



Partnerships to Integrate Evidence-Based Mental Health Practices into Social Work Education and Research

Report From April 12, 2007 Symposium
Sponsored by the
National Institute of Mental Health

NIMH Sponsoring Entities
Division of Services and Intervention Research
Office of Constituency Relations and Public Liaison
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Table of Contents

Acknowledgements	4
Summary and Highlights	5
Report from the Symposium	8
Background.....	9
Partnerships.....	9
Definitions.....	10
Symposium Highlights.....	11
Training in Evidence-Based Psychotherapy.....	12
Culturally Competent Evidence-Based Practice.....	12
The Mental Health Workforce.....	13
Consumer Perspective.....	13
University–Agency Partnerships.....	14
Strategies to Promote EBP/EBT in Social Work Education.....	15
Models for Linking EBP/BTs and Social Work Education and Training.....	16
Model Program 1.....	16
Model Program 2.....	19
Model Program 3.....	21
Conclusions.....	22
Potential Action Steps.....	24
References	27
Appendixes	29
Symposium Agenda.....	29
Symposium Participants.....	31
SAMHSA’s Workforce Action Plan, Resources, And Strategies.....	34
Partnerships to Integrate Evidence-Based Treatments Into Social Work Training.....	36
About REACH-SW.....	53
Resources.....	56

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I also would like to express appreciation to IASWR's interns who had major roles in pulling together this report and the background materials: Angela Ratkowski, MSW, and Alexandra Federer. In addition, the NIMH staff, social work leaders, representatives from national organizations (including the Anxiety Disorders Association of America and the National Association of State Mental Health Program Directors Research Institute, Inc.), and academic EBP innovators that were featured in the April 2007 meeting provided invaluable insights and perspectives.

This report is just one part of a multi-faceted effort within the social work profession to bridge research and practice with IASWR as a key player in these efforts. This report is one step to outline current efforts and to identify a series of actionable items that can be taken by multiple stakeholders to expand research and to further integrate both the evidence-based practice process and specific evidence-based mental health treatments into education and practice.

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October 2007

Summary and Highlights

Partnerships to Integrate Evidence-Based Mental Health Practices Into Social Work Education and Research

April 12, 2007
Bethesda, Maryland

Sponsoring Entities:

Division of Services and Intervention Research, National Institute of Mental Health
Office of Constituency Relations and Public Liaison, National Institute of Mental Health
Office for Special Populations, National Institute of Mental Health

Introduction

The purpose of the workshop was to develop strategies to accelerate integration of evidence-based mental health practices (EBPs) into social work practice via academic social work programs. As many schools already provide some education and training in EBPs, these settings are an efficient means to amplify impact via strategic partnerships.

Enhancing the science base of clinical training is responsive to the NIMH National Advisory Mental Health Council report, “The Road Ahead: Research Partnerships to Transform Services” which specifically mentions improving clinical training as an avenue for enhancing “*the likelihood that effective interventions are implemented and sustained in real-world settings.*”

OVERVIEW OF PRESENTATIONS

School Perspective on EPB Training

Rapidly moving science into practice will involve developing not only capable practitioners but also organizational strategies for coordination and service system change. The schools’ core activities—academics, field training, and research—can be leveraged to accomplish this goal. EBP challenges, outcomes, and priorities in specific service settings must be identified by field placement agencies to inform social work training, education, and research.

State Perspective on EBP Training

The shortage of Master’s degreed clinicians has been reported by state mental health commissioners. In addition, following recommendations of the President’s New Freedom Commission, some states now support only the provision of selected EBPs, further fuelling the states’ interest in workforce development. States can contribute to social work education by providing field training opportunities. Other relevant federal agencies include the Substance Abuse and Mental Health Services Administration (SAMHSA), Health Resource Services Administration (HRSA), and the Center for Medicaid and Medicare Services (CMS).

Evidence-Based Psychotherapies

There is a need for broader availability of evidence-based psychotherapies and there is limited provision of training in specific psychotherapies in academic professional programs, including social work. As the largest producer of mental health professionals, social work schools can increase availability of evidence-based psychotherapy through targeted clinical training that should include both didactic instruction and supervised clinical experience.

Remarks From the NIMH Director—Thomas Insel, MD

Dr. Insel saw the discussion as very important, particularly as it leads to action items addressing the gap between research and practice. The group noted that, along with clinical specialty, schools of social work offer “macro”-level training, including specialization in policy, planning and program development, and human services management, which are also relevant to EBP delivery.

Teaching EBPs in the Social Work Curriculum

The Columbia University School of Social Work has integrated EBP in both classroom and field instruction. The process revealed barriers to EBPs, including: limits in knowledge and training, non-supportive agency culture, limited time and resources, and lack of information infrastructure within agencies. The Columbia University approach orients to EBP on two levels: 1) specific training in EBPs and 2) the ability to develop strategies when evidence is not codified.

A State Model for Collaborative Curricula Enhancement

The New York State Office of Mental Health and the deans and directors of social work schools in that state conduct a collaborative program to produce an EBP-prepared workforce. Over 6 years, the collaborative developed a required course, selected an evaluation instrument, and pilot-tested implementation. In some sites, program expansion has necessitated the hiring of agency staff to provide EBP mentoring. The program now awards a certificate and provides job referral.

Culturally-Appropriate Care

Provision of culturally-appropriate mental health care is a national priority. It is important to consider that only a small number of studies have shown that culturally-adapted EBPs are effective and that the standard outcome measures used in many studies may not have validity and reliability across groups. Thus, there is a need for more research in this area.

Field Placement: Partnering Between Schools and Agencies

The University of Michigan School of Social Work has three recent activities to foster evidence-based practice: field-specific collaboratives, information literacy development, and mini-courses. Developing and implementing these involved a focus on communication between the academic and field placement partners to develop a mutual understanding of needs.

Field Unit Training

The University of Southern California School of Social Work has aligned some of its field training with the California Mental Health Services Act, which reimburses for selected evidence-based interventions (EBI). Students are trained in a selected EBI and then transport the EBI into agency practice. The training includes seminars and group supervision, along with fidelity monitoring, linkage to organizational priorities, and developing supportive internal culture.

National Mental Health Workforce Development

SAMHSA commissioned the Annapolis Coalition to create an action plan for mental health workforce development. Recommendations were: 1) foster greater community involvement in workforce issues, 2) implement recruitment and retention strategies at all levels, 3) increase the relevance and accessibility of mental health training and education, 4) develop workforce leadership, and 5) enhance infrastructure to support these efforts.

Stakeholder Perspectives

The director of a private practice treatment group outlined the challenge of finding clinicians competent

in evidence-based treatment such as cognitive behavioral therapy (CBT) for anxiety disorders. Improving the relevance of field training may be a useful approach to this problem.

Consumer Perspective

A consumer described her long and difficult experience in obtaining effective treatment for panic disorder. The barriers she faced included: obtaining an accurate diagnosis, obtaining concrete treatment recommendations, and affording treatment.

Summaries of Roundtable Discussions

Roundtable discussions covered three relevant topics (see below). There was a consensus on the need to develop a strategic plan and series of conferences/meetings to implement the plan. This broad effort will require various mechanisms of support, including those available via NIMH. Additional comments included the following:

Programmatic and Organizational Issues

Research on systems-level factors relevant to social work practice would provide a valuable, ongoing resource for EBP implementation in both education and practice. In addition, there is a significant need for greater faculty capacity to teach and conduct research on social work EBPs in various community settings and with multi-problem clients. Testing of strategies for optimal academic and field training collaboration was seen as a much needed component of integration.

Selecting EBPs for Education Programs

Selection of EBPs requires two components: 1) determination of which interventions and practices are valid and relevant and 2) an understanding of the needs and capacities of field training sites. Continuing to refine mechanisms for designating EBPs will contribute to this task along with routinely dedicating some portion of field work to formal training in EBPs. Educational needs must be addressed at every level, from certificate programs to doctoral programs, whose graduates will teach EBPs to the next generation of practitioners.

Identifying and Partnering with Relevant Stakeholders

Progress toward EBP integration will require input that crosses agencies, stakeholder groups, government levels, schools of social work, and guilds. To produce a workforce best prepared to meet the needs of clients served by local agencies, development of EBP curriculum should be informed by service agency task forces, which identify the local issues, challenges, goals, and needs. Documentation and broad dissemination of existing, exemplary programs was also recommended.

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Report Prepared by the

Institute for the Advancement of Social Work Research

“The need for bridging science and service is urgent. We must ensure that what we know is what we do – that science informs practice.”

