

## Exploring How Practicing Social Workers Define Evidence-Based Practice: Research Note

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**Abstract:** *This research note presents findings from a study that sought to garner a better understanding of the way in which practicing social workers defined Evidence-Based Practice (EBP). As part of a larger quantitative study, 137 social work practitioners provided a definition for EBP through an online survey and indicated the extent to which they: consider themselves an evidence-based practitioner; believe practitioners should apply EBP in social work; and were prepared through their social work education to use EBP. Content analysis of the practitioners' definitions of EBP revealed that the majority of respondents described EBP as an intervention or a product versus a process. Regardless of the definition that was provided, descriptive statistics revealed practitioners reported on average that they identified somewhat as an evidence-based practitioner, believed that practitioners should apply EBP in practice moderately to always, and felt only moderately prepared by their social work education for EBP. The findings suggest an opportunity in social work education may exist to further reinforce the process of EBP to delineate it from the evidence-based interventions that may also be taught, especially in clinical programs. Dissemination may also need to occur through mandated continuing education hours, much like ethics has been added as a requirement in some states.*

**Keywords:** *Evidence-based practice; evidence-informed practice; social work practitioners; social work education*

Evidence-based practice (EBP) in social work has been defined in various ways, but the most widely accepted definition originated from evidence-based medicine, which describes it as “the integration of best research evidence with clinical expertise and [client] values” (Sackett, Straus, Richardson, Rosenberg, & Hayes, 2000, p. 1). In integrating EBP into social work, Manuel, Mullen, Fang, Bellamy, and Bledsoe (2009) provide the following definition tailored specifically to social work practice: “a decision-making process integrating best research evidence, practitioner experience, and client or community characteristics, values, and preferences in a manner compatible with the organizational systems and context in which care delivery occurs” (p. 614). This definition of EBP considers three specific factors that should inform and guide the social work practice process: the best available research; social work practitioners' knowledge and expertise; and clients' wishes, values, and circumstances, yet also acknowledges that the extent to which EBP is integrated into practice will vary based on the organizational context in which the practice occurs.

In defining EBP, it is important to note the difference between EBP as a *process* (or a verb) and EBP as a *product* (or a noun; McLaughlin & Teater, 2017; Williams & Sherr, 2013). The definitions of EBP as provided above describe EBP as a process consisting of

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the social worker taking into account the best available evidence, the client's values and wishes, and the practitioner's experiences and knowledge through the work with the client. In this process, EBP is often described as consisting of five stages that the social worker works through (not necessarily in a linear fashion), which consists of the following: (a) formulate a well-structured answerable question to address a practice need; (b) search the best available evidence to answer the question; (c) critically assess and evaluate the evidence for its validity, impact, and applicability to the situation; (d) integrate the evidence with clinical expertise and judgment and client wishes, values, and circumstances; and (e) evaluate the process of conducting steps 1 – 4 as well as the outcome of the intervention (Gibbs & Gambrill, 2002; Jayne, 2014; Sackett et al., 2000). This process of engaging in EBP is different from EBP as a method or product, often referred to as empirically validated treatments, empirically supported treatments, or evidence-based interventions (EBI), which are specific interventions found to be effective, or "evidence-based," and have established protocols for their implementation (McLaughlin & Teater, 2017; Tuten, Morris-Compton, Abrefa-Gyan, Hwang, & Harrington, 2016; Williams & Sherr, 2013). EBP as a five-step process considers EBIs as one critical aspect of the process, but EBIs are to be weighed against the social worker's clinical expertise, the client's wishes and values, and the organizational context (Jayne, 2014).

The delineation of EBP as a process instead of a product (i.e., treatment approach; intervention) is essential to ethical social work practice in that the role of the clients' values and preferences should be weighed against empirical evidence. In addition, the clinical expertise of the social work practitioner in making decisions regarding treatment and in implementing the intervention is also a key component of the process. A practitioner can be knowledgeable and possess skills in a certain practice area, but still consider that particular approach for treatment with this client to be inappropriate or not applicable due to the client's circumstances, values, and/or wishes.

