

# A survey of practitioner adoption and implementation of practice guidelines and evidence-based treatments<sup>1</sup>

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## **Abstract**

*This paper addresses the challenges associated with practitioner adoption and implementation of practice guidelines and evidence-based effective treatments. The paper presents results from a recent survey of practitioners about awareness of and attitudes about standards of care, including preference for use of intervention knowledge statements developed through expert consensus and through empirical research findings.*

Evidence based practice and the associated use of practice guidelines have become important emphases in recent years within social work, psychology and psychiatry. These emphases stress practitioner use of methods that have been empirically demonstrated to be effective. In the absence of empirical evidence practice guidelines are promulgated based on expert consensus. This movement within the human service professions is a reaction to the widespread use of methods that have not been empirically tested as well as the variability in practice of methods used.

Clinical practice guidelines have been described by the Institute of Medicine as “systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances” (Field & Lohr, 1990). Professional organizations and governmental agencies have formulated practice guidelines for various clinical conditions (American Academy of Child and Adolescent Psychiatry, 1994; American Psychiatric Association, 1993, 1994, 1997; United States Preventive Services Task Force, 1994). These guidelines prescribe how clinicians should assess and treat clients. Sometimes the guidelines are based on research findings. Often research is not available and, therefore, the guidelines are based on professional consensus. Although practice guidelines have been promoted for several decades in medicine little has been written about practice guidelines in the social work literature (Howard & Jenson, 1999a, 1999b; Jackson, 1999; Kirk, 1999; Richey & Roffman, 1999; Steketee, 1999; Wambach, Haynes & White, 1999; Williams & Lanigan, 1999). Not examined is the question of how agencies and practitioners view this development. Little is known about the use of guidelines in social work practice and how social worker practitioners view the use of guidelines. Accordingly, this article presents findings of one of few published studies examining practitioner attitudes toward and use of practice guidelines and other aspects of evidence based practice.

<sup>1</sup> Gretchen Borges and David Barnett provided valuable assistance with the research reported in this paper. We wish to acknowledge their important contributions. The survey findings were originally presented at the 1999 meeting of the Inter-centre consortium of social work research centers, “Researcher-Practitioner Partnership and Research Implementation”, Stockholm, Sweden, October 7-8, 1999 by William Bacon. The report of the survey findings were subsequently presented by Edward Mullen and William Bacon in a paper titled “Practitioner adoption and implementation of evidence-based effective treatments and issues of quality control” at a conference hosted by the George Warren Brown School of Social Work, Washington University in St. Louis, “Developing Practice Guidelines for Social Work Intervention: Issues, Methods, and Research Agenda”, May 3-4, 2000.

## **Agency practitioner survey**

Because of this lack of information about the practitioners' views we conducted a practitioner survey regarding practice guidelines. The survey examines practitioner awareness of practice guidelines, specification of guidelines known about and used by individual practitioners; practitioner attitudes toward the use of guidelines, and their preferences for guidelines based on expert consensus and/or based on empirical research findings. The survey was conducted in a large, urban, non-profit social agency employing 500 direct service professionals including psychiatrists (n=42), psychologists (n=53), social workers (n=386), and other mental health professionals (n=19). Based on the findings of this survey additional research is being conducted pertaining to these questions with a national sample of social work mental health practitioners who are members of NASW (n=150 drawn from a random sample provided by NASW of 1,000 practitioners). Following presentation of the survey findings, we address implications for the development and use of practice guidelines in social work.

## **Method**

The survey respondents were from a large, urban voluntary mental health/social service agency. The agency is among the largest of its type in the United States. It is noted for the high quality of its services and training programs. Masters level social workers are the primary providers of service although the staff is multidisciplinary including psychologist, psychiatrists and other mental health professionals.

The agency employs a professional staff of 697. Of this number, 500 are engaged in provision of clinical services. This was the population surveyed. The organization provided a list of all professional staff employed by the agency at the time of the survey, August 1999. A questionnaire was sent by the organization to each staff member addressed to his or her home. A cover letter was sent from the agency executive director stressing the importance of the survey and asking for voluntary cooperation. The cover letter explained that the study was seeking information regarding clinical practice and that it was being conducted by the Center for the Study of Social Work Practice, a joint program of Columbia University School of Social Work and the Jewish Board of Family and Children's Services. Respondents were asked not to write their names on the questionnaire. They were assured that their questionnaires and responses would be anonymous. The questionnaire was to be returned to the Center at the Columbia University School of Social Work. Questions were to be directed to the Center rather than to the organization where they were employed. Because of the assurance of anonymity and methods employed we assume that practitioners provided honest answers.