Thomas R. Insel, MD
Director, National Institute of Mental Health
At the Social for Social Work and Research Annual Meeting,
January 14, 2004

Background

Achieving widespread delivery of effective mental health treatment and services in the United States requires overcoming multiple, significant challenges. The first challenge is to produce research that empirically demonstrates what strategies ameliorate mental disorders and the impact of those strategies on individuals, families, communities, and society. The second challenge is to translate that evidence of effective interventions and services for broad implementation in community practice. The third challenge is educating, training, and retaining a committed, competent workforce that can deliver those evidence-based interventions and services in both the public and private sectors. Clinical social workers have been identified as the largest providers of mental health services in the United States (SAMHSA, 1998), which puts the profession at the forefront for addressing all three challenges. This is a report of an initiative focused on the second and third challenges: how to effectively integrate evidence-based treatments and services into academic social work education, and, therefore, into practice in order to build a more competent and committed workforce that can improve mental health outcomes.

The mission of the National Institute of Mental Health (NIMH) is to reduce the burden of mental and behavioral disorders through research on mind, brain, and behavior. Beyond support for basic and clinical science, achieving its public health mission requires NIMH to develop partnerships bridging science and service to ensure that effective interventions are implemented and sustained in real-world settings (NAMHC, 2006, p. 7). Furthermore, NIMH is directed to “share with the professional disciplines what is known about effective services and work with these groups to ensure that curricula include building fluency in effective treatments” (NAMHC, 2006, p. 16).

With this background, several components of NIMH partnered with the Institute for the Advancement of Social Work Research (IASWR) to launch an initiative entitled **Partnerships to Integrate Evidence-Based Mental Health Practices (EBPs) into Social Work Education and Research**. The intent of the initiative is to *enhance research/practice connections by exchanging ideas and building or expanding collaborative relationships leading to the further integration of research-based mental health practices into social work education and research*.

IASWR regularly works with NIMH to develop and expand social work research capacity. Activities have included highlighting social work contributions to mental health research, strengthening behavioral and social sciences research, promoting research training, and strengthening bridges between research and practice. Prior to this symposium, IASWR identified current and evolving models of teaching evidence-based mental health treatments and services within academic social work programs. IASWR also prepared this report which includes that developmental data and summarizes the presentations and break-out group discussions from the symposium. In particular, the break-out discussions are highlighted because in both process and content, they can serve as the cornerstone for building sustainable partnerships focused on further integration of mental health EBPs into academic social work programs. This process can improve the practice of the profession and thereby the lives of persons with mental disorders.

About the Symposium

On April 12, 2007, NIMH hosted a symposium involving key partners, stakeholders, and social work faculty representing exemplary mental health EBP education and training programs. Sponsoring NIMH components included:

- ◆ the Office of Constituency Relations and Public Liaison (OCRPL), responsible for the Institute's public liaison and outreach activities, and for promoting Institute interactions with patient advocacy, professional, scientific, and community-based organizations;
- ◆ the Division of Services and Intervention Research (DSIR), responsible for fostering and supporting research and training on mental health services and interventions; and
- ◆ the Office of Special Populations (OSP), responsible for increasing emphasis, supporting research, and training on the mental health needs of minority populations and women.

The meeting provided an opportunity for information-sharing from both agency and university perspectives, including discussion of gaps in existing educational curricula and workforce recruitment and retention challenges. The goal was to begin the development of strategies to expand and amplify such activities through new collaborations between relevant stakeholders. Attention was given to racial, ethnic, and cultural differences as they relate to teaching and implementing evidence-based mental health treatments. (See Appendix A for the meeting agenda). Participants included representatives from universities, mental health organizations, professional organizations, public and private service providers, and consumers, along with federal representatives (see list of participants, Appendix B).

Partnerships

In keeping with the theme of *partnership*, three entities internal to NIMH (listed above) sponsored the symposium. Additional partners from national-level entities included the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Association of State Mental Health Program Directors Research Institute, Incorporated (NRI, Inc.), the Anxiety Disorders Association of America (ADAA), and Mental Health America (MHA).

Partners from the social work community included organizations representing practice, education and research. Along with IASWR, these included the Association of Baccalaureate Social Work Program Directors (BPD), the Council on Social Work Education (CSWE), the Group for the Advancement of Doctoral Education (GADE), National Association of Deans and Directors of Schools of Social Work (NADD), the National Association of Social Workers (NASW), and the Society for Social Work and Research (SSWR). In addition, participants included representatives from several social work education programs that already incorporate evidence-based mental health practice, along with individual consumers.

The organizing structure by which representatives were invited to the meeting was as follows:

- ◆ Supply (education/training)
- ◆ Demand (employers/payers)
- ◆ Consumers
- ◆ Policy makers
- ◆ Federal/National/Organizational level entities
- ◆ Individual schools and people doing exemplary things

Definitions

Evidence-based practice (EBP). The Institute of Medicine (2001) defines evidence-based medicine as the “integration of the best researched evidence and clinical expertise with patient values” (p. 147). EBP is a process in which the practitioner combines well-researched interventions with clinical experience, ethics and client preferences, and culture to guide and inform the delivery of treatments and services. As Brekke (2007) asserts, EBP is an approach to clinical practice in which the practitioner becomes an educated surveyor, consumer and user of viable scientific knowledge to guide practice decisions.

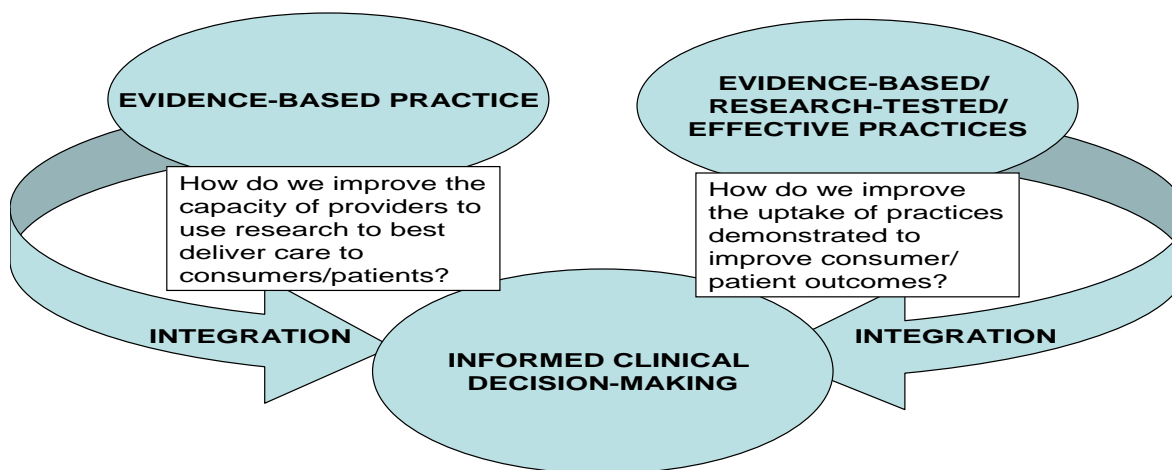
Evidence-based treatments (EBT). Differentiating from the process of evidence-based practice, EBT is defined as “any practice that has been established as effective through scientific research according to a set of explicit criteria” (Drake et al., 2001). Brekke (2007) views an evidence-based intervention as a specific intervention that has been declared a “best practice” or “model” intervention because it meets a set of empirical criteria that usually include replicability through manualization, and a certain number of rigorous research trials that support its positive impact on the target population.

Alternative terms are often used for EBT, including evidence-based practices, evidence-based interventions, evidence-supported interventions and evidence-informed interventions.

The spectrum from EBP to EBT includes levels of evidence from objective to subjective, including:

- ◆ Surveillance data
- ◆ Systematic reviews of multiple intervention research studies
- ◆ Expert opinion/narrative reviews
- ◆ A single intervention research study
- ◆ Program evaluation
- ◆ Word of mouth/media/marketing
- ◆ Personal experience

Figure 1: Informed Decision-Making



The NIMH does not endorse specific EBTs. However, in *The Road Ahead: Research Partnerships to Transform Services* (NAMHC, 2006), a subgroup of the NIMH Advisory Council identified interventions developed via NIMH-supported research which were recommended for further testing. The interventions include:

- ◆ Treatments for youth with disruptive disorders or with attention deficit/hyperactivity disorder
 - ◆ Assertive Community Treatment (ACT) for individuals with serious mental disorders
 - ◆ Critical Time Intervention (CMI) to prevent homelessness in individuals with serious mental disorders who are transitioning to the community
 - ◆ Collaborative care models within primary care settings for depression
 - ◆ Clozapine for individuals with treatment-resistant schizophrenia
 - ◆ Integrated mental health and substance abuse treatment for individuals with co-occurring disorders
 - ◆ Interventions for depression such as interpersonal therapy and cognitive behavioral therapy throughout the life span
 - ◆ Psychosocial interventions to augment medications for persons living with schizophrenia
- (p.15)

Informed clinical decision-making can result from on-going interactions that improve providers' use and integration of these levels of evidence, including empirical research. Social work education programs can play a critical role in moving this process forward.