Moreover, even if practitioners have access to the best available research, the integration into clinical practice can be a slow and challenging process as the extent to which practitioners engage and apply the process of EBP with their clients has been found to vary based on numerous factors, such as time to engage in research and the EBP process, access to research, outside political or insurance pressure, organizational support, knowledge and skills of the practitioner, and ongoing training, support, mentorship, and supervision (Bellamy, Bledsoe, & Traube, 2006; Bledsoe-Mansori et al., 2013; Gray, Joy, Plath, & Webb, 2015; Morago, 2010; Tuten et al., 2016; Wharton, 2010). For example, social workers need time to search for and appraise evidence as part of the EBP process, which requires organizations to acknowledge and support such activities through dedicated staff time as well as access to libraries and online databases of research evidence. Yet such support and resources are often reported to be lacking in social service organizations (Gray et al., 2015). Additionally, lack of knowledge and skills of social workers in critically appraising research and applying findings to practice, due to lack of adequate training, has been identified as a barrier to integrating EBP (Bellamy et al., 2006; Gray et al., 2015; Mullen & Bacon, 2004). For example, Parrish and Rubin (2012) found only 38% of master's level social workers in Texas ( $n=688$ ) read research evidence often or very often when making practice decisions, with only 28% reporting relying on research evidence as

the best guide for making practice decisions either often or very often. Similarly, Pope, Rollins, Chaumba, and Risler (2011) found social work practitioners to have a moderate knowledge and use of EBP with nearly 30% disagreeing or somewhat disagreeing with the statement, "I am able to critically appraise/review professional literature" and 56% agreeing or somewhat agreeing to the statement, "I use relevant research to answer my clinical questions."

Such findings point to the importance of integrating the necessary knowledge and skills to engage in EBP in social work education to assist future practitioners to engage in the process of EBP in their work with clients. Thus, social work education can serve as the initial starting point for future practitioners to learn the skills in engaging in the EBP process, including the skills necessary for evaluating research evidence. Education on the EBP process across the curriculum may help reinforce its components, and research indicates that the majority (73%) of social work faculty ( $n=973$ ) reported being supportive of the inclusion of EBP into graduate social work curriculum (Rubin & Parrish, 2007). Likewise, the majority (87%) of field instructors ( $n=283$ ) indicated that EBP was useful for practice (Edmond, Megivern, Williams, Rochman, & Howard, 2006).

The Council on Social Work Education (CSWE, 2015) specifies that social work students are to engage in research-informed practice and practice-informed research; yet it does not specifically refer to the inclusion of EBP in the explicit curriculum. In particular, students are to demonstrate competency in the following three areas: (a) "use practice experience and theory to inform scientific inquiry and research; (b) apply critical thinking to engage in analysis of quantitative and qualitative research methods and research findings; and (c) use and translate research evidence to inform and improve practice, policy, and service delivery" (CSWE, 2015, p. 8). Despite the enthusiasm for the inclusion of EBP into the curriculum by social work faculty (Rubin & Parrish, 2007) and field instructors (Edmond et al., 2006), and the professional mandate by CSWE to train social work students on how to be good consumers of research evidence (one aspect of the EBP process), it is not clear from the substantive literature exactly how EBP is being taught at the more than 770 accredited social work programs. Despite the continual examination of the extent to which social work practitioners engage and apply the EBP process to their practice, there is a dearth of studies exploring how practitioners actually understand and define EBP. Without a consensual definition of EBP, researchers and educators are limited in fully understanding how EBP is used and understood within social work practice, and how to most effectively modify and enhance social work education to more fully prepare future practitioners to engage in EBP.

Therefore, this study sought to further explore EBP among currently practicing social workers by asking them to provide their definition of EBP. An examination of social workers' definitions can provide a greater understanding of how social workers conceptualize EBP and the extent to which their definitions are congruent with the definitions of EBP as a process, as defined by Sackett et al. (2000) and Manuel et al. (2009), versus a product.

## Method

### Sample and Setting

Data were collected from practicing social workers in the United States via an online survey, which included standardized instruments, demographic questions, and several open-ended questions. Participation was completely anonymous, and participants were not asked about how they learned of the study. Results of the quantitative findings exploring the factors that contributed to identifying as an evidence-based practitioner are reported elsewhere (Teater & Chonody, 2017). The current analysis is primarily focused on responses to an open-ended question regarding EBP. Three quantitative single-items indicators were used descriptively to further contextualize the narrative findings.