## **Findings**

### ***Sample Characteristics***

Of the 500 questionnaires mailed to the practitioners' homes 124 usable ones were returned. With a return rate of approximately 25%, one cannot be confident that the respondents are representative of the total population of clinicians at the agency. It is reasonable to suppose that on average respondents were more favorably disposed to research than their non-responding colleagues. One might also assume that respondents were less likely to be those who felt very overburdened by paperwork and administrative demands. The number of respondents who are psychologists and psychiatrists is especially small so that conclusions pertaining to those professions must be made with caution. While no claim of representativeness can be made, the findings do provide initial information regarding the unresearched area of practitioner views.

The following statistics describe the sample.

TABLE 1: PROFESSION

Profession	Frequency	Population	Valid Percent	Population
	Responses		Responses	
Social workers	81	386	65.3	77.2
Psychologists	16	53	12.9	10.6
Psychiatrists	17	42	13.7	8.4
Other MH	10	19	8.1	3.8
<b>Total</b>	<b>124</b>	<b>500</b>	<b>100.0</b>	<b>100.0</b>

TABLE 2: HIGHEST DEGREE

Degree	Frequency	Valid Percent
M.S.W./M.A.	88	71.0
Ph.D.	17	13.7
M.D.	17	13.7
B.A./B.S.	2	1.6
<b>Total</b>	<b>124</b>	<b>100.0</b>

TABLE 3: WORK SETTING

WORK SETTING	Frequency	Valid Percent
Outpatient clinic	74	59.7
Residential facility	29	23.4
Scattered sites	4	3.2
Day treatment program	7	5.6
School	2	1.6
Other	6	4.8
Missing	2	1.6
<b>Total</b>	<b>124</b>	<b>100.0</b>

### *Professional affiliation*

Of the 124 respondents 65.3% (81) were social workers, 12.9% (16) were psychologists, 13.7% (17) were psychiatrists and 8.1% (10) were other mental health professionals (e.g., art therapists). Relative to the population distribution social workers were somewhat less likely to have responded to the survey whereas the other professions were more likely to have responded.

### *Highest degree*

Nearly three-fourths of the respondents reported their highest academic degree to be a masters degree (71%, n=88), 13.7% (n=17) to be an M.D., the same percent to be a Ph.D. or its equivalent (13.7%, n=17), and 1.6% (n=2) to be a baccalaureate degree. Few social workers reported a doctoral degree.

### *Work setting*

The large majority of respondents were employed in an outpatient clinic (59.7%, n=74) or a residential facility (23.4%, n=29). Other reported locations were scattered site facility (3.2%, n=4), day treatment program (5.6%, n=7), school-based program (1.6%, n=2), and other type of facility (4.8%, n=6).

### *Employment hours*

Approximately 60% (60.2%, n=74) of the respondents reported full-time employment. This varied by profession with 79% (78.8%, n=63) of the social workers full-time, 12.5% (n=2) of the psychologists and 41.2% (n=7)

of the psychiatrists full-time. Other mental health professionals were primarily part-time (80%, n=8).

### ***Practice type***

Nearly all the respondents (96.0%, n=119) were engaged in direct practice and some were also engaged in clinical supervision, clinical training, and administration of clinical services.

### ***Time with agency***

The length of time employed by their agency ranged from 2 months to 40 years. The median was 3 years whereas the mode was 1 year. Twenty-seven percent of the respondents had worked for the organization 1 year or less whereas approximately 25% had worked at the organization for 6 or more years.

### ***Years since licensure/certification***

The number of years since licensure or certification ranged from 1 to 49 years. The median was 7 years whereas the modes were 1 and 2 years. About a quarter (23.6%) of the respondents had received licensure or certification within 2 years whereas 27.3% had received licensure or certification 16 or more years earlier.

### **About Practice Guidelines**

We asked about the practitioners' knowledge of and attitudes toward practice guidelines. As an introduction to these questions we provided a brief description of what we meant by practice guidelines. Because we found that there were systematic differences among the professions the findings are presented by profession. The responses of other mental health professionals are difficult to interpret given the range of professionals represented and the small numbers involved.

### ***Heard about practice guidelines***

We asked if they had ever heard about practice guidelines before this survey. Nearly all of the psychiatrists had heard about practice guidelines (94.1%) and the overwhelming majority of psychologists had also heard about guidelines (81.3%), but less than half of the social workers had heard of them (42.3%).