Symposium Highlights

In his remarks at the symposium, NIMH Director Dr. Thomas Insel highlighted that the onus is on professional societies, advocacy communities, service providers and consumers to collaborate in developing the practices and policies that will connect scientific findings to practice. Dr. Insel viewed

the symposium's discussion as very important, particularly as it leads to action steps to address the gap between research and practice.

Training in Evidence-Based Psychotherapy

Concerned by the gap between research and training in *evidence-based psychotherapy* (EBPT), Weissman and colleagues (2006) conducted a national survey of psychiatry, psychology (PhD and PsyD) and social work (MSW) training programs in the United States. The intent was to determine the amount and type of training that is occurring in EBPT and to explore the opinions of training directors about evidence-based psychotherapy. The researchers defined an EBPT as a psychotherapy proven efficacious in at least two controlled trials, where the therapy was manualized, the subjects were well-characterized with specific disorders and were randomly assigned to the arms of the study, and efficacy was demonstrated by at least two different research teams. By this definition, the study team identified seven EBPTs that were included in the survey. For more details on these studies see Weissman, et al. (2006) in the *Archives of General Psychiatry*, and Bledsoe et al. (2007) in *Research on Social Work Practice*.

Responses indicated that PsyD and MSW programs trained in the fewest EBPTs, and social work provided overall the least training in EBPTs. Social work also had the shortest training period of the mental health professions. This highlighted the need to enhance social work training capacity in this area. Beyond specific psychotherapies, social work programs frequently train in case management (e.g. assertive community treatment); supported employment; and family psycho-educational interventions, each of which is supported by an evidence base. In addition, unlike departments of psychiatry, schools of social work do not exclusively train mental health practitioners so that training for other social work specialty areas (child welfare, medical social work, etc.) must be a part of the curricula. It was suggested that programs wishing to incorporate effective EBPT training must include both didactic and clinical supervision elements. Furthermore, training materials need to be developed and faculty need to be prepared to use them. The study did not assess the extent to which practitioners in any profession utilize continuing professional education to train in EBPT. Weissman emphasized however that the most efficient way of teaching EBPT may be in educational programs since continuing education programs are not regulated as to quality or content and practitioners may not have sufficient time and resources to undertake extensive training once employed. Developing specific standards or certification requirements for specific EBPTs and the balance between what is expected to be learned within a degree granting program and/or as part of continuing education should all be further explored and the implications assessed.

Culturally Competent Evidence-Based Practice

As highlighted in the 2001 report *Mental Health: Culture, Race and Ethnicity, a supplement to the Surgeon General's report on Mental Health* (USDHHS, 2001), culture affects all aspects of mental health and illness, for consumers, providers and service systems. Cultural background, heritage, values and perspective must be considered in delivering evidence-based interventions and services, as these factors influence help-seeking, response to stress, understanding of symptoms, and coping styles. Assessing the representativeness of the study populations underpinning the evidence base is important in determining the potential usefulness of a given practice or intervention, as is clinical experience with a specific population.

Training in delivery of culturally-appropriate care should lead to an understanding that not all evidence-based services are effective across all cultural groups. In addition, when adapting interventions to other groups, it is important to be cautious, to have effective cross-cultural communication skills, and to

understand the nature and scope of the problem from the clients' perspectives and cultural backgrounds.

The Mental Health Workforce

The National Association of State Mental Health Program Directors (NASMHPD) notes that workforce issues are a number one priority among its membership. A number of factors contribute to this workforce crisis, including recruitment and retention difficulties and an aging workforce. There are added concerns in the areas of leadership development and worker preparation. These concerns echo those highlighted in the findings of the President's New Freedom Mental Health Commission Report (2003).

NASMHPD further reports that 28 states indicated shortages of Master's prepared workers in psychiatric hospital and community settings (Mazade & Glover, 2007). In addition, there are knowledge gaps among the existing workforce in the following areas: cultural competence; EBPs; working across multiple systems for co-occurring disorders; and understanding the contemporary public mental health client. These concerns add to the challenges faced by states in the effort to transform mental health service delivery. They also point to the potential for the mutual benefit that could be derived from EBP partnerships between states and schools of social work: the development of relevant field placement opportunities, state-of-the-science teaching, mentoring and curricula, and the production of highly employable graduates.

As recommended in the New Freedom Commission report, SAMHSA engaged the Annapolis Coalition to develop an action plan for behavioral health workforce development. Along with the gaps identified above, the Annapolis Coalition identified rural areas as lacking both workers and training opportunities for mental health workforce. The Coalition also found gaps in training to provide culturally and linguistically competent care (Annapolis Coalition, 2007).

Of particular relevance here, the Coalition found that training and education efforts often did not address EBP/EBTs and that existing teaching methods did not always change practice. Also of note was the lack of national competencies for mental health practice, national academic accreditation for mental health practice and the wide variety of state licensing and certification and professional certification across and within mental health professions. For more information on the Action Plan and SAMHSA's agenda to address workforce issues please see Appendix C and visit http://www.samhsa.gov/matrix2/SAP_workforce.aspx.

Similarly, hiring EBP/EBT-prepared mental health professionals is a challenge for many private mental health service settings, where the demand for evidence-based treatment and services often comes from third-party payers, as well as from informed clients. In addressing this challenge, advocacy organizations such as the Anxiety Disorder Association of America (ADAA) can be a critically important partner. ADAA is a consumer, policy, research, and practitioner-driven organization that facilitates practitioner access to scientific findings on treatments (e.g., Cognitive Behavioral Therapy [CBT]) shown to be effective in treating anxiety disorders.

Consumer Perspective

Persons in need of mental health care are typically not versed in the specifics of diagnosis and treatment. When they seek treatment, they need and expect providers to provide short-term symptom relief and longer-term improvement in functioning and well being. The most certain and expeditious path to those goals is through receipt of effective and appropriate interventions. For these consumers, the duration

and severity of illness and the ability to function in major life roles significantly hinge on the competence of mental health providers. This is the most essential reason to foster partnerships to integrate evidence-based mental health practices into social work education and research.

University–Agency Partnerships

Many social work education programs endorse—and their students seek—EBP/EBT education and many community agencies that serve as field instruction sites are eager to increase both their treatment effectiveness and their marketability to payers (e.g., states). This will require agencies and universities to partner through multiple steps to identify and implement EBP/EBTs that are responsive to population needs and service priorities. Ultimately, classroom training must be relevant to agency needs and constraints and field educators must be trained in specific EBP/EBTs. Fortunately, the growing literature on effective practices, including meta-analyses, systematic reviews, and consensus statements, offers a significant resource for development in this area. The challenge is for social work education to become a knowledge translation and implementation enterprise, building on existing field/academic partnerships to bring existing science to “real world” practice. This is an area where the growing research capacity and infrastructure at social work schools can be brought to bear.

Strategies to accomplish such knowledge-based implementation may usefully build on existing theories and research on implementation and diffusion of innovation (Fixsen et al., 2002), quality improvement models (e.g., VA Quality Enhancement Research Initiative [QUERI])(Mittman, 2007), and research on the availability, responsiveness and continuity (ARC) of services (Glisson, 2007). Where there are gaps in knowledge, models of implementing EBP/EBT can be developed and tested by empirical researchers in community-based social work field education sites. This has the advantage of not only fostering relevant, innovative social work research that can improve care, but serves to further align priorities between academic and agency settings. Beyond client and individual provider level factors, effective strategies must also account for other levels of influence, including teams and/or agency factors, as well as relevant aspects of policy, internal and external to provider agencies. In this way, the public-academic partnership can reinforce or develop the role of community agencies and service systems as learning organizations. Consistent with social work’s person-in-environment and ecological perspectives, there is often a focus on the complexity of practice at the client and individual provider levels. However, there needs to also be a focus on the multi-level influence of teams, agency culture, client background, and policy levers and barriers. For more information on how schools of social work and community agencies can engage together in promoting evidence-based practices, see “Implementing evidence-based practice in social work education: Principles, strategies and partnerships” by Enola Proctor in the September 2007 special issue of *Research on Social Work Practice* on teaching evidence-based practice.

