamy, Fang, & Mullen, 2013).

To address these constraints, across courses and field settings, faculty and program leaders should mutually consider how they develop student knowledge and skills to find, select, and deliver EBPs (Bellamy et al., 2013). Mullen, Bellamy, Bledsoe, and Francois (2007) make the following suggestions: (a) students should be taught how to ask practice-relevant questions and to seek that information in order to implement EBPs; (b) students should learn classification systems to organize empirical evidence regarding intervention efficacy to promote self-directed learning and individualized interventions in client context; (c) MSW programs should develop at least a beginning level of competence in empirically supported assessments and interventions; and (d) MSW programs should partner with service organizations and provide support for selecting and implementing EBPs with specific attention to developing field instructor and supervisor competencies to teach and coach EBPs.

This should not be an unmanageable task. Parrish and Rubin (2012) suggest that as a discipline, social workers' attitudes toward implementing EBPs are similar to what is found in other disciplines. However, training in specific EBPs is often seen as limited to purveyors of the EBP, creating an artificial barrier for MSW faculty. This perception is exacerbated by the tendency of MSW programs to develop practice courses covering broad topics that manualized EBPs may not address. Thus, courses on specific EBPs are often offered only as electives (Barth et al., 2014).

Methods

Recruitment and Participants

In 2012, this study and an initial survey were developed by the Consortium's Workforce Development Group and approved as nonhuman subjects research by the University of Missouri-Kansas City Social Science Institutional Review Board. The initial survey was distributed via e-mail directly to deans and directors of MSW programs in the United States and Canada. Each MSW program was further encouraged to participate in the study via telephone reminder. However, distribution of the survey near the end of spring semester limited the number of respondent programs.

With feedback from Jeff Jenson, Associate Dean of Research at the University of Denver Graduate School of Social Work, the survey was revised. In January 2013, the revised survey was distributed via the National Association of Deans and Directors (NADD) of Schools of Social Work Listserv with support of the current President, James Herbert Williams. A few Canadian MSW programs receive that Listserv. Other Canadian programs received the survey through a Listserv used by a Consortium member at the University of Toronto. Approximately 215 deans or directors of MSW programs in the United States and Canada received the survey. In February 2013, a follow-up request to complete the survey was distributed via both Listservs. By March 2013, completed surveys from 58 North American MSW programs were submitted anonymously to a secure website, representing a 27% response rate.

Procedure

Criteria for defining an EBP used in Barwick's investigation (2011) and derived from previous research (Chambless & Ollendick, 2001; Silverman & Hinshaw, 2008) were used in this study. These criteria included the following:

1. a clearly defined target population;
2. specific written elements, activities, and phases of service delivery; and
3. research supporting effectiveness with that population established through random-assignment control group studies.

The revised survey sought information on MSW program demographics and curricula characteristics. These included (a) geographic region, (b) size of 2012–2013 student cohort, (c) whether or not EBPs that meet study criteria are taught, (d) names of those EBPs taught, and (e) total number of faculty by position and the number by position teaching those EBPs. Faculty positions were differentiated by traditional tenure-track (professor, associate professor, and assistant professor), nontenure-track, and adjunct faculty positions. Respondents were also offered the opportunity to present their perspectives on EBP via open-ended questions regarding barriers and implications of teaching EBP in MSW programs.

To examine the depth and extent to which specific EBPs are taught, this survey used the National Implementation Research Network's (NIRN) intervention component framework (Bertram, 2013; Bertram, Blase, & Fixsen, in press; Bertram, Blase, Shern, Shea, & Fixsen, 2011; Fixsen, Blase, Naoom, & Wallace, 2009; Fixsen, Naoom, Blase, Friedman, & Wallace, 2005). This framework includes four components for any practice: (1) clearly identified elements, participants, activities and phases; (2) the theory base/bases supporting them; (3) research supporting the efficacy of this practice with specific client population/populations; and (4) the practice model's theory of change. Teaching these four NIRN intervention components and providing opportunities for students to practice applying it would provide evidence of thorough instruction of an EBP. Therefore, in addition to NIRN's intervention component framework, this survey asked whether there were opportunities in class assignments or in field practicum for students to practice the specific EBP. Respondents could reply "yes," "no," or "don't know" to each of these five questions for each EBP taught that they believed met study criteria.