*TABLE 4: HEARD ABOUT PRACTICE GUIDELINES BY PROFESSION*

<b>Profession</b>	<b>No</b>		<b>Yes</b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Social Workers</b>	45	57.7	33	42.3
<b>Psychologists</b>	3	18.8	13	81.3
<b>Psychiatrists</b>	1	5.9	16	94.1
<b>Other MH</b>	6	60.0	4	40.0

### ***Know of a particular guideline***

When asked if they were aware of a particular guideline most psychiatrists said they were aware of at least one (87.5%), but relatively few psychologists (12.5%) or social workers (18.4%) reported awareness of even one guideline. For those who said that they were aware of a guideline we asked them to specify the organization that had developed the guideline and/or what disorder or situation it addressed.

TABLE 5: REPORTED KNOWING A PARTICULAR GUIDELINE BY PROFESSION

Profession	No		Yes	
	N	%	N	%
Social Workers	62	81.6	14	18.4
Psychologists	14	87.5	2	12.5
Psychiatrists	2	12.5	14	87.5
Other MH	7	70.0	3	30.0

### *Organizations*

Fourteen of the 17 psychiatrists said they knew of a particular guideline and twelve of these listed the American Psychiatric Association and the American Academy of Child and Adolescent Psychiatry. Just two of the 16 psychologists reported knowing a guideline, and no psychologist actually listed an organization. Only 14 of the 81 social workers reported knowing a particular guideline, and just three of these listed organizations, namely NASW, “Orthopsychiatry”, Columbia University-New York State Psychiatric Institute, New York State Office of Mental Retardation and Developmental Disability, and “CQC”.<sup>2</sup>

### *Disorder/situation*

Twelve of the 17 psychiatrists responded that they were aware of guidelines pertaining to a range of mental disorders including schizophrenia, substance abuse, eating disorders, bipolar disorder, major depression, dementia, anxiety disorders, panic disorder, use of the Physicians’ Desk Reference in prescribing medication, and borderline personality disorders. Eight of 81 social workers listed disorder or situation specific guidelines. These were guidelines pertain to child abuse and neglect reporting, suicide intervention, depression therapy, trauma assessment, PTSD, how to treat and transfer juvenile sex offenders, teenagers in residential care with conduct disorders, borderline personality disorder, and treatment of depression in residential treatment centers. One of the 16 psychologists indicated awareness of a guideline pertaining to depression evaluation for medication.

### **Used guideline**

Respondents were asked if they had ever used any practice guideline to help plan treatment. The majority of psychiatrists (64.3%) said they had, only one psychologist (6.3%) had, and about one in five social workers (18.7%) had.

For those who said they had used a guideline we asked what the guideline was and what their experience had been with the guideline’s use. For those who said they had not used a guideline we asked why they had not. As shown in Table 6, most of the social workers who had used a guideline reported vague comments about why: only three of the nine comments could be classified as indicating that the guideline actually improved treatment. The rest were either vague or indicated that the guideline was required.

<sup>2</sup> Only one of these organizations, the New York State Office of Mental Retardation and Developmental Disability, could be confirmed as an actual publisher of practice guidelines. Neither NASW nor the American Orthopsychiatric Association has published a guideline to the best of the authors’ knowledge, and neither organization appears in the comprehensive database of the National Guideline Clearinghouse (available at <http://www.guideline.gov>). Also, no organization with the abbreviation “CQC” could be found in this database.

TABLE 6: COMMENTS ABOUT USE OF GUIDELINE BY SOCIAL WORKERS

Category	Response
vague/neutral (4)	Sex offenders- I learned how NOT to treat this disorder when the facility isn't set up to address the problem It's better to transfer the child as we can do more harm than good I learned what to look for (high risk characteristics). I used the guidelines as recommended by outside of the agency sources I found through networking
improved tx (3)	with suicide intervention it was innovative and helpful yes, helpful it was VERY helpful in working with children who sexually victimize other children
required (2)	Office of Mental Retardation and Developmental Disability requirements for treating the developmentally disabled population in work with HMO clients, guidelines dictate focus and length of treatment

TABLE 7: COMMENTS ABOUT USE OF GUIDELINE BY PSYCHOLOGISTS AND PSYCHIATRISTS

Profession	Category	Response
Psychologists	improved tx (1)	I followed a guideline and have found it helpful
Psychiatrists	vague/neutral (3)	use them mostly for teaching use of diagnostic criteria and assessment guidelines to approach treatment of depression ADHD, Depression
	improved tx (1)	I have used the dementia guidelines to look for treatment options for family members with a particular client

Among social workers who had *not* used a practice guideline, the majority of the comments related to being unaware of the existence of guidelines (see Table 8). No social worker volunteered a strongly negative opinion of guidelines' potential usefulness, a sentiment frequently expressed by psychologists.