The electronic survey was distributed in 2016 to known social workers within the authors' networks, including their university databases, which consisted of field placement supervisors and past social work students. The link to the survey was also posted on social media (e.g., Facebook, Twitter) and social work listservs (e.g., BPD, MSW-ed). In addition, participants were encouraged to share the link with other practitioners who might be interested in completing the survey. Given the use of a snowball sampling technique and the use of social media, the number of social workers who were exposed to our survey recruitment efforts is not known, and therefore, a response rate could not be calculated. Approval for the research was obtained prior to data collection by the relevant Institutional Review Boards (IRB). Before completing the survey, participants were provided with an overview of the study and were informed their participation was anonymous and voluntary. Completion of the survey served as consent for participation in this study. A total of 152 social workers completed the survey, and 137 of these social workers are included in this research paper as they provided a response to the open-ended question.

### Data Collection

To explore the research question: "How do social workers define EBP?" the participants were asked to provide their definition of EBP. The survey included demographic questions and work characteristics along with the following three single-item indicators, which were used to assess practitioners' preparation and identification with EBP: (1) "To what extent do you consider yourself an evidence-based practitioner?" Response options ranged on a Likert-type scale from 0 (*absolutely not an evidence-based practitioner*) to 5 (*somewhat an evidence-based practitioner*) to 10 (*absolutely an evidence-based practitioner*); (2) "To what extent should practitioners apply the evidence-based practice process in social work?" Response options ranged on a Likert-type scale from 0 (*should not apply at all*) to 5 (*should apply moderately*) to 10 (*should always apply*); and (3) "To what extent did your social work education prepare you to use evidence-based practice in your practice?" Response options ranged on a Likert-type scale from 0 (*not at all prepared*) to 5 (*moderately prepared*) to 10 (*greatly prepared*). These three items as well as participants' sociodemographic characteristics were used in this study for descriptive purposes only.

## Data Analysis

To code responses to the open-ended question, content analysis (Lune & Berg, 2017) was used whereby themes were generated based on participants' definitions of EBP. In the initial stage, all responses ( $n=137$ ) were read by both researchers to garner an overview of the data. During this stage, the authors examined the manifest content and independently found that the participants were defining EBP as either product-focused or process-focused with some definitions encapsulating aspects of both. During the next stage, the researchers reviewed the responses together to classify each response as to whether it was process or product focused. The guiding principle for this delineation was whether the participant primarily focused her/his response on an evidence-based intervention or focused the definition on the process whereby a client's perspective is considered alongside empirical evidence and practitioner knowledge and/or expertise. Then, the number of times a particular word (e.g., "empirical") or phrase (e.g., "use of evidence") occurred was noted and counted, and the independent counts were compared. Any disparities that occurred were discussed and then resolved by comparing the respondent's definition to the framework that was created for comparison. In the final step, the researchers worked together to create categories for the data by grouping words and phrases that represented similar ideas together to garner a representation of the findings from the data. SPSS Statistics 24 was used to generate descriptive statistics.

## Results

### Demographics

The sample was predominately female (85.6%) and White (86.1%) with an average age of nearly 42 years. Most respondents held an MSW degree (78.7%) and some type of social work licensure (80.2%). The average number of years in practice was approximately  $M=13$  ( $SD=11.16$ ), and their primary geographic setting was slightly more urban overall (38%). The largest percentage of participants worked in direct practice (59.7%) and in a nonprofit setting (30.1%). Tables 1 and 2 provides further information on the characteristics of the sample.

Table 1. *Sociodemographic Characteristics of the Sample (n=137)*

Variable	Mean (SD)	n <sup>a</sup>
Age	41.9 (13.59)	124
Number of years in practice	13.4 (11.16)	126
Consider self EBP	6.4 (1.85)	129
Practitioners should apply EBP	7.2 (1.74)	128
Education preparation for EBP	5.5 (2.94)	128

*Note:* <sup>a</sup>Sample sizes are different on each variable due to missing data.