Table 1: School and Agency leverage Points for the Implementation of Evidence-Based Practice
Adapted from Proctor (2004)

Identifying and accessing EBTs.

- ◆ Schools can contribute course work, library resources, seminars and lectures, faculty expertise, and school-based research projects.
- ◆ To this process the agency can contribute identified service challenges, identified priority outcomes, practices that are priorities to agency stakeholders, and practices that providers can deliver based on capacity, training, and resources.

Accepting and adopting EBTs.

- ◆ Schools can contribute training in systematic decision-making on how EBT is linked to

professional values and norms; on how to clearly describe EBTs; on the culture and norms that support EBP; and on transparency about the value of research to social work.

- ◆ From the agencies perspective, they can contribute scrutinization of problems in care; administrative support for adopting new treatments that rely on evidence; championing EBP, and providing a culture and climate supportive of innovation.

Implementing EBTs in practice.

- ◆ Schools can contribute intervention components that are clearly described; treatment manuals; training on EBT implementation skills; training on multi-level strategies; and fit and adaptation considerations.
- ◆ Agencies can contribute leader commitment; supervisor commitment, knowledge, and support; training resources; training manuals; customization of EBT to the setting; incentives and rewards; specialty models of service delivery; and prompts and reminders.

Evaluating the effectiveness of EBP.

- ◆ Schools can contribute feedback loops and training in outcome evaluation.
- ◆ Agencies can contribute the demand for evaluation, technical support for evaluation, and incorporation of evaluation into subsequent adoption decisions.

Strategies to Promote EBP/EBT in Social Work Education

Since the 1960s, social work education has worked to strengthen the connection between research and practice through various field and classroom efforts. For mental health interventions, the current state-of-the-science is summarized in a number of publications on effective interventions (e.g., Roth & Fonagy, 2005; Drake et al., 2005), providing a solid foundation for education and training efforts. However, it is important to note that current EBP/EBTs are not effective for all clients, even when diagnosis or characteristics are similar, and that on-going research will change what is recommended for practice in the future. Therefore, a useful paradigm for social work education programs is to train practitioners to continually use new research to inform social work practice, while maintaining partnerships whereby practice can continually inform social work research.

To establish such a paradigm, Columbia University School of Social Work (CUSSW) has established EBP as a key organizing principle for the curricula and is developing processes to translate this into the classroom and field. This includes participation in the New York State Office of Mental Health/Deans Consortium initiative (see additional information below); creation of advanced clinical practice EBP electives; redesigning the foundation and advanced research courses to use an EBP framework; and redesigning of the practice curricula to incorporate EBP.

Several projects at CUSSW have highlighted potential barriers to implementing EBP in an agency setting:

- ◆ Limited knowledge of EBP/EBT among agency staff
- ◆ Insufficient time for staff training
- ◆ Unsupportive organizational culture and infrastructure (e.g., poor access to computers, internet, and research databases)
- ◆ Staff turnover
- ◆ Limited resources for hiring staff trainers (Mullen, Bellamy, & Bledsoe, 2005)

Innovative strategies to change organization and financing of services, including built-in incentives for implementing EBP/EBT, will be necessary to overcome these agency barriers. In addition, training and potentially retraining of field instructors in both implementing and teaching EBP/EBTs will be a necessary component of success in this effort. Not only social work service providers, but supervisors, field instructors, and administrators must become life-long learners and users of research. In the September 2007 special issue of *Research on Social Work Practice*, Mullen, Bellamy, Bledsoe, and Francois provide an extensive description of the knowledge and skills that social work students should acquire to develop entry-level competence regarding EBP and to put them on the path to be lifelong learners, including the use of EBTs in practice.

Models for Linking EBP/EBTs and Social Work Education and Training

The following models were presented at the symposium, representing some of the current initiatives by social work education programs to improve mental health education, training, and workforce competence. Please see Appendix D for additional efforts identified by the IASWR environmental scan for teaching EBP process and specific EBTs in social work curricula. Appendix E provides an overview of Research and Empirical Applications for Curriculum Enhancement in Social Work (REACH-SW), a curriculum enhancement tool, developed under contract # HHSN278200444083 from NIMH to Danya, International, to assist social work faculty and doctoral students to teach BSW and MSW students about EBP. Appendix F includes additional resources that can be helpful to those exploring the EBP process and seeking to identify specific EBTs.

MODEL PROGRAM 1

Transforming Public Mental Health Services Through MSW Field Unit Training in Evidence-Based Practice

John Brekke

*University of Southern California
School of Social Work*

Responding to the pressure of public mental health systems to introduce EBTs and the growing number of available EBTs, the University of Southern California School of Social Work is partnering with the Los Angeles County Department of Mental Health to create the Evidence-Based Practice Field Unit. The unit will train selected social work students to implement EBTs in their agency setting. This will include training students in the EBP process in order for them to select relevant EBTs and then to train them in methods to implement and transport the EBTs into agency practice. The field unit will also prime agencies for service innovation by involving the agency administrators and field supervisors in educational exchange sessions.

The field unit is incorporating knowledge and personnel from the NIMH-funded *Biosocial Factors in Rehabilitation for Schizophrenia* (5R24MH071794-03) grant supported through the Interventions and Practice Research Infrastructure Program (IP-RISP) mechanism, for which Dr. Brekke serves as principal investigator and is being carried out in conjunction with the county mental health agency. The unit is also conceptually applying a translational science model, incorporating methods from implementation science and evidence-based teaching methods.

Principles that guide the field unit include:

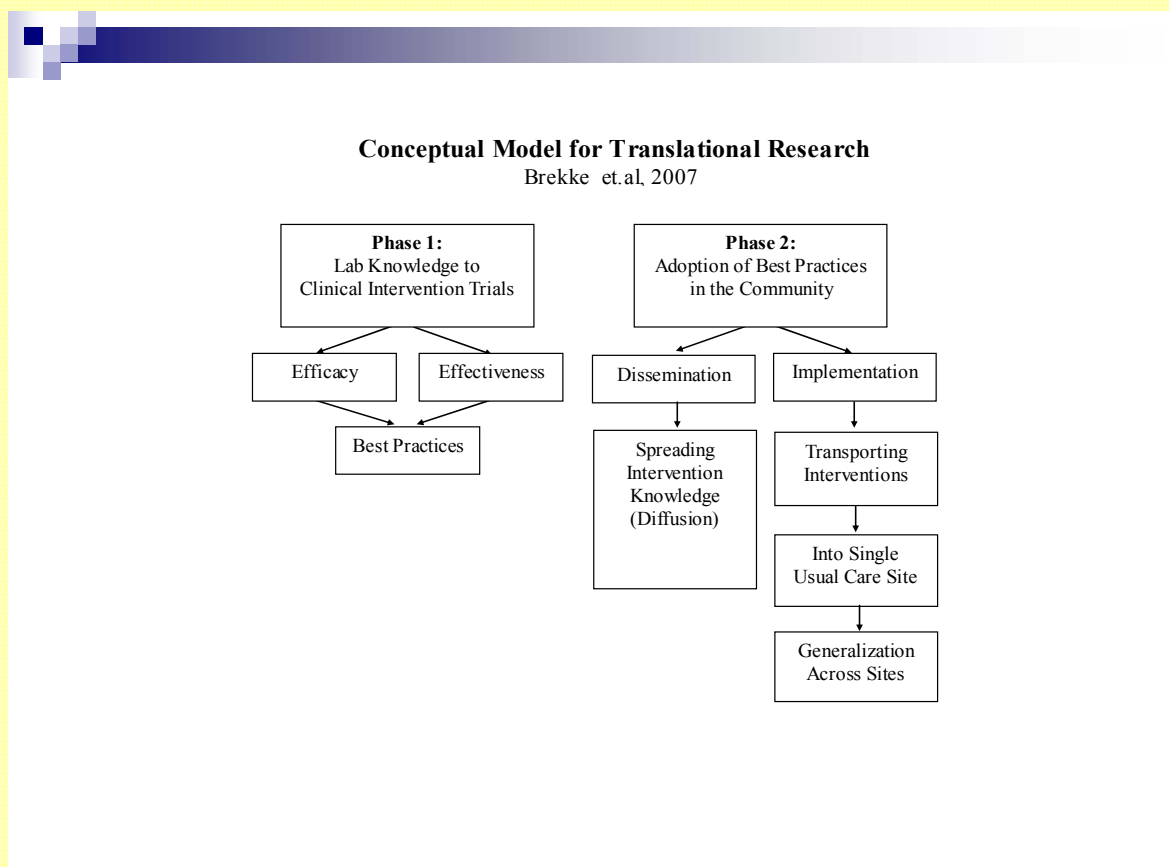
- ◆ Learning is most effective when done in the context of solving a problem or dealing with a situation that is of immediate interest and relevance to the learner.
- ◆ The learning environment and the application environment should be as similar as possible.
- ◆ The agency environment and culture need to be directly impacted in order to facilitate ongoing dissemination and implementation.