Finally, for comparison with the Barwick's study (2011), we replicated three of its survey questions and asked respondents to rate the extent to which their MSW program developed student skill sets necessary for EBP. Specifically, all participants were asked to rate the extent to which the three competency areas were taught: critical appraisal skills, scientific approach skills, and search techniques. Critical appraisal skills were defined as the ability to accurately appraise research findings for validity, impact, and applicability and draw on clinical expertise to integrate this knowledge with client information. Scientific approach to knowledge building was defined as the ability to formulate a clinical problem, develop or utilize the appropriate intervention strategy, and evaluate service delivery for outcomes. Search techniques were defined as knowledge of secondary sources of reliable information pertaining to evidence-based programs or promising practices.

Interrater reliability. To determine whether the respondent-identified EBPs met study criteria, each of the four authors of this report individually coded the identified practice models as meeting the study's EBP definitional criteria, not meeting those criteria, or unsure. These individual analyses were then discussed through conference calls in which any disagreements or uncertainties were addressed by a concurrent search for evidence on the stated practice. As a further check for reliability, Jeff Jenson rejoined the research effort and similarly coded each respondent-identified EBP. This process produced an interrater reliability score of 98.9%.

Analysis. Data analyses included Statistical Package for the Social Sciences descriptive statistics and a content analysis of free response items using Atlas.ti7 to identify themes across respondent perceptions of barriers and implications of teaching EBP. Finally, within- and between-group comparisons were conducted that examined demographic data, whether and which EBPs are taught, the depth and extent to which they are taught, and responses to skill set questions imported directly from the Barwick's (2011) study.

Results

Program Demographics

A total of 58 North American MSW programs responded to this survey. Of these programs, 94.8% were MSW programs in the United States ($n = 55$). Most of the responding U.S. programs were located in Midwestern states (29.3%), Southern states (27.6%), or in the Northeastern states (24.1%). There were fewer responses from programs in the Western states (13.8%). Three MSW programs responded from Canada (5.2%), two from Central Canada, and one from Western Canada. To protect program anonymity, respondent programs were not identified by name, city, or state.

In addition to the MSW degree, half of the 58 North American programs ($n = 29$) offered doctoral programs. MSW program size varied considerably with as few as 7 to as many as 1,300 students enrolled in the cohort for the 2012–2013 academic year. Understandably, faculty size similarly varied and can be examined in sections and appendices of the complete report that was distributed to all North American MSW program Deans or Directors in February 2014.

Comparison With Barwick (2011) Study: Necessary Skill Sets

As noted in the Introduction, this study builds upon a previous survey in which 589 North American behavioral health care

administrators and supervisors with hiring responsibilities (84.1% from the United States and 15.6% from Canada) rated the necessity of three skill sets for practitioner effectiveness in EBP and whether master's level clinicians possessed these skills upon hire or learned them on the job (Barwick, 2011). These skills included critical appraisal skills, scientific approach skills, and search techniques.

Critical appraisal skills. In Barwick's (2011) study, 330 (56%) of the 589 responding administrators and supervisors believed that skills to critically appraise research were necessary for practitioner effectiveness in EBP. However, 324 (55%) indicated practitioners with master's degrees (most of which were MSW) did not possess these skills and had to develop them on the job. In contrast to those results, of the 58 responding deans and directors, 39 (67.2%) reported that their MSW program thoroughly or extensively addressed critical appraisal skills, 12 (20.6%) reported their program somewhat addressed these skills, and 6 (10.3%) reported their program minimally or briefly addressed development of these skills.

Scientific approach to knowledge. In Barwick's (2011) study, 406 (69%) of the 589 responding administrators and supervisors believed a scientific approach to knowledge was important for effective EBP. However, 377 (64%) reported that master's level practitioners did not possess this skill set and had to develop it upon hire. These results also contrast with responses of MSW program deans and directors, in which 40 (68.9%) indicated that their MSW program thoroughly or extensively addressed a scientific approach in which students formulate a clinical problem, select and apply the appropriate practice, and evaluate its outcome. Fourteen (24.1%) deans or directors reported their MSW program somewhat addressed development of this ability, and three (5.1%) reported that their program minimally or briefly addressed development of this approach.