TABLE 8: SOCIAL WORKERS' COMMENTS WHY GUIDELINE NOT USED

Category	Response
unaware (7)	may indeed have used practice guidelines - I'm not sure, however, what they are I have many year experience- haven't seen guidelines to assess their usefulness with my population I have not been aware of such guidelines not available/aware of guidelines unfamiliar with specifics not available to me, don't know about it didn't know about them; I'm still not sure what practice guidelines exactly are - always consult with a supervisor or co-worker before employing a specific intervention I am unsure of
vague/neutral (4)	this form of practice is not utilized in the development of the treatment plans each client seems to be very unique and different from others, and I prefer to plan for each of them individually, but I'm open to reviewing guidelines if they become available I don't know if you consider treatment planners put out by Practice Planners as guidelines- I do use that as a resource and I'm open no time
no need (2)	I have followed the guidance of supervisors & colleagues who have extensive knowledge working with clients experiencing depression agency administrative guidelines from beginning contact with a client to discharge have been clear changed and/or modified in time and work well
irrelevant (1)	sometimes it seems like guidelines don't incorporate culturally relevant issues + what to do

TABLE 9: PSYCHOLOGISTS' COMMENTS WHY GUIDELINES NOT USED

Category	Response
unaware (1)	don't know about ones for my area
vague/neutral (3)	no, except for developmentally delayed kids time constraints it depends on where the underlined guidelines come from and the underlying reasons
irrelevant (2)	didn't feel that such guidelines were relevant to the cases I was treating didn't apply to the population working with
don't like (3)	I don't like following a formula if it doesn't feel right for the patient I am mistrustful of guidelines that seem to encourage cost-saving procedures, or exclude patient/clinician from decision I'm very much a believer in the complexity of development, individual difference, and the fact that the same symptom/syndrome meant very different things in different people— and thus required different intervention

TABLE 10: PSYCHIATRISTS' COMMENTS WHY GUIDELINE NOT USED

Category	Response
vague/neutral (2)	I have read the guidelines but doesn't necessarily look them up for each and every case haven't had enough time or opportunities to use yet
no need (2)	already had information not needed

### *Inclined to use guidelines?*

We asked whether or not respondents were inclined to use guidelines. Most psychiatrists (86.7%) and social workers (81.4%) were inclined to use guidelines whereas about half of the psychologists were so inclined (54.5%). When asked to say why they were or were not inclined to use guidelines several reasons were common. Tables 11, 12 and 13 show the comments of those who said that they *were* inclined to use practice guidelines. For social workers, the most common type of response (10 out of 24 responses) can be categorized as “guidance”: These respondents indicated that they thought guidelines would help them in conceptualizing or planning treatment. Two others specifically mentioned that guidelines would increase knowledge or skills. Only four social workers mentioned or implied that they were attracted to practice guidelines because of their research basis.

TABLE 11: SOCIAL WORKERS' COMMENTS WHY INCLINED TO USE GUIDELINES

Category	Response
guidance (10)	<p>interest in aid to conceptualization</p> <p>adds more structure to interviewing</p> <p>I am sure they would be helpful</p> <p>will help assessment</p> <p>if it is helpful as a basic framework to structure ex goals</p> <p>I need guidance plus the field is finally recognizing most of our children in the RTC are traumatized first, "disordered" second</p> <p>to help plan treatment, interventions, structure outcomes</p> <p>may help guide my treatment</p> <p>if they add to clinical practice and consultation</p> <p>would help to see full picture</p>
inc. knowledge (2)	<p>I'll try anything that helps improve my knowledge, skills, + efficacy</p> <p>willing to try new techniques (inc. practice guidelines)</p>
research (4)	<p>because they are based on research findings and thus may be more effective for clients</p> <p>makes work easier, less trial and error</p> <p>provide a framework of what will possibly work, eliminating trial and error to a degree</p> <p>Research has a purpose- it's typically reliable and valid</p>
imp. tx (4)	<p>to see if there is anything helpful</p> <p>to provide good ethical treatment</p> <p>I am willing to use anything that will help enhance treatment</p> <p>if helpful/proven helpful to patient</p>
vague/neutral (4)	<p>if available and not complicated or time-consuming to access</p> <p>if they are given out</p> <p>in general, with the exception being the deviations warranted by intuition in given individual cases</p> <p>If I weren't as overburdened at work with calling insurance companies (and filling out lengthy forms, the extensive paperwork we do ourselves- no compiled help or secretaries do it- by hand) keeping up numbers, having paperwork and statistics done for 30+</p>