Table 2. *Sociodemographic Characteristics of the Sample (n=137)*

Variable	n (%)
<b>Gender (n=125)</b>	
Male	18 (14.4%)
Female	107 (85.6%)
<b>Ethnicity/Race (n=116)</b>	
White/Caucasian	105 (86.1%)
African American/Black British	3 (2.5%)
Biracial/Multiracial	6 (4.9%)
Asian American	2 (1.6%)
<b>Education (n=122)</b>	
BSW/BSSW	10 (8.2%)
MSW/MSSW	96 (78.7%)
PhD	13 (10.7%)
DSW	1 (0.8%)
Other	2 (1.6%)
<b>Social Work License (yes)</b>	101 (80.2%)
<b>License Type (n=99)</b>	
LSW	11 (11.0%)
LISW	4 (4.0%)
LCSW	61 (61.6%)
LMSW	14 (14.1%)
Other	9 (9.1%)
<b>Practice Setting (n=123)</b>	
Rural	24 (19.5%)
Suburban	20 (16.3%)
Mid-size City	34 (27.6%)
Urban	45 (36.6%)
<b>Social Work Position (n=124)</b>	
Direct practice/frontline	74 (59.7%)
Supervisor/management	11 (8.9%)
Director	14 (11.3%)
Other	25 (20.2%)
<b>Primary Work Environment (n=123)</b>	
Private practice/consulting	15 (12.2%)
Nonprofit	37 (30.1%)
Government	19 (15.4%)
Higher education	21 (17.1%)
Research institute	1 (0.8%)
Medical/palliative	16 (13%)
Other	14 (11.4%)

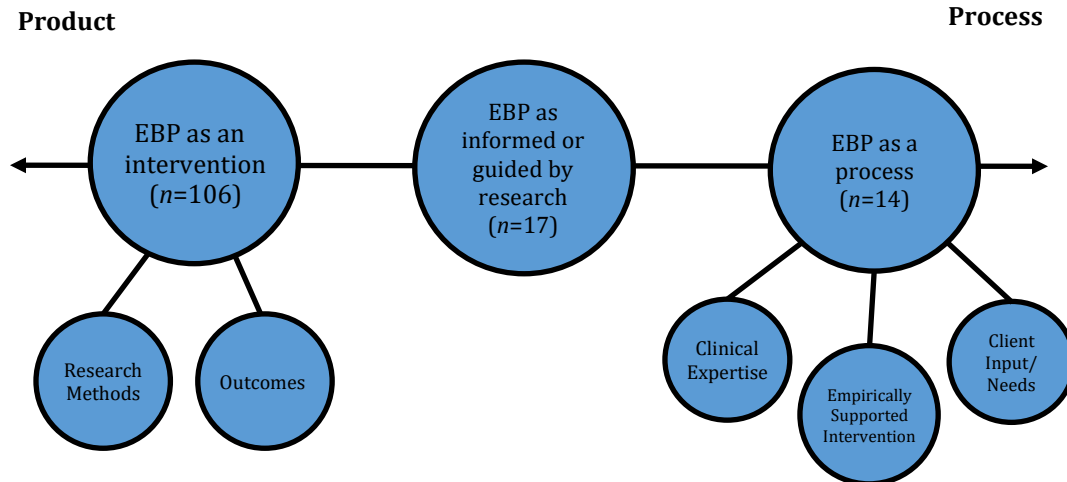
*Note:* <sup>a</sup>Sample sizes are different on each variable due to missing data.

### Product Versus Process

As Figure 1 illustrates, participants overwhelmingly defined EBP as an intervention, or product, with 77.4% ( $n=106$ ) using this as the basis for their description. Only 14 participants (10.2%) defined EBP as a process that incorporates clinical judgment and

client wishes alongside research outcomes. The final 17 social workers (12.4%) provided a definition that fell slightly between these two definitions whereby they described EBP as “practice informed by research.” Further analysis of the words that participants used within these definitions resulted in the following categories: research methods, outcomes, empirically-supported intervention, client needs/input, and clinical expertise.

Figure 1. *EBP as Product Versus Process*



**EBP as Product.** For the participants that defined EBP as an intervention, they mostly included either research methods or outcomes in their definition and occasionally they mentioned both. This response represents a typical definition within this grouping: “utilizing techniques/interventions that have been proven to be effective” or “practice [that] includes qualities/approaches to clinical work that hold research evidence to improve patient care.” Other participants elaborated a bit further on this theme. For example, one participant stated, “the use of models and/or therapeutic approaches that have had a substantial amount of rigorous research over time to support their effectiveness in treating particular disorders/symptoms.” Many respondents incorporated measurable outcomes, reliability, and/or validity into their responses, which positively reflects on the necessity to critically evaluate research studies before accepting the “evidence.” For some, EBIs were provided as their definition of EBP, such as “motivational interviewing” or “CBT.”