Search techniques. In Barwick's (2011) study, 253 (43%) of the 589 responding administrators and supervisors believed that the ability to search for, find, and use reliable secondary sources about specific EBPs was important for practitioner effectiveness. Of those respondents, 318 (54%) indicated that master's level practitioners did not possess this skill set and had to develop it upon hire. Of the 58 responding North American MSW programs, 20 deans or directors (34.5%) reported their program thoroughly or extensively addressed student development of search techniques to find and use reliable secondary sources of information about specific EBPs. Deans and directors of 25 programs (43.1%) reported somewhat addressing development of these skills. Eleven deans or directors (19%) reported that their MSW program minimally or briefly addressed development of these skills, and one program (1.7%) indicated it did not attempt to develop these skills at all.

Programs That Did Not Teach Specific EBPs

When asked whether their MSW program taught a specific EBP, most of the responding deans and directors reported (sometimes inaccurately) that their programs did teach practices that met study criteria ($n = 52$). Six indicated their programs did not teach such practices. Each of those six programs engaged 50 or fewer students in academic year 2012–2013, and five were in the United States. One respondent stated their program had a sole concentration in community partnerships, a nonclinical approach to social work that did not meet study criteria. Another indicated EBPs are discussed as being important and that a course was offered in program evaluation. Other respondents indicated students learn about EBPs through required research courses, through "assigned readings of evidence-based research," when junior tenure-track faculty with EBP expertise taught a specific course or when a field placement provided a specific EBP.

Three respondents stated clear criticisms of EBP. One indicated, "we teach our students to critically analyze the concept of evidence-based practice, including the deconstruction of [its] underlying socio-political implications." Another elaborated and somewhat repeated:

> Evidence-based practice is a highly controversial method of delivery that is not supported by the evidence. We teach our students common factors research and relational research that demonstrate the application of techniques is not the mutative factor in treatment and may in fact undermine the actual mutative factors. We teach our students to deconstruct the sociopolitical implications of evidence-based practice.

Finally, one respondent noted that:

> Senior faculty neither have the training nor philosophical orientation to teach EBPs. Most teach relationally based approaches to social work practice with human rights and social justice perspectives. A few senior faculty oppose teaching more scientifically based methods.

Programs that Teach EBPs

Of the 58 North American responding MSW programs, 52 (89.7%) reported teaching specific EBPs that met study criteria (Barwick, 2011; Chambless & Ollendick, 2001; Silverman & Hinshaw, 2008). These programs provided by position the number of faculty teaching EBPs and the total number of faculty in their MSW program. Figure 1 visually depicts by position the mean number of faculty teaching or not teaching EBPs in the 52 North American MSW programs that reported teaching EBPs that met study criteria. Though the means are influenced by the differences in size of programs, it clearly depicts the crucial role of adjunct faculty in teaching all courses but even more so in teaching EBPs. The latter is of interest when considered in light of the next section of this report that presents qualitative responses regarding barriers to teaching EBPs.
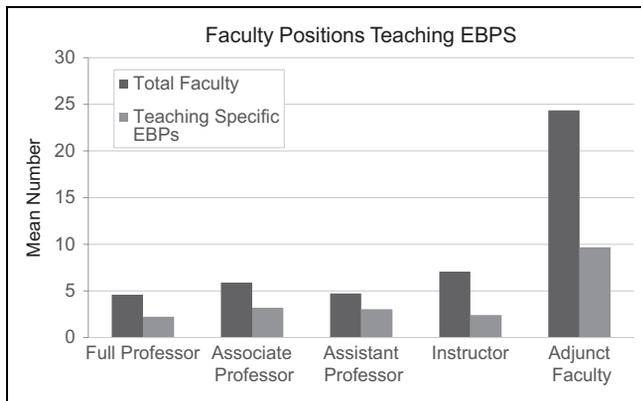
Figure 1. Faculty positions teaching EBPs as compared to total program faculty. Some programs identified teaching EBPs that did not meet study criteria. *Note.* EBPs = evidence-based practices.

Figure 2. Presence of EBPs in MSW programs per study definition. Three programs indicated teaching EBPs but did not identify them. *Note.* EBPs = evidence-based practices; MSW = master of social work.

Definitional Disparities

Programs could report details on up to 10 EBPs taught. A total of 163 reported EBPs were examined based on whether or not they met study criteria. Again, five participants in the research team examined these practices and identified that 110 met study criteria (67.5%) and 53 did not meet study criteria (32.5%). The interrater reliability was 98.9%.

The overwhelming majority of responding programs ($n = 52$) indicated they taught specific EBPs. However, 16 of these programs reported teaching at least one practice that did not meet study criteria in addition to practices that did meet study criteria. In Figure 2, these programs are reflected in the "mixed" bar. Three programs indicated they taught specific EBPs but did not identify the practice.