TABLE 12: PSYCHOLOGISTS' COMMENTS WHY INCLINED TO USE GUIDELINES

Category	Response
guidance (1)	<p>if clear and helpful</p>
research (1)	<p>I'm interested in effective techniques based on empirical data</p>
vague/neutral (2)	<p>contingent on the care and guideline restrictions</p> <p>I nevertheless used to reserve the right to use my clinical judgment in specific cases</p>

TABLE 13: PSYCHIATRISTS' COMMENTS WHY INCLINED TO USE GUIDELINES

Category	Response
guidance (4)	<p>for reference and guidance</p> <p>they are helpful in approach to patient case</p> <p>standardized consensus</p> <p>as a guide to my own thinking</p>
vague/neutral (2)	<p>only because they comply with my practice</p> <p>useful in client planned treatment</p>

Among social workers who were *not* inclined to use practice guidelines, explanatory comments were more often categorized as "vague/other" (i.e., giving a relatively neutral reason for lack of interest) than "inadequate" (i.e., expressing concern about the validity of practice guidelines). On the other hand, psychologists were

more likely to describe an objection to practice guidelines, with “inadequate” responses much more common than other types. See Tables 14, 15 and 16.

*TABLE 14: SOCIAL WORKERS’ COMMENTS WHY NOT INCLINED TO USE GUIDELINES*

<b>Category</b>	<b>Response</b>
<b>vague/other (3)</b>	Practice wisdom + common sense guide my practice. I don't know what they are If I haven't used it or haven't seen it work by colleagues using it, I'm not likely to use it myself
<b>inadequate (2)</b>	incomplete/insufficient data the rigidity of guidelines interfere with tailoring treatment to meet the individual needs of clients

*TABLE 15: PSYCHOLOGISTS’ COMMENTS WHY NOT INCLINED TO USE GUIDELINES*

<b>Category</b>	<b>Response</b>
<b>vague/other (1)</b>	not unless introduced more formally, i.e. through agency
<b>inadequate (4)</b>	guidelines are based on averages, not on individuals too cookie-cutter not all symptoms fit criteria very limiting

*TABLE 16: PSYCHIATRISTS’ RESPONSE WHY NOT INCLINED TO USE GUIDELINE*

<b>Category</b>	<b>Response</b>
<b>vague/other (2)</b>	so far nothing new for me when clinically indicated and based on a specific patient's symptoms and responses.
<b>inadequate (1)</b>	Practice guidelines are just that “guidelines” and should not be dictated nor cookbook! They should not supersede clinical experience, as most patients do not have symptoms of one specific disorder, but many overlapping + complex symptoms

***Guideline preference***

Respondents were asked which type of guideline they would be most inclined to use, those based on research findings or those based on professional consensus (whether or not research supports the consensus). A number of the respondents selected both research and professional consensus answers (43.8% of psychiatrists, 13.4% of social workers, and 7.1% of psychologists). Of those who selected only one or the other source psychiatrists most often said they would be most inclined to use those supported by research (50% for research-only vs. 6.3% for consensus-only) whereas both social workers and psychologists said they would be most inclined to use those based on professional consensus (social workers: 50.7% for consensus-only vs. 35.8% for research-only; and for psychologists 50.0% for consensus-only vs. 42.9% for research-only).

*TABLE 17: PREFERENCE FOR CONSENSUS OR RESEARCH GUIDELINES BY PROFESSION*

<b>Profession</b>	<b>Research</b>		<b>Consensus</b>		<b>Both<sup>3</sup></b>	
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>
<b>Social Workers</b>	24	35.8	34	50.7	9	13.4
<b>Psychologists</b>	6	42.9	7	50.0	1	7.1
<b>Psychiatrists</b>	8	50.0	1	6.3	7	43.8
<b>Other MH</b>	1	12.5	5	62.5	2	25.0

<sup>3</sup> “Both” was not an option but was written in by a number of respondents.

### ***Practice conforms to guidelines***

We asked respondents if they thought their current practice conforms to what existing guidelines prescribe. All of the psychologists and most psychiatrists (85.7%) responded affirmatively whereas about three-fourths of social workers (74.1%) thought this. When asked for their reasons why they thought that their practice did or did not conform a range of answers were given. Those who thought their practice did not conform mentioned that the guidelines probably were not promulgated by other social workers, that guidelines probably emphasized short-term treatments, or that practice guidelines are not generally consulted for treatment planning. For those who believed that their practice probably did conform to practice guidelines, most made general statements about their professional competence or the apparent effectiveness of their work.