The field unit structure includes:

1. Four 8-hour days of orientation over a 2-week period.
2. Seminars twice a month.
3. Intensive problem-based, weekly group supervision at the agency site, including preceptors and field supervisors.
4. Four partnership exchange sessions with agency administrators and clinical supervisors that can be viewed as priming the agency for change.

The conceptual framework for the field unit is tied to the view of translational research articulated by Brekke, Ell, & Palinkas (2007).

Figure 2



The field unit also draws from research on organizational factors that promote the implementation of EBTs articulated by Rosenheck (2003). This includes:

1. formation of leadership coalitions favoring implementation and providing ongoing support;
2. linking of implementation initiatives to established organizational values and priorities;
3. quantitative monitoring of fidelity to the model and ongoing program performance; and
4. development of an internal culture that sustains and adapts program procedures and values.

In transporting an EBT into an agency, Brekke et al. (2007) have viewed it as being a two-phase process. Phase 1 includes five stages derived from Corrigan et al. (2001) for adapting practice innovation. The stages include:

Stage 1 *The Working Foundation*: Assemble an implementation committee, build working trust and reciprocity, secure consultants, and choose a program champion.

Stage 2 *Learning the Intervention*: Consultants educate committee about the innovation, its rationale, principles, and practices. Train clinicians in the methods based on existing manuals from efficacy or effectiveness studies.

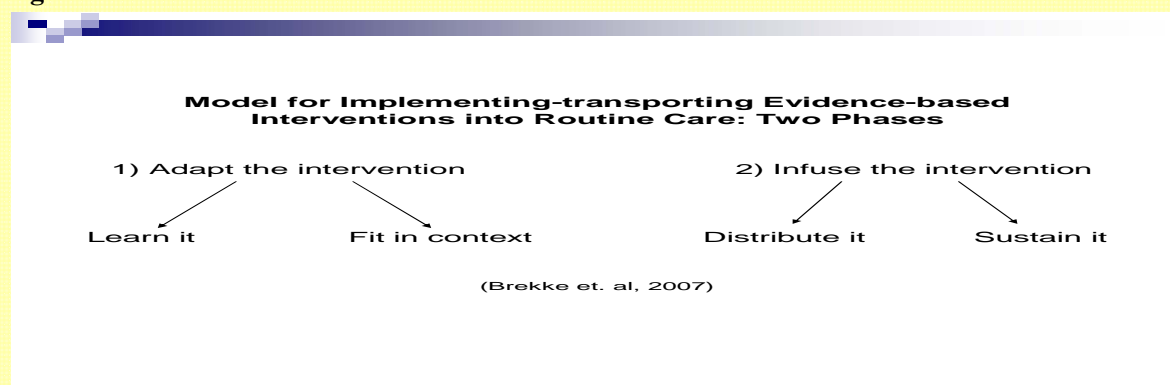
Stage 3 *Transportability*: Committee adapts the interventions for the agency, evaluates costs and benefits for the agency. Draft manual of the adapted intervention and fidelity protocols developed.

Stage 4 *Feasibility Test*: Pilot the adapted intervention with a subgroup of the agency staff and consumers, take a problem-solving approach to implementation challenges, and begin an iterative process of trial, feedback, redesign, and implementation. Assess and redesign fidelity measures.

Stage 5 *Pilot Effectiveness Trial*: Set up facilitative agency structures and assess effectiveness and fidelity of intervention in terms of outcomes and consumer satisfaction in small controlled pilot study.

Phase 2 focuses on infusing the intervention more broadly. This includes distributing the EBT to other agency clinicians, agency sites or agencies and potentially engaging those who are trained in Phase 1 to train others. Phase 2 also includes sustaining the application of the EBTs, which might include both top-down and bottom-up strategies. This would include ongoing inservice training to continue to refine the EBTs; case conferences and supervisions sessions as well as training other agencies in this implementation work that confirms the initial agencies commitment to the EBP and to the EBTs. Sustaining the EBTs might also require that agency policies reinforce the use of EBTs and that reimbursement and quality control protocols also support the application of the EBTs.

Figure 3



An equally important part of implementing both an EBP process and specific EBTs is the development of a quality assurance, feedback, and evaluation process that can gather client-level data on the impact of the EBT on consumer outcomes. Based on his research, Brekke asserts that “one thing is quite clear, and it is that clinicians must be integral to the decision about what measures or information will be most meaningful to them in their clinical practice.” The IP-RISP study in partnership with a data system development company is implementing a clinical information system to gather such information.

An equally important part of implementing both an EBP process and specific EBTs is the development of a quality assurance, feedback, and evaluation process that can gather client-level data on the impact of the EBT on consumer outcomes. Based on his research, Brekke asserts that “one thing is quite clear, and it is that clinicians must be integral to the decision about what measures or information will be most meaningful to them in their clinical practice.” The IP-RISP study in partnership with a data system development company is implementing a clinical information system to gather such information.

MODEL PROGRAM 2

Partnering Between Schools and Agencies: Mini-Courses and Collaboratives

Mary C. Ruffolo

University of Michigan School of Social Work

The University of Michigan School of Social Work sought to undertake three innovations to integrate EBP and EBTs into the social work curriculum related to education, research and practice. These innovations were the underpinning of its option to carry out an alternative accreditation process, approved through the social work education accrediting organization, CSWE. The innovations include:

- ◆ Field specific collaboratives
- ◆ Information literacy competencies for social work professionals
- ◆ Mini-courses on EBTs—available for students and practitioners

Field Specific Collaboratives include faculty, students in field placements, and representatives from these agencies. The initial efforts engaged those faculty interested in partnering with agencies around EBTs and those agencies willing to try new practices. The collaborative members created a leadership team that included students, faculty, and agency representatives. An important conceptual underpinning of identifying EBTs is that they had to be considered “socially just practices.” Activities of the collaborative included building relationships; addressing challenges/barriers to implementation of socially just EBTs; sharing successes; and engaging in reflective practice using a portfolio-based model. The collaboratives also worked to bridge both classroom and field-based learning.

To be successful, the collaborative participants needed to value the contributions of each partner and find common ground. This often required addressing power issues, identifying and overcoming the challenges to change, and providing incentives to practice socially-just EBTs. To carry out the initiative, the collaboratives needed to assess the strengths of the different partners to implement EBTs related to both curricula change (school) and practice change (agency).

Several specific outcomes emerged in the effort to implement specific EBTs as a result of the collaboratives.

- ◆ Champions at the university and agency were identified around specific EBTs.
- ◆ Faculty members partnered with a specific organization or set of organizations to facilitate EBP training and implementation. This included a formal agreement between a large mental health system and the school of social work to collaborate on research/evaluation and training.
- ◆ Agencies and the university worked together in a planned change process, including securing needed resources.
- ◆ Issues of sustainability were addressed including:
 - ◇ Ongoing supervision
 - ◇ Fidelity checks
 - ◇ Outcomes/evaluation

In regard to one specific EBT, family psychoeducation, the state of Michigan has mandated it as one of its best practices. Several regions in the state are now in the process of adopting this EBT. To accomplish this, the state provided funds to agencies for training; the university was able to be involved by providing mini courses for family psychoeducation skill development and in assessing fidelity and undertaking the process and outcome evaluation.

Information literacy competencies for social work professionals involves library staff at the university developing a social work focused Web site that will assist practitioners with finding resources and research to address their practice issues and concerns. Included will be access to reliable and relevant Web sites, blogs, research search tools, automated literature searches in specific practice areas, and table of contents alerts from journals and other publications.

The Web site will provide a self-guided tutorial for practitioners to familiarize themselves with these online resources. The goal of the tutorial will be to help practitioners:

- ◆ identify strategies and resources to help stay informed of developments and events related to their field of practice;
- ◆ identify specific resources related to their social work area of interest; and
- ◆ create a plan for incorporating up-to-date information into their work routine.

The competencies that are expected to be developed and enhanced by using these strategies and resources include:

- ◆ *Ability to do critical analysis and assessment* to identify relevant and appropriate data and information sources.
- ◆ *Ability to access research* to inform, educate, and empower people about social work issues in order to acquire new insights and innovative solutions to social work problems.
- ◆ *Ability to use the media, advanced technologies, and community networks* to communicate information.