Qualitative Responses

To identify major themes, narrative survey responses were examined using a grounded theory approach. Identified barrier responses coalesced around faculty, development of curriculum, field placement, and definition of EBP. Positive implications of teaching EBP responses coalesced around workforce preparation, improving professional credibility of social work, benefits for clients, and increased accessibility of funding. A few responses entered as implications actually identified cautionary concerns that EBP must be well taught, clearly understood, and carefully applied.

Barriers. Barriers to teaching specific EBPs were identified by all 58 North American MSW programs. Barriers naturally grouped into four types (see Figure 3). The smallest number of qualitative responses identified MSW field placement sites as a barrier to teaching specific EBPs ($n = 7$). Most of these respondents indicated field practicum sites simply did not support instruction and opportunity to practice specific EBPs and often provided services through eclectic approaches to counseling or case management. One respondent indicated that field sites are not yet organized to support specific EBPs
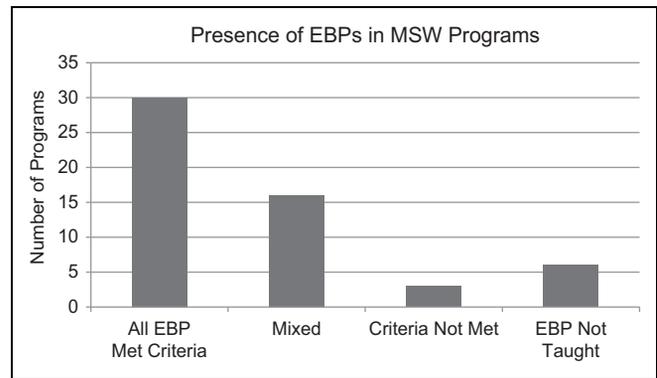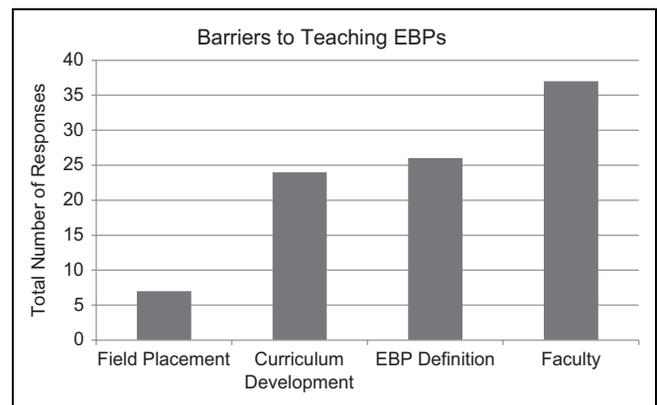

Figure 3. Barriers to teaching EBPs identified in qualitative responses. *Note.* EBPs = evidence-based practices.

and preferred "evidence-supported interventions." The same respondent indicated this concern has become a focus in training of field instructors.

A much larger number of barriers were identified regarding development of curriculum ($n = 24$) and EBP definitions ($n = 26$). Concerns about development of curriculum included the challenge of integrating specific EBPs with existing curriculum content, especially when a program identified itself as a generalist program. One respondent indicated that CSWE requirements to organize MSW curriculum to measure student attainment of CSWE evaluation and accreditation competencies was time consuming, leaving little opportunity to focus upon specific EBPs. Time was a factor of concern in many responses, including time to discuss and plan changes in curricula as well as time to teach existing course content in addition to specific EBPs. It appeared many respondents were thinking in terms of adding content to current courses or of creating new electives rather than transforming the curriculum.

A major concern expressed in the literature is the perception that Chambless and Ollendick's (2001) definition of three characteristics of an EBP is too limiting. Not surprisingly, since our study criteria were based upon that definition, there were 26
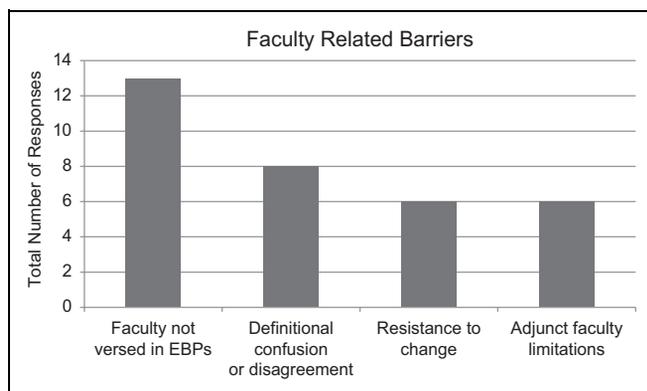
Figure 4. Faculty-related barriers identified in qualitative responses.