### ***About Evidence-Based Practice***

We asked about other indicators of an evidence-based approaches to practice including: frequency of reading professional publications, especially research publications; use of single-subject designs; use of assessment instruments in practice; and, seeking consultation from the literature, supervisors and colleagues regarding research evidence for practice decisions.

## **Reading**

### ***Reading or referring to journal articles***

We asked how often respondents read or refer to journal articles in their field. Nearly one-third of social workers replied that they did this less than 1 or 2 times a month (30.1%) with 13.8% reporting doing this once or twice a year or less. Only 37.5% reported reading or referring to articles at least weekly. No psychiatrist reported such low frequency with most saying they did this daily or a few times a week (58.8%). Three-quarters (76.5%) reported reading or referring to journals at least weekly. Psychologists reported a pattern somewhere in-between (68.8% reporting about once a week or 1-2 times a month; 56.3% reading at least weekly.).

**TABLE 18: FREQUENCY OF READING OR REFERRING TO JOURNAL ARTICLES BY PROFESSION**

Reading Frequency	Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%
Daily or nearly so	5	6.3	0	0.0	3	17.6
A few times/week	11	13.8	3	18.8	7	41.2
About once/week	14	17.5	6	37.5	3	17.6
1 or 2 times/month	26	32.5	5	31.3	4	23.5
Several times/year	13	16.3	1	6.3	0	0.0
Once or twice/year	7	8.8	1	6.3	0	0
Less than once/year	4	5.0	0	0.0	0	0.0

### ***Reading or referring to research journal articles***

We asked what types of articles respondents read. Listed were case studies, clinical theory, research articles on populations or clinical problems, research articles on clinical assessment or interventions, and research articles on outcomes or effectiveness of particular therapeutic techniques. We report on their responses about research articles only, combining the three types of research articles in a single measure. Accordingly, if a respondent said they read all three types of research articles they would receive a score of 3, if two types a score of 2, if one type a score of 1, and, if none a score of 0. Nearly one-third (29.1%) of social workers responded that they did not read research articles at all compared with 18.8% of psychologists and 17.6% of psychiatrists.

TABLE 19: READING OR REFERRING TO RESEARCH JOURNAL ARTICLES BY PROFESSION

Number of Types Read	Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%
0 (none)	23	29.1	3	18.8	3	17.6
1 (reads 1 type)	17	21.5	1	6.3	7	41.2
2 (reads 2 types)	16	20.3	4	25.0	3	17.6
3 (reads 3 types)	23	29.1	8	50.0	4	23.5

**Reading other professional literature**

We asked how often other professional literature in their field was read (e.g., books, newsletters, etc.). Nearly one-quarter of social workers replied that they did this less than 1 or 2 times a month (24.7% as contrasted with 30.1% for research articles) with 9.8% reporting doing this once or twice a year or less (contrasted with 13.8% for research articles). About half (51.8% as contrasted with 37.5% for research articles) reported reading or referring to articles at least weekly. No psychiatrist reported such low frequency with nearly half saying they did this daily or a few times a week (47.0% as contrasted with 58.8% for research articles). Nearly three-quarters (70.5% as contrasted with 76.5% for research articles) reported reading or referring to journals at least weekly. Psychologists reported a pattern somewhere in-between (56.3% as contrasted with 68.8% for research articles) reporting about once a week or 1-2 times a month; over one-third (37.5% as contrasted with 56.3% for research articles) reading at least weekly.

TABLE 20: FREQUENCY OF READING OTHER PROFESSIONAL LITERATURE BY PROFESSION

Reading Frequency	Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%
Daily or nearly so	7	8.6	0	0	3	17.6
A few times/week	17	21.0	4	25.0	5	29.4
About once/week	18	22.2	2	12.5	4	23.5
1 or 2 times/month	19	23.5	7	43.8	4	23.5
Several times/year	12	14.8	3	18.8	1	5.9
Once or twice/year	4	4.9	0	0.0	0	0.0
Less than once/year	4	4.9	0	0.0	0	0.0

**Using research literature for practice decisions**

We asked if the practitioners ever consulted the research literature when they needed to make a decision about how to proceed in treating a particular case. Nearly all of the psychiatrists (94.1%) and psychologists (87.5%) said they did but only 64.6% of the social workers said this. For those who said they did consult the research literature we asked how often this was done. The modal response for all professionals was “several times a year.” Of those social workers who responded that they did consult the research literature, one-quarter (24.5%) said they did this at least weekly whereas only 14.3% of the psychiatrists consulted this frequently and none of the psychologists reported this frequency.