**EBP as Process.** Participants who described EBP as a process were more inclusive in their definition, which aligns more closely with the meaning of EBP within social work practice as indicated in the Manuel et al. (2009) definition. One participant’s responses is quintessential: “[...] EBP is a process by which decisions for interventions are made based on the best available evidence that is compatible with the client’s values and preferences.” The following participant further extends this process to include how evidence is broadly defined and is used to generate a dialogue: “I think that it is using evidence to inform practice decisions. That evidence is research, experience of the practitioner, and client experience. EBP suggests that one is overt about the use of this evidence in conversation with the client.” This response demonstrates a clear understanding of the Sackett et al. (2000) and Manuel et al. (2009) definitions for EBP and incorporates each of the

components demarcated as important to the process. Important distinctions found in these process-based definitions are the inclusion of keywords; that is, respondents explicitly highlighted the three key components of EBP—clinical expertise, client input/needs, and empirically-supported intervention. This participant concisely encapsulates the process of EBP when she defined it as “using research in tandem with clinical judgment and client input to guide treatment decisions.”

Very few social workers included the value base of social work as part of the EBP process, yet there were some exceptions, notably the response of one respondent who stated: “The combination of social work ethics, education, and skill applied with social work research to back up principles. This is used to gain a better understanding of social work practice and to make sure to provide best practice.”

**“Informed by research.”** This middle category for EBP definitions reflects the fact that participants did not completely limit their description to a product, but their definitions were also not process-based. Most notably, these definitions lacked any mention of the role of client preference and clinical expertise; rather they tended to stick to ideas such as the way that “evidence [is] used to make decisions.” As such, these definitions predominantly focused on the way that research “guides” or “informs” practice. For example, one participant simply stated, “the use of evidence to guide treatment,” and another described it as “research-informed practice.” These short definitions reflect that research is used within practice but does seem to limit this idea solely to an intervention. A few participants in this category expounded on this notion a bit further, such as: “Practice supported by sound research that shows adequate evidence, the methods utilized have shown to be effective.” What appears to be missing from such definitions is the integration of clients’ values and wishes in receiving interventions.

### Demographic Differences by Definition

To contextualize the responses, further analysis was conducted on the sample according to the type of EBP definition that was given. These results are included for descriptive purposes only and are not suggesting they are representative of social work practitioners; however, the overall patterns may warrant further investigation. Most notable in these descriptive findings is that those practitioners who described EBP as a process ( $n=14$ ) had on average more than twenty years of practice experience, while those in the other two categories had an average of 12-14 years. Also, those practitioners in the process group had the lowest rating for educational preparation for EBP. Table 3 provides the mean on these single-item indicators along with work-related descriptors.

Table 3. *Characteristics of Practitioners by EBP Definition*

Variable	Product ( $n=106$ )	Between ( $n=17$ )	Process ( $n=14$ )
Age	40.31 (13.73)	44.0 (10.13)	50.92 (12.89)
Licensed (Yes)	81.6%	80.0%	69.2%
Years practicing	12.23 (10.98)	14.20 (8.68)	21.46 (12.41)
Consider self EBP practitioner	6.28 (1.87)	6.93 (1.79)	6.77 (1.69)
Should use EBP	7.11 (1.78)	7.33 (1.59)	7.31 (1.75)
Education prepared for EBP	5.42 (3.00)	6.29 (2.73)	5.08 (2.75)



## Discussion

This study found that the majority of the social work respondents described EBP as an intervention (or product) instead of a process that is inclusive of both the clinical expertise of the practitioner and the client's values and preferences. Defining EBP in this way may suggest that such social workers view EBP as the incorporation of an EBI in social work practice with clients, for example, integrating a specific evidence-based method (e.g., cognitive behavioral therapy) versus considering EBIs as one part of EBP that is to be considered alongside the practitioners' knowledge and expertise, and clients' circumstances, values, and wishes. However, this does not suggest that this is necessarily the way that these practitioners actually practice. Their definitions of EBP suggest a limited view consisting only of the integration of practice approaches or treatments found to be effective through research. In this sense, the practitioners are suggesting that social work practitioners who use EBP in their practice are using an intervention couched in evidence. If the social worker does not integrate EBIs in their practice, then they are not evidence-based practitioners. This view could possibly be influenced by the increasing demands from government agencies and funding bodies for social services to demonstrate effectiveness and efficiency often through the adoption and use of EBIs (Pope et al., 2011).