barrier responses that resonated to questions about EBP definition. These included concerns that specific EBPs are not a good fit for minority populations, especially Native Americans, Pacific Islanders, or Mexican Americans. One respondent saw this as a clearly defined research opportunity. Another respondent believed CBT could be used with minority populations but believed individual instructors might not have the expertise to understand and teach CBT in this manner. Some respondents indicated faculty were confused about EBP and believed that EBPs were tested and proven only for "specific diagnosable conditions." Another respondent stated that "[eye movement desensitization and reprocessing therapy] EMDR with trauma victims, like returning military personnel, was popular but looked down upon because it was not evidence-based." In fact, EMDR meets this study's definition of an EBP. Other definitional barriers included social work's responsibility to promote community development or other macro-level policy or practice activities.

However, by far the largest number of responses identified faculty-related barriers to teaching specific EBPs ($n = 37$). These included limitations in the competency, training, and experience of faculty ($n = 12$). Several respondents ($n = 8$) noted that faculty theoretical orientation shaped their perception that EBPs were "too structured and cookbook-like," thus limiting "the art of therapy" and practitioner creativity. This was noted as especially true if faculty embraced psychodynamic theory or if they simply preferred to teach eclectic holistic practice. One respondent noted that in emphasizing a holistic approach to working with clients, their faculty taught students not to "get caught up in manualized treatment [because] evidence-based practice is much too simplistic." Another respondent noted that such perspectives may be the result of thinking in terms of private practice rather than social work in organizations that have responsibility for fidelity and sustainability of services that improve client outcomes. A general resistance to change was highlighted by six programs. Finally, six programs noted reliance upon adjunct faculty who work at agencies that do not use EBPs as a faculty-related barrier. Figure 4 depicts faculty-related barriers to teaching EBP.

Positive implications. Respondents were given the opportunity to identify the implications of teaching EBP. Ninety different
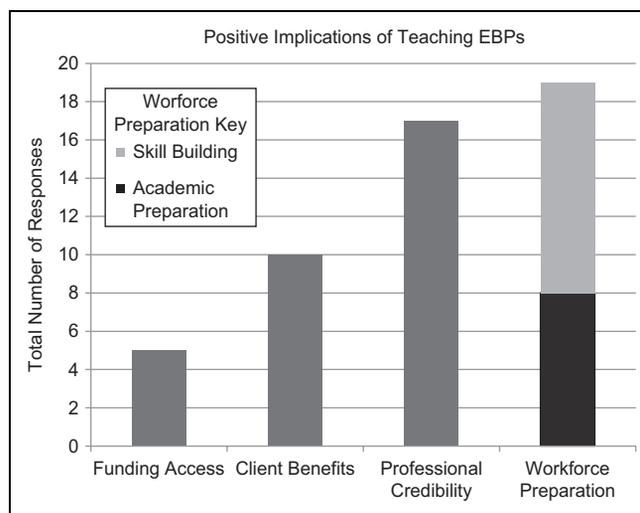

Figure 5. Positive implications of teaching EBPs identified in qualitative responses.

implications were noted. However, upon closer examination, 22 were actually identified as barriers to teaching EBPs and thus were presented in the previous section. Three responses (not depicted in Figure 5) were broad: "It is very positive," "Positive," and "It has positive implications for our students." Nineteen naturally grouped around workforce preparation and addressed either academic preparation ($n = 8$) or skill building ($n = 11$). Thirty-two implications highlighted credibility of the profession ($n = 17$), benefits to clients ($n = 10$), and improved access to funding ($n = 5$). The 14 remaining implications expressed cautionary concerns and are discussed separately.

Of the five implications that addressed access to funding as a positive implication of teaching EBP, one respondent highlighted that "science provides a platform to *prove worth* to consumers and funding sources." This emphasis was echoed in part or in whole by the other four statements, three of which noted that reimbursement for billable hours and working with managed care increasingly requires use of EBPs. Related themes were noted in the identification of benefits to clients ($n = 10$) as a positive implication of teaching EBP. One respondent stated, "I believe the question is, what is the alternative, something without research support?"