TABLE 21: FREQUENCY OF CONSULTING RESEARCH LITERATURE FOR PRACTICE DECISIONS BY PROFESSION

Consulting Literature	Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%
Daily or nearly so	0	0.0	0	0.0	0	0.0
A few times/week	6	12.2	0	0.0	1	7.1
About once/week	6	12.2	0	0.0	1	7.1
1 or 2 times/month	14	28.6	3	21.4	5	35.7
Several times/year	16	32.7	7	50.0	6	42.9
Once or twice/year	6	12.2	2	14.3	1	7.1
Less than once/year	1	2.0	2	14.3	0	0.0

### Using research methods in practice

We asked about the practitioners' use of single-subject designs and assessment instruments in their own practice during the preceding two years.

### Single-subject design

No psychologist reported conducting a single-subject design study whereas only about 1 in 10 of the social workers (11.3%) and psychiatrists (11.8%) reported doing so. Of those saying they had conducted such studies the number of studies conducted during the two-year period was almost always one.<sup>4</sup>

### Assessment Instruments

Practitioners were asked if they had used the results from any standardized assessment instrument to help them assess a client's symptoms or response to treatment. Psychologists almost always responded that they had (87.5%), nearly three-fourths of the psychiatrists said they had (70.6%) whereas somewhat less than a third of the social workers said they had (30.4%). Of those who said they had we asked if they had administered any themselves. Nearly all of the psychologists (90.9%) and psychiatrists (100%) said they had whereas only a little over half of the social workers said they did (58.3%). Of those who said they had used standardized assessment instrument results we asked them to name those they had used most often. As detailed in Table 22, social workers and psychiatrists most frequently cited simple symptom checklists such as the Beck Depression Inventory. Multi-symptom instruments such as the Achenbach were also relatively common. Psychologists were much more likely to employ personality tests such as the Rorschach, along with cognitive and achievement tests.

TABLE 22: TYPES OF STANDARDIZED INSTRUMENTS REPORTED BY DIFFERENT PROFESSIONS\*

Instrument Type	Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%
Simple symptom checklist	12	60.0	0	0.0	7	70.0
Multi-symptom instrument	4	20.0	4	33.3	3	30.0
Diagnostic interview	2	10.0	1	8.3	1	10.0
Cognitive/intelligence test	1	5.0	7	58.3	1	10.0
Personality test	1	5.0	8	66.7	0	0.0
Achievement	2	10.0	6	50.0	0	0.0
Other/unknown	6	30.0	3	25.0	5	50.0

<sup>4</sup>The number of studies conducted ranged from 1 (8 respondents) to 3 (1 respondent). One reported two studies. Nine of the 11 reported studies were conducted by social workers.

### ***Reasons for changing practice***

We asked practitioners if research findings of favorable or unfavorable outcomes with a certain technique ever caused them to change their practice, such as starting or stopping to use a particular treatment technique with some or all of their clients. We also asked if such changes had ever been brought about by their own experience of what works and what doesn't work, and, by demands of administration or the mental healthcare marketplace. If they said any of these three had caused a change we asked them to specify what the change was and when the most recent change had occurred.

### **Research findings, experience, administrative requirements**

Almost all psychiatrists said that research findings had changed their practice (93.8%) whereas about 2/5 of psychologists (42.9%) and social workers (40.6%) said this. In contrast, demands of administration or of the mental healthcare marketplace were said to have changed practice for approximately 3/4 of social workers (76.8%) and psychologists (73.3%) but for only about half of the psychiatrists (56.3%). Nearly all reported that their own experiences had changed their practice.<sup>5</sup>

TABLE 23: RESEARCH FINDINGS CHANGED PRACTICE: BY PROFESSION

Profession	No		Yes	
	N	%	N	%
Social Workers	38	59.4	26	40.6
Psychologists	8	57.1	6	42.9
Psychiatrists	1	6.3	15	93.8
Other MH	7	70.0	3	30.0

Regarding what aspect of their practices had been changed by research findings, all the psychiatrists who answered the question (6/6) mentioned medications. Social workers and psychologists gave a much wider variety of answers, most mentioning particular techniques or treatment modalities that they had begun to use, such as behavioral techniques for learning disabilities or eating disorders, cognitive techniques for anger management, or eye movement desensitization and reprocessing for trauma.