Mini Courses are intensive one-credit (15 hour) classes open to students and professionals that will focus on specific EBTs or cutting edge information. Planned topics include Cognitive Behavioral Therapy, Motivational Interviewing, Parent Management Training, and Psychopharmacology.

As the School of Social Work launches these EBP efforts, there are a number of issues that need to be continually addressed.

- ◆ Taking the time to undertake EBP efforts requires managing competing demands and developing shared goals.
- ◆ Updating faculty and professional skills.
- ◆ Addressing multiple levels of change (student, faculty, agency, practitioners) simultaneously – requiring buy-in from the leaders in both the university and organizations.
- ◆ Working to build long-term relationships and partnerships with the practice community.

MODEL PROGRAM 3

Adapting Curriculum for EBTs: Classroom and Field Education - The New York State Social Work–Mental Health Consortium

*Nancy J. Smyth, PhD
University at Buffalo*

The New York State Office of Mental Health (OMH) identified the need for more social workers to work with people with serious mental illnesses and that the workforce also needs to be skilled in EBTs. The New York State Deans and Directors of Schools of Social Work joined together with OMH in a statewide collaboration beginning in 2001 to address these workforce gaps. The University at Buffalo has served as the coordinating center, UBCC, for this effort. Since its inception, the project has evolved through several phases.

Phase one, part one, covering 2001–2002, included surveying all MSW programs in the state on the current inclusion of EBTs in the mental health curriculum and hosting focus groups with field educators. Year 2 of phase one (2002–2003) included a program development phase among OMH, UBCC and five pilot schools (Adelphi University, Columbia University, University at Albany, University at Buffalo, and Yeshiva University). The faculty group developed a seminar syllabus and activities also were launched to create an enhanced field component. The field component included a placement selection process, field colloquia, identification and matching of EBT placements with schools, and provision of stipends to the field students. An evaluation instrument was also developed.

In Year 3 (2003–2004) the field and seminar efforts were implemented at the five pilot schools, and a certificate for completion and job referral components were added. Beginning in Year 4 the program was expanded across the state to include additional schools of social work including Binghamton University, Greater Rochester Collaborative MSW Program, Fordham University, University at Stony Brook, and Hunter College. Beginning in Year 6, the curricula are being updated as would be required in an EBP process.

The seminar topics covered include:

- ⊙ Recovery, Stigma, and Mental Illness
- ⊙ Evidence-Based Practice
- ⊙ Assertive Community Treatment
- ⊙ Motivational Interviewing
- ⊙ Wellness Self-Management

- ⊙ Medication Management
- ⊙ Co-occurring Disorders Treatment
- ⊙ Family Intervention
- ⊙ Supported Employment
- ⊙ Social Skills Training
- ⊙ Trauma and Serious Mental Illness
- ⊙ Peer Support and Self-Help
- ⊙ Change Agent/Technology Transfer in Organizations
- ⊙ Open Topic

The impact of this collaboration has been felt not only in the number of graduates who have received training to address the workforce challenges of OMH, but also in the additional partnerships developed between universities and the mental health agencies. Over the past 3 ½ years, almost 400 students have completed the seminars with the following outcomes:

- ⊙ 85% of students indicated that they would likely seek employment in a mental health treatment agency.
- ⊙ 94% of students reported that the EBTs would be useful in future practice.
- ⊙ In 2006, 21 project graduates were hired onto ACT teams.
- ⊙ The number of participating universities has more than doubled.
- ⊙ EBT field placements have also been available to non-project students.

The challenges faced by the program include lack of qualified faculty at some schools to lead the seminars; placing the seminar in the curriculum due to restricted course offerings, especially at smaller schools; deciding if the seminar should be required or elective or if it should be considered a research or practice class (since it uses research to inform practice); students wanting more skills to undertake rigorous literature reviews and the wide range of field colloquia offered including diverse faculty roles. The collaboration is a model that not only promotes both the EBP process and learning about and applying specific EBTs but also creates a model for cross university and university/agency collaboration, all carried out with limited financial resources.

Conclusions

The *Partnerships to Integrate Evidence-Based Practices Into Social Work Education and Research* symposium provided an excellent opportunity to discern the current state of efforts to incorporate evidence-based mental health practices within social work education and training. The symposium also highlighted the growing body of research that can inform mental health social work practice. Numerous examples of collaborations between social work education programs and mental health agencies were highlighted that address the challenges of translating and transferring research findings to the practice community and address the mental health workforce crisis. Finally, the symposium discussions demonstrated that social work education is well positioned to work toward the integration of research and practice because of the field education requirements for students and the many agencies that social work education programs work with regularly.

Beyond identifying some strategies that work, the meeting also elucidated gaps in our current efforts to incorporate EBP and EBTs and the need to create stable and sustainable strategies that will both help to incorporate EBP across the social work curricula as well as to better transfer the knowledge and skills related to specific EBTs to social work students and professionals.

Several issues rose to the forefront as integrating EBTs were considered.

Mental Health Practice

- ☐ Social workers and other mental health professionals must be skilled in assessment and diagnosis so that interventions selected appropriately match the identified problem.
- ☐ EBTs must be adapted and personalized for individuals based on their culture, interests, and circumstances.
- ☐ Consumers and professionals are important stakeholders in developing research agendas so that research moves from effectiveness and efficacy to intervention research and takes into account real world issues of resources, access, consumer and organizational culture, and organizational climate.
- ☐ Given the nature of mental illness, the prevalence of co-occurring conditions, and the wide array of settings in which treatment may be provided, incorporation of EBTs must take these multiple settings and multiple disorders into account.
- ☐ Due to the breadth of the services that social workers provide to persons with serious mental illness, knowledge of interventions must be broader than being able to implement specific evidence-based mental health psychotherapies; however, social workers working with persons with mental health disorders should also be exposed to relevant EBTs.

Professional education and training

- ☐ A perspective of life-long learning is essential for practitioners, supervisors, and administrators as well as social work faculty to stay up-to-date on the latest information on the most effective interventions.
- ☐ Although some disciplines have incorporated requirements for training related to specific EBTs into their accreditation requirements, due to the breadth of social work practice and the multiple roles of social workers, such accreditation requirements may not be appropriate for social work. However, as CSWE revises educational policy and accreditation requirements, issues related to EBP as well as incorporation of teaching specific EBTs should be considered.
- ☐ Since social workers provide a large share of mental health services and psychotherapy, an introduction to some evidence-based psychotherapy should be part of curriculum in BSW and MSW programs and more advanced training in EBT should be part of MSW mental health training. This would facilitate the competency for practice and the school/agency partnerships recommended at the state level and local levels.
- ☐ Currently, few evidence-based efforts focus specifically on developing and transferring knowledge to BSW students and BSW-level practitioners. This is of special concern due to the generalist nature of BSW education. Yet the specialized fields of practice that BSW practitioners work in, especially as case managers, helping clients and their families access and navigate services and resources, often in rural and under-resourced communities require exposure to EBTs.
- ☐ Many faculty members across the social work curriculum may need access to information, resources, and teaching tools to assist them in teaching students both EBP and about specific EBTs. This is especially true for those faculty who may be removed from practice and agency settings for a number of years as well as new faculty who are developing their teaching skills and strategies.

Facilitating Professional Education and Evidence-Based Mental Health Practice

- ▣ Partnerships between social work education programs and mental health agencies can and should occur at the state and local levels, and can be facilitated by national partnership initiatives between social work organizations and mental health organizations (e.g., NASMHPD, NASMHPD Research Institute, Mental Health America, AADA, etc.) at the national level.
- ▣ Although workforce challenges have been identified, resources are not currently specifically allocated to the education and training of social workers to work in mental health. Historically, federal funds had been an important incentive to prepare social workers to work in mental health and to create relevant and updated mental health content in the social work curricula across the educational continuum, from BSW, MSW, and PhD education to continuing education for practitioners in the field.
- ▣ State mental health systems have a vested interest in professional training and professional training is one key aspect of addressing mental health transformation efforts in states.
- ▣ Substantial efforts are underway in other fields, especially child welfare and aging, with both federal and foundation support, to educate and train social work practitioners—such programs provide incentives to attract the “best and the brightest” social work students to those areas and might detract social workers from pursuing a mental health career, since few incentives are currently available in this area.