This is an important finding in light of the profession's commitment to self-determination and practice that considers the client from a holistic perspective. Presenting the client with treatment options while balancing this against the training and expertise of the practitioner and/or available referral resources within the community are essential to creating an ethical collaborative working relationship. Moreover, this helps to ensure that clients are aware of practices grounded in research evidence and provided by practitioners who are skilled in its execution. Interestingly, very few social workers included the value base of social work as part of the EBP process. Evidence alone is not enough to warrant the use of a particular practice. For example, Freud and Krug (2002) posited that even if chain gangs had an evidence base for reducing recidivism, we would not support them as social workers because they violate human rights. Future research should seek to further delineate how EBP is defined and how it is implemented across different practice settings.

While further inferential statistical analysis was not possible in this study due to small cell sizes, the descriptive findings suggest future research should seek to investigate the way that practitioners are being educated about EBP. For this sample, practitioners who described EBP as a process ( $n=14$ ) were in practice for more than 20 years, were older, were less likely to be licensed, were more likely to consider themselves an evidence-based practitioner when compared to those who defined EBP as a product, and were the least likely of the three groups to report being prepared through their social work education to practice EBP. Such findings differ from previous research. For example, Parrish and Rubin (2012) found that social workers who had earned their MSW degree within the past five years reported more positive attitudes towards EBP, whereas Pope et al. (2011) found no statistically significant difference in knowledge and use of EBP based on years in practice, licensure type, year obtained social work degree, area of practice, or level of social work education, yet did find social workers in their 30s and 40s to have statistically significant higher levels of knowledge and use of EBP than other age groups. Neither study asked the social workers to report their definitions of EBP.

While the findings from this study are only exploratory, it is counterintuitive given that EBP is a relatively newer element in social work education. Some of the participants who provided a process definition were employed in higher education, and thus, they may teach this content or be exposed to it. However, it should be noted that many of these participants were still practicing, and other participants who were employed in higher education provided a product-based definition. These findings may suggest that practitioners in this study who reported EBP as a process have sought out (or have been required to gain) continuing education on EBP, and as such, they correctly identify EBP as a process. Alternatively, it could be that those practitioners who report EBP as a product are learning EBIs in their social work education and are then equating the use of EBIs as the practice of EBP. This speculative conclusion should be explored in future research, which could identify educational methods and outlets and how they are related to the way practitioners define and practice from an EBP process.

The findings are suggestive of a possible opportunity within social work education to create curriculum that further reinforces the EBP *process* to ensure that future practitioners are approaching practice from this perspective. Jenson and Howard (2013) argue, “a consistent definition of EBP and an educational commitment to the process steps required in EBP are critical at this juncture to prevent the misuse or misunderstanding of this new paradigm” (p. 1). Social work education can respond to the need to strengthen the definition of EBP as a process and the promotion of social work students’ and future practitioners’ use of EBP through several activities and initiatives. First, social work programs can integrate EBP throughout the curriculum and, in particular, through field education where students are to apply the research evidence and theories learned in coursework in their field practice experience where they also consider their practice experience and knowledge and the client’s values and wishes. Such practice can reinforce EBP as a process and as a routine part of their future social work practice. Berger (2013) suggests this can be taught by breaking down the EBP process into manageable steps where students proceed through the stages deliberately while taking the time to process each step under supervision in their field education. Second, social work programs can partner with social service agencies to provide training on EBP, research assistance, and access to EBP information and materials to encourage and support current practitioners to continually engage in the EBP process (Bledsoe-Mansori et al., 2013). Finally, social work programs that provide continuing education to social work practitioners can ensure that the EBP process is integrated into the training to reinforce the use of EBP in the field.

The results of this study should be considered in light of its limitations. First, the sample was small and cannot be considered representative of practicing social workers; thus, generalizability is limited. In addition, a self-selection bias may have occurred whereby those who felt most knowledgeable in EBP chose to participate in the study. Nonetheless, their responses indicated that their definitions were not reflective of the process that EBP is meant to denote. Second, the data for this study are based on an open-ended question that was part of a largely quantitative study, and as such, these definitions may be somewhat limited in their depth. Future research should seek to conduct focus groups or interviews with practitioners to gain further insight into both their definitions of EBP and the way they practice using this process and how they differentiate it from EBIs.

These findings add to the substantive literature on EBP in social work and also raise questions for future research. Understanding how practitioners gain new knowledge about EBP and EBI are essential to strengthening the role that social workers play in mental health and health settings. Social work education is a part of this process, but continuing education is also important. Licensing bodies and social service agencies may want to consider EBP as part of their required educational standards for practice to help facilitate ongoing exposure to EBI and reinforcement of the EBP process.

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