Nineteen statements asserted that teaching EBP offered positive implications for workforce preparation, and these naturally separated into two types. One emphasized academic preparation ($n = 8$) and the other emphasized skill building ($n = 11$). Those emphasizing academic preparation noted that teaching EBP contributed to development of critical thinking that makes students better consumers of research and seekers of evidence on what works with whom. One viewed teaching EBPs as "a promising trend that orients students to data-based approaches rather than seeing the world as socially constructed." Another extrapolated that "We are teaching future social workers to think critically about the types of evidence needed to guide practice, where to find it, how to collect it, how to assess it, and how to apply it." Implication statements that

emphasized skill building ($n = 11$) often asserted that teaching EBPs enhanced students' understanding of theory base and practice skills, as well as their critical thinking on differential assessment and intervention. Others noted that students learn that they must use what works with whom and not simply apply practices with which they are most comfortable.

While workforce preparation (academic knowledge and skill building) accounted for 19 positive implications of teaching EBP, a nearly equal number of statements noted that teaching EBP enhanced the credibility of social work as a profession ($n = 17$). Several emphasized that teaching and using EBPs make social work a more credible profession, competitive with other disciplines, especially in behavioral health. Some viewed EBP as a means for continual and contemporary professional development with heightened accountability to make and advocate for informed practice decisions. One respondent noted that "done correctly, EBPs should generate creativity in addressing the challenges experienced by both clients and social workers." Finally, another stated, "if well considered and implemented, teaching evidence-based practice will eventually change both academia and service organizations including but not limited to who is hired and how personnel are developed."

Cautions. Given the current status of the debate in social work, it was not surprising that cautions regarding teaching EBPs were identified. There were 14 such statements. Five addressed the effect on the profession and nine expressed cautionary notes regarding inappropriate applications of EBPs.

Two statements clearly expressed concern that there will be a negative impact on the profession. One respondent stated, "My biggest concern is the profession of social work becoming lost in a sea of psychotherapies." Another echoed, "I believe it is destroying the capabilities of social workers to engage in growth-promoting relationships. It is more importantly robbing our clients of growth-promoting experiences." Concerns were also expressed that insurance providers and funding sources could misapply the concept of EBP and restrict the range of additional services a client and their family might need. Another viewed EBP as "a more mechanistic conceptualization of the nature of excellent social work practice than some believe appropriate."

Cautionary notes also highlighted a concern that MSW programs teach EBPs thoroughly and carefully. Warnings about inappropriate application of EBPs most often focused upon students misunderstanding them. Respondent statements reflecting this concern included the following: "There are many pluses, but we must teach that some important practices are not found within evidence-based treatment packages," and "Students must understand that not all EBPs fit all populations nor may they be practiced in all settings." Another respondent cautioned, "I become concerned when educators advocate that students only use EBPs or that they rigidly adhere to treatment protocols. This could lead them to overlook unique client qualities and circumstances." Another further elaborated:

I agree conceptually with evidence-based practice. However ... if there is not substantial understanding of the theoretical framework underlying the technique [then] it becomes if you have a hammer, everything looks like a nail. I would like to see more emphasis on relationship building and less on technical accuracy. Of course, this can be addressed in the classroom by well-educated instructors.

Depth and Extent of Instruction

Respondents indicated that in 89 of the 108 EBPs that met study guidelines, all four NIRN intervention component criteria, and the opportunity to practice the EBP, are taught in their curricula. They also indicated that for 22 EBPs (20.4%), this degree of instructional thoroughness was not, or might not be, the case. For the many EBPs that did not meet study criteria, there were appropriate "no" answers to one or more of the five depth and extent questions. For example, some identified required overview policy or practice courses that did not meet study criteria as an EBP. These respondents correctly identified that the courses did not teach research supporting effectiveness with specific population(s).

To further elaborate, there were 110 possible depth and extent entries for those 22 EBPs that included "no" or "don't know" responses. Of those 110 possible entries, there were 35 "no" or "don't know" responses. Eleven responses indicated that theory of change was not, or might not, be taught. Eleven responses indicated there was not, or might not, be a class assignment or field opportunity to practice an EBP. Five responses indicated that research supporting effectiveness with a client population might not be taught, and two indicated it was not taught. There was greater certainty regarding whether specific activities, elements, participants, and phases of these 22 EBPs were taught with only two "don't know" and one "no" response.