In order to address these issues and to develop action steps to continue to build or expand collaborative relationships leading to the further integration of research-based mental health practices into social work education, the symposium participants explored addressing issues related to:

- ◆ *Selecting EBPs for Academic Social Work Education Programs*
- ◆ *Programmatic/Organizational Issues for Incorporating Into Social Work Education*
- ◆ *Identifying and Partnering With Stakeholders.*

For each issue, the participants considered:

1. strategies to enable broader identification of research-based practices for inclusion in social work education;
2. strategies to foster more expeditious integration of research-based practices into social work academic and field education;
3. strategies to foster social work research to develop more research-based practices;
4. the identification of ways to expedite the translation of research-based evidence into social work practice; and
5. the formation of collaborative networks (e.g., regional or functional “think tanks”) of influential leaders who can assist in advancing the field of mental health practices in social work education and research.

Potential Action Steps

Partnerships for Research, Education, and Workforce Development

- ◆ SAMHSA could benefit from gathering information related to social work loan forgiveness and recruitment and retention initiatives underway at the federal level, and within specific states. Children’s Bureau’s eight recruitment and retention discretionary grants could serve as a model for SAMHSA and also provide valuable input to SAMHSA on effective strategies, training, and

organizational paradigms without reinventing the wheel. SAMHSA could convene several federal agencies making investments in the social work workforce and interested in EBP (e.g., Children's Bureau, HRSA, VA, and CMS).

- ◆ Mental health agency/social work education partnerships should be encouraged at the state level. Such partnerships can:
 - ◇ Help build culturally relevant, consumer-focused, accessible, and useable research agendas and dissemination and implementation strategies (see information on meetings convened by NIMH and SAMHSA in different regions [<http://www.nimh.nih.gov/research-funding/scientific-meetings/2006/northeast-regional-meeting-on-connecting-science-and-service.shtml>]), and recommendations from *The Road Ahead (2006)*.
 - ◇ Impact mental health transformation strategies by creating well-supervised and innovative field education placements for BSW and MSW students at public and private mental health service providers, creating a pipeline to prepare social workers for evidence-based mental health practice.
 - ◇ Assist mental health agencies that have limited access to research by sharing resources between agencies and academia so that the resources for “finding evidence” available at social work libraries and drawing on the expertise of skilled librarians can be translated to and accessed by the practice community.
 - ◇ Encourage national initiatives, e.g., summer faculty workshops as proposed by IASWR and NRI, Inc., to create training, technical assistance, and mentoring activities to provide faculty with information and access to resources related to EBTs and mental health transformation so that BSW and MSW graduates are prepared to meet the demands of the contemporary mental health service system.
 - ◇ Provide opportunities across related field education settings to provide weekly seminars to teach specific EBTs (perhaps one half day per week of a second year field placement).
 - ◇ Consider certificate programs that would demonstrate both for graduating students and practitioners that knowledge and skills to assess for certain disorders and to implement specific EBTs (e.g., Cognitive Behavioral Therapy) have been achieved.
 - ◇ Develop social work guidelines across the continuum for teaching EBP, building on ideas and output from the October 2006 Austin symposium on “Improving the Teaching of Evidence-Based Practice,” detailed in the September 2007 issue of *Research on Social Work Practice*.

Doctoral Education in Social Work

- ◆ Provide opportunities for doctoral students to learn about EBP, EBTs, and to develop relevant research agendas related to their implementation.
- ◆ Teach doctoral students to use an EBP process (see information on REACH-SW doctoral goals), as they will need to teach this process across fields of practice as they enter academia.

Enhancement and Sustainability

- ◆ Pursue applications for multi-year conference grants (R-13/U-13) that can further enhance efforts to address the issues identified at the symposium including applying an EBP perspective to social work education, training and practice; to identify and promote strategies for educating faculty about EBP and EBTs; to encourage state-level agency/university partnerships to integrate EBP; to further develop culturally aware, service-provider relevant research agendas;

and to transfer learning from the model projects, e.g., the New York, Michigan, and Los Angeles examples presented at the symposium.

- ◆ Create a national clearinghouse of social work-relevant and specific EBTs and EBP resources that can also provide guidance, training, and technical assistance at the national or regional levels in order to transfer learning to implement EBTs in real-world settings; could include training and mentoring strategies to make better use of toolkits and materials that already exist, e.g., SAMHSA's Treatment Improvement Protocols and information from the National Registry of Evidence-Based Practices and Programs(NREPP).
- ◆ Create a national task group, modeled on the 1988–1991 NIMH-supported Task Force on Social Work Research. Such a task group could further identify and describe the state of EBP and EBTs relevant to social work across fields of practice; identify and promote models for education and continuing education; develop social work relevant agreement about requisite levels of evidence expected to transfer research to practice; and explicate relevant EBP efforts in other disciplines or cross-disciplinary that can inform social work.

Research

- ◆ Further efforts to carry out systems level research that explores organizational and structural opportunities and impediments to organizational change, adoption, and adaptation of EBP and EBTs.
- ◆ Encourage research that addresses comorbidity as that is more likely the norm in the complex situations in which social workers intervene.
- ◆ Encourage the development of agency–university partnerships that foster the development of models for implementing and sustaining the use of evidence-base treatments in real world practice settings.
- ◆ Encourage the development of translational science initiatives that link universities, public health, mental health systems.
- ◆ Encourage the development of workforce training programs that can be studied with rigorous research methods focused on effectiveness and dissemination/implementation into usual care practice settings.
- ◆ Encourage the development and implementation of collaborative and participatory research models that include practitioners, administrators, consumers, and researchers in projects that address critical service delivery and clinical problems as defined by the collaborative process.

The April 2007 symposium brought together key stakeholders to assess the current state of integrating evidence-based mental health treatments into social work education and research. Although there are some exciting and innovative efforts underway, there is much more to do. The dialogue stimulated the identification of numerous action steps that can be taken and encouraged the development of strategic partnerships to enhance the likelihood that effective interventions will be disseminated and implemented in real world settings.

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APPENDIX A

***Partnerships to Integrate
Evidence-Based Mental Health Practices Into
Social Work Education and Research***

April 12, 2007
Bldg 31, Room 6C/10, NIH Campus
National Institute of Mental Health

- 8:30 – 9:30** **Welcome**
- ◆ Overview and Goals
Denise Juliano-Bult, M.S.W., NIMH
 - ◆ Introductions
 - ◆ NIMH Outreach to Stakeholders—Overview
Gemma Weiblinger, M.A., NIMH
 - ◆ Translating Research Into Practice
David Chambers, Ph.D., NIMH
- 9:30 – 10:00** **Steps Toward Integration: Supply and Demand Issues**
- ◆ School Perspective on Partnerships in EBP Training
Enola Proctor, Ph.D.
Washington University
 - ◆ State Perspective
Renata Henry, M.Ed., Director
Delaware State Mental Health Program
- 10:00 – 10:15** **Break**
- 10:15 – 10:30** **National Survey of Psychotherapy Training**
- ◆ Myrna Weissman Ph.D.
Columbia University
- 10:30 – 10:45** **Remarks from the NIMH Director**
- ◆ Thomas Insel, M.D., Director
National Institute of Mental Health
- 10:45 – 11:30** **Steps Toward Integration: Specifics**
- ◆ Strategies for Teaching EBPs in the Social Work Curriculum
Ed Mullen, D.S.W.
Columbia University
 - ◆ Adapting Curriculum: the Collaborative Curricula Enhancement Contract in New York State
Nancy Smyth, Ph.D.
Dean, University of Buffalo
 - ◆ Culturally Appropriate Care in EBP
Thanh V. Tran, Ph.D.
Boston College

11:30 – 12:00 Strategies for Integrating EBPs into Field Placement

- ◆ Partnering between Schools and Agencies: Mini-Courses and Collaboratives
Mary Ruffolo, Ph.D.
University of Michigan
- ◆ Transforming Public Mental Health Services through MSW Field Unit Training in EBP
John Brekke, Ph.D.
University of Southern California

12:00 – 1:00 Lunch**1:00 – 1:30 The National Perspective**

- ◆ Frances Randolph, Dr. P.H., M.P.H.
Director, Division of Services & Systems Improvement
Center for Mental Health Services, SAMHSA

1:30 – 2:00 Stakeholder Perspectives

- ◆ Consumers
Kara Baskin
- ◆ Providers
Jerilyn Ross, M.A., L.I.C.S.W.
Anxiety Disorders Association of America

2:00 – 2:15 Break**2:15 – 2:30 Overview of Roundtable Process**

Robert Mays, Jr., Ph.D., NIMH

2:30 – 3:30 Roundtable Discussions

- ◆ Selecting EBPs for Academic Social Work Education Programs
Room 7
- ◆ Programmatic/Organizational Issues for Incorporating into Social Work Education
Room 9
- ◆ Identifying and Partnering with Relevant Stakeholders
Room 10