### ***Using supervisors and colleagues for practice decisions***

As noted above we had asked if the practitioners ever consulted the research literature when they needed to make a decision about how to proceed in treating a particular case. We also asked if, when needing to make a decision about how to proceed in treating a particular case, they ever consulted with a supervisor or colleague. Respondents were then asked to estimate the degree to which their consultations were directed at the consultant's knowledge of research findings, knowledge of clinical theory, clinical wisdom or experience, or knowledge of administrative requirements. With the exception of a few psychiatrists all respondents reported using consultation. Most social workers (80.6%) said they sought consultation a few times a week (32.5%), weekly (24.7%) or one or two times a month (23.4%). By contrast the majority of psychiatrists said they did so only several times a year (57.1%). Psychologists' modal response was one or two times a month. Consultation was sought at least weekly by 70.1% of social workers, 50% of psychologists and 21.4% of

<sup>5</sup>87.1% of social workers, 93.8% of psychologists, and 94.1% of psychiatrists.

psychiatrists.

TABLE 24: FREQUENCY OF CONSULTATION BY PROFESSION

Frequency	Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%
Daily or nearly so	10	13.0	2	12.5	0	0.0
A few times/week	25	32.5	3	18.8	0	0
About once/week	19	24.7	3	18.8	3	21.4
1 or 2 times/month	18	23.4	5	31.3	2	14.3
Several times/year	5	6.5	3	18.8	8	57.1
Once or twice/year	0	0.0	0	0.0	1	0.0
Less than once/year	0	0.0	0	0.0	0	0.0

### *Seeking knowledge of research findings*

One-third of the respondents (41 of 124) said they sought the consultant's knowledge of research findings. The distribution did not differ among the professions.<sup>6</sup>

### *Seeking clinical theory, administration and experience*

Sixty-nine percent of the respondents said they sought the consultant's knowledge of clinical theory (85 of 124). This was true for approximately  $\frac{3}{4}$  of social workers and psychologists but only 41% of the psychiatrists. Approximately the same percentages applied to seeking knowledge of administrative requirements.<sup>7</sup> With few exceptions respondents also sought the consultants clinical wisdom and experience.

### *Implications for development and use of practice guidelines in social work*

The results of the survey have implications for developing and using practice guidelines in social work. Viewed from the perspective of how practitioners working in organizations such as the one surveyed in this study view practice guidelines and other aspects of evidence-based practice we draw a number of conclusions.

The three mental health professions represented in this survey are strikingly different in their knowledge of practice guidelines. Psychiatrists appear to be relatively well informed about relevant practice guidelines whereas social workers are poorly informed, typically not even aware of the meaning of practice guidelines. Psychologists are somewhere in-between.

Once told what practice guidelines are, social workers are inclined to be open to their use. Social workers generally are not using research findings or research methods in their practice. Psychiatrists and to a lesser extent psychologists are using findings and methods of assessment. Many social workers do not read the research literature or even other professional literature. Psychiatrists read this literature frequently.

Social workers are heavy users of consultation, much more so than the other professionals who function more autonomously. Social workers frequently seek guidance and direction from supervisors and other consultants who are viewed as repositories of knowledge based on experience and spokespersons for organizational policy.

Given the low use of research methods and infrequent reading of professional literature it is not likely that social work practitioners will be influenced significantly through these routes. Rather, supervisors and consultants seem to be the most promising conduit for knowledge regarding practice guidelines and other forms of evidence-based practice for social workers.

<sup>6</sup>28 of 81 (34.6%) social workers, 5 of 16 (31.2%) psychologists, 6 of 17 (35.3%) psychiatrists.

<sup>7</sup>74 of 124 (59.7%) respondents said they sought consultation for administrative requirements. 55 of 81 (67.9%) social workers, 8 of 16 (50.0%) psychologists, 7 of 17 (41.2%) psychiatrists.

Social workers appear to be open to guidelines so long as they are perceived as helping to improve practice, but their preference is for guidelines that represent professional consensus rather than research evidence.

A few social work practitioners deviate from this norm, appearing to function more autonomously through behaviors more like those of the psychiatrists in the sample. These social workers express preference for evidence-based guidelines and they have higher frequencies of reading research articles and professional publications. It is likely that they use supervisors and consultants differently as well. These social work types may be important resources for dissemination of evidence based practice knowledge within social work organizations. It is likely that their training has provided them with research skills of relevance to practice.

These findings have implications for technologies needed to assist practitioners in identification and use of evidence-based practice guidelines; for quality control and accountability; and, for education. Future work is needed to develop and test technologies that can facilitate the use of evidence-based practice.

Finally, because the study reported here is limited to one agency studies are needed examining additional practitioners in a wide range of settings to determine how representative our findings are of the larger group of human service practitioners and to identify characteristics of situations wherein evidence-based practice and empirically-based practice guidelines have been adopted.

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