A pattern emerged in these "no" or "don't know" responses. Seventeen (48.5%) were reporting on instruction for MST or trauma-informed CBT. Since both of these EBPs are well defined and tested, these responses may suggest a less thorough presentation and instruction or they may reflect respondent distance from development of curriculum content and instructional practices.

Discussion

If one accepts the premise that EBP should be integrated into social work curricula and service settings, this study suggests targets for change. MSW program leaders identified two related barriers: faculty who were not trained in, or comfortable with EBPs, and the limited number of practice settings where students could apply them. Whether due to limited expertise, understanding, or ability to implement EBPs, both MSW faculty and field practicum sites constrain student exposure to these practices. This is a perpetuating conundrum. Service settings are less likely to adopt empirically supported practices if the MSW graduates they hire have not learned their value, or how to identify, implement, and evaluate them. These

graduates eventually become field instructors, supervisors, and administrators. They should play key roles in eliminating this barrier. However, unless MSW programs effectively infuse EBP skill sets and specific EBPs into the curriculum and field practicum settings, clients will continue to be less likely to receive the most effective services.

Perhaps the most effective strategy to resolve this conundrum and bridge the divide between academic and practice worlds is to create active partnerships focusing upon understanding, applying, and evaluating EBPs. MSW curriculum and faculty research and service should inform and shape practice settings, and field practice sites should be active partners informing and shaping the MSW curriculum (Bellamy et al., 2008; Bellamy et al., 2013; Bledsoe et al., 2013).

Discussions within an MSW program must actively seek to clarify confusion about EBP. Definitional misunderstandings are an unnecessary distraction evoking an excess of different terms for applying research to inform and guide social work practice. These terms include promising practice, practice-based evidence, evidence-informed practice, evidence-guided practice, evidence-informed treatment, research-supported treatment, research-supported interventions, and others. This plethora of terms constrains social work from fulfilling its value that research should inform and guide practice. The basis of these clarifying discussions should be that social work practice needs rigorous standards for a level of empirical support and replicability that enhances what consumers can depend upon receiving and gaining from services (Thyer, 2013; Thyer & Myers, 2010).

Within these MSW program discussions, distinctions should be made between *teaching about* EBP versus *actually teaching specific EBPs* and *teaching a process in which evidence informs practice*. The expertise of faculty, the availability of field sites in which an EBP can be applied, and the nature of specific EBPs will shape discussions that clarify these distinctions. Some EBPs such as motivational interviewing fit easily into any social work practice in almost any setting. Other EBPs like MST require more organizational adjustments to support their implementation. And therein lies another key to bridging this perpetual divide between research and practice in social work and in MSW curricula. Far too much of the discussion about EBP assumes that the social worker is an independent practitioner rather than an employee providing service within an organization's program model. Increasingly, major funding sources require organizations to identify a specific EBP as its service model (Thyer, 2013; Thyer & Myers, 2010; Zlotnik, 2007).

Resolution of differing perspectives of EBP must begin with open acknowledgment that EBP is a disruptive innovation. It requires adjustments to business models (Chesbrough, 2010). By applying implementation frameworks, these adjustments can be simultaneously addressed in both curricula and in practice settings. Within MSW curricula, the NIRN intervention component framework offers a template for teaching the adoption of any practice intervention (e.g., Bertram, 2013; Bertram et al., in press; Fixsen et al., 2005). This framework includes the specific participants, elements, and phases of service activities, their theory base(s), the theory of change, and the research supporting that practice intervention's effectiveness with specific client populations. Consistent use of this template can support development of a scientific approach to practice, as well as critical thinking and search skills, so students know what approaches have the greatest value for whom. By also integrating the NIRN frameworks of implementation drivers and stages into its curriculum, an MSW program can produce graduates capable of developing program infrastructure, evaluation, and policy decisions in practice settings, as they advance to greater degrees of influence in their careers (Bertram, 2013; Bertram et al., in press; Bertram et al., 2014). Use of these frameworks may promote dialogue within and between MSW programs and select field settings to provide a basis for establishing EBP transformation zones. The initial goal of such initiatives should be to create a thorough understanding about select EBPs and the organizational infrastructure to support and apply them. Evaluation of these efforts can then guide a scaling up process (Bertram, Blase, et al., 2011) to offer a greater variety of integrated curriculum content and opportunities to apply EBPs in more field settings.

Discussions about teaching or adopting EBPs must also address and correct misunderstandings, such as the all-too-common belief that EBP constrains practitioner creativity. Motivational interviewing, one of the more frequently taught EBPs identified by MSW program leaders in this study, offers a creative means of engagement, assessment, and planning in any social work policy or practice setting. Further, recent work on the common elements approach to EBP may dissuade all but the most ardent critics regarding practitioner creativity (Barth et al., 2014; Bellamy et al., 2013; Rotheram-Borus, Swendeman, & Chorpita, 2012). Finally, even well-defined, manualized, and tested collaborative practices like MST depend upon practitioner creativity in engaging families and other participants in assessment and in design of individualized interventions (Henggeler et al., 2009). Another common misunderstanding that emerged in MSW program leader responses to this survey included a perceived lack of testing specific EBPs with populations most often served in social work settings, especially in serving those with co-occurring disorders or complex unmet needs. However, many well-tested EBPs (e.g., MST, structural family therapy, CBT, and trauma-informed care) have a well-established foundation of effective practice addressing complex situations and co-occurring disorders with diverse populations (Schoenwald, Heiblum, Saldana, & Henggeler, 2008).

Reviews of literature on specific EBPs can focus through NIRN frameworks to inform these discussions and planning. As MSW course content and assignments, these reviews would facilitate students' development of skill sets identified as essential by multiple social work scholars (Aarons & Sawitzky, 2006; Bellamy et al., 2008; Manuel et al., 2009; Shlonsky, 2009), yet found wanting in the Barwick's study (2011). Select high-quality EBP reviews could simultaneously inform students, faculty, and service setting program leaders. NIRN

frameworks can commonly focus this learning and discussion (Bertram et al., 2014; Bertram, Suter, Bruns, & O'Rourke, 2011). An MSW program and select practice settings could then apply this information to reshape and integrate curriculum content, preservice, and in-service training and program implementation (Cannata & Hoge, 2012). Development and evaluation of such efforts can be a focal point for securing state, federal, and foundation financial support. Presentation and publication of results of these efforts can shape academic careers and support development of junior faculty as they advance toward tenure.

Limitations

This study's primary limitation was the number of respondent programs (58 of approximately 215 possible programs). A larger number of respondents would provide a richer picture for examining EBPs in MSW curricula. Additionally, this study was not funded. A funded study with stipends for participation or with funds for repeated telephone and mail participation prompts would likely have increased our response rate. While a 27% response rate is adequate for most survey research, the smaller number of responding programs constrains generalization from findings.

This survey was constructed in a short and succinct manner to reduce respondent fatigue. It did not inquire about the type of course in which a specific EBP was taught. For example, an EBP might be taught in (a) an overview required practice course, (b) a required course specifically designed to teach EBPs, or (c) an elective devoted to specific topics. Course type should be examined in future studies.

Respondents' misidentification of a practice model as an EBP that met study criteria may be the product of the dean or director not being fully engaged in course development. It may reflect incomplete knowledge of all three criteria needed to identify an EBP for this study. Additionally, misidentification may reflect definitional differences noted in the literature that are also represented in this study's qualitative data. Finally, responses to these questions may also be vulnerable to social desirability.

The 58 responding deans and directors evaluated how thoroughly their program taught each of the same three skill sets that Barwick (2011) explored with North American behavioral health care administrators and supervisors. They rated their programs as "thoroughly" or "somewhat" teaching skills supporting EBP such as a scientific approach to knowledge and practice, as well as for critical appraisal of studies and other peer-reviewed literature. No criteria for either rating "thoroughly" or "somewhat" were provided. Neither did the survey query *how* the three EBP skill sets are taught nor in what courses they are taught. Comparisons of these skill assessments by North American behavioral health care leaders and by North American MSW program leaders were significantly different. These differences may be due to response bias, social desirability, or a real, but not well examined, discrepancy between what MSW program leaders believe is being taught and what is

actually being taught or learned. Finally, there were no means to directly correlate responses by geographic region across the two studies. Development of these skill sets could have been infused throughout the curriculum or only addressed in specific courses. Future research should examine the types of courses in which EBP skill sets or in which specific EBPs are taught.

Conclusion

Phrases like "science to service divide" and "research to practice divide" imply that the academic side of these phrases has adequately clarified and coalesced around constructs necessary to bridge that divide. We suggest that targets for "bridge construction" begin simultaneously on both sides of those divides and that NIRN frameworks will support much of the work ahead. The Child and Family Evidence-Based Practices Consortium seeks opportunities to share the complete report of this study and its recommendations with the CSWE, with its NADD, or with any MSW program.

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