3:30 – 4:30 Roundtable Reports and Discussion – Room 10**4:30 – 4:45 Wrap-up**

APPENDIX B
LIST of SYMPOSIUM PARTICIPANTS

*Partnerships to Integrate
Evidence-Based Mental Health Practices Into
Social Work Education and Research*

April 12, 2007

Bldg 31, Room 6C/10, NIH Campus
National Institute of Mental Health

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APPENDIX C

SAMHSA’s Workforce Action Plan, Resources, and Strategies

Action Plan’s Seven Areas of Recommendations:

- ◆ Significantly expand the role of consumers and their families in the workforce and in educating the workforce.
- ◆ Expand the role and capacity of communities to identify their needs and promote behavioral health and wellness.
- ◆ Implement recruitment and retention strategies at the federal, state, and local level—this would include financial incentives to attract people to the field (stipends, tuition assistance, and loan forgiveness), as well as wages and benefits commensurate with education, experience, and responsibility.
- ◆ Increase the relevance, effectiveness and accessibility of training and education—to include core competencies, competency-based curricula, adoption of effective teaching practices, and processes to promote maintenance of the new skills that are acquired.
- ◆ Actively foster leadership development.
- ◆ Enhance the infrastructure to support and coordinate workforce development efforts including use of data to track, evaluate and manage workforce issues through a quality improvement process.
- ◆ Implement a national research and evaluation agenda.

SAMHSA has resources available related to EBP and EBT and is undertaking activities to implement the recommendations of the Annapolis Coalition’s Action Plan.

◆ *Funding Opportunities*

- ◆ Mental Health Transformation State Incentive Grants
- ◆ Co-Occurring State Incentive Grant Program
- ◆ Minority Fellowship Program

◆ *Resource and Technical Assistance Efforts*

National Registry of Evidence-Based Programs and Practices (NREPP)

Co-Occurring Center for Excellence (COCCE)

Homeless Resource Center

National Training and Technical Assistance Center for Children’s Mental Health.

Evidence-Based Practice Implementation Resource Kits

- ◆ Illness Management & Recovery
- ◆ Assertive Community Treatment
- ◆ Family Psycho-Education
- ◆ Supported Employment
- ◆ Co-Occurring Disorders

- ◆ Supportive Housing
- ◆ Mental Health Services to the Elderly
- ◆ Children
- ◆ Consumer-Operated Services
- ◆ Cultural Competence in Disaster Mental Health

◆ *SAMHSA Workforce Development Contract*

- ◆ Creating an inventory of national training resources
- ◆ Developing core competencies in priority areas
- ◆ Convening stakeholder groups to discuss workforce development and solutions
- ◆ Providing technical assistance
- ◆ Developing a Web portal
- ◆ Identifying and disseminating innovative recruitment and retention practices
- ◆ Developing partnerships with national organizations, guilds and others

APPENDIX D**Partnerships to Integrate Evidence-Based Treatments Into
Social Work Training****Evidence-Based Practice and Social Work:
A Briefing Paper**

**Prepared by the
Institute for the Advancement of Social Work Research
April 1, 2007**

The Institute for the Advancement of Social Work Research (IASWR) has partnered with the National Institute of Mental Health (NIMH) to undertake a project entitled *Partnerships to Integrate Evidence-Based Treatments Into Social Work Training*. Through a contract from NIMH to IASWR, IASWR developed an overview of evidence-based resources applicable to social work practices in mental health, scanned states and social work education programs to identify current projects underway that might serve as models to other schools.

Terms

Evidence-Based Practice. The term evidence-based practice (EBP) first appeared in relation to medicine, but has since been adopted by many fields including education, child welfare, mental health, and criminal justice. The Institute of Medicine (2001) defines evidence-based medicine as the “integration of best researched evidence and clinical expertise with patient values” (p. 147). In social work, most agree that EBP is a **process** involving creating an answerable question based on a client or organizational need, locating the best available evidence to answer the question, evaluating the quality of the evidence as well as its applicability, applying the evidence, and evaluating the effectiveness and efficiency of the solution. Employed correctly, EBP effectively combines well-researched interventions with social worker experience and expertise and client preferences, culture, and values.

Evidence-Based Practices, Evidence-Based Treatments, Evidence-Based Interventions, and Evidence-Informed Interventions are phrases often used interchangeably. For consistency we will use the term “evidence-based treatments.” Differentiating from the evidence-based practice process described above, one definition of an evidence-based treatment is “any practice that has been established as effective through scientific research according to a set of explicit criteria” (Drake et al., 2001). These are interventions which when applied consistently, consistently produce improved client outcomes. Some states, government agencies and payers have endorsed certain specific evidence-based treatments such as cognitive behavioral therapy for anxiety disorders and community assertive treatment for individuals with severe mental illness.

Evaluation of Interventions. Randomized controlled trials (RCTs) are frequently viewed as the “gold standard” for the evaluation of interventions. However, it is not always possible or ethical to conduct RCTs in social, health, and human services, and so there is lack of that type of evidence for some interventions. Qualitative research can enhance quantitative research and help us better understand cultural issues and contexts related to interventions.

Evaluation of Research. Some believe research falls into a hierarchy with the highest level of research

being systematic reviews and meta-analyses and the next levels of evidence from highest to lowest being: RCTs, quasi-experimental studies, case-control and cohort studies, pre-experimental group studies, surveys, and qualitative studies (McNeece & Thyer, 2004). A number of organizations have attempted to develop objective evidence grading systems to rate the strength of evidence for interventions. For example the California Evidence-Based Clearinghouse for Child Welfare (<http://www.cachildwelfareclearinghouse.org>) has developed a detailed 6-level system.

The Campbell Collaboration conducts systematic reviews of research and promotes systematic reviews because such rigorous analysis of research endeavors to “minimize bias in the identification, assessment and synthesis of research results” (Littell, 2006, p. 9). In these systematic reviews, the review process and decision-making criteria are transparent and established in advance.

Implementation. Much attention has been paid to the barriers of implementing evidence-based practices into practice settings. Practitioners often cite lack of resources and organizational support as barriers to the use of evidence-based practices. Researchers complain that practices are often implemented incorrectly. There is tension between the pull to be faithful to the practice model or manual and the need to adapt the intervention to the organization and its clients. SAMHSA’s evidence-based practices toolkits have fidelity scales to measure the implemented programs’ adherence to each model. The National Implementation Research Network (NIRN) (<http://nirn.fmhi.usf.edu/>) strives to assist human services organizations in adapting evidence-based practices to their programs while maintaining fidelity to the practice guidelines. Several NIH funded grants have recently explored issues for practitioners in employing EBP (e.g., see Gregory Aarons 5R03MH070703-02, *Concept Mapping for Readiness for Evidence-Based Practice* or 1R01MH072961-01A1, *Mixed-Methods Study of a Statewide EBP Implementation*).

Consumer/Provider Perspectives on EBP. Practice-Based Research and Practice-Based Evidence are two terms that address the necessity of practice-relevant research. The idea behind practice-based evidence is that research should be based on practitioner and client/consumer needs and inputs. Researchers must do all they can to conduct research that is applicable and accessible to practitioners. The National Working Group on Evidence-Based Health Care has developed a brochure reinforcing the need to balance scientific evidence with practitioner judgment and patient/consumer experience and preferences.

Examples of Teaching EBP

IASWR conducted a scan of social work education programs for educators working with evidence-based practice and evidence-based treatments. We solicited information on evidence-based practice projects and curriculum through the NADD, BPD, and IASWR listservs and through flyers at social work research and education conferences and presentations. The information we received was compiled into two documents—one with examples of educators incorporating evidence-based practice into their classes and another of educators promoting the use of specific evidence-based treatments into their curricula (see Appendices A and B).

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Briefing Paper Appendix A

Institution	Project Description	Contact
Boston College	<p>Training for field instructors on using the Internet to find information on EBP</p> <p>In 2003, Project Directors Sheila Platt and Betty Cohen organized a two day technology conference that trained social work field instructors in the use of the Internet to promote evidence-based practice in their agencies.</p>	<p>Sheila Platt, PhD Field Education Boston College Graduate School of Social Work 140 Commonwealth Avenue Chestnut Hill, MA 02467 (617) 552-8046 platts@bc.edu</p>
Boston University	<p>Integrating EBP into the curriculum</p> <p>Boston University’s School of Social Work (BUSSW) is increasing its efforts to integrate EBP into the curriculum. It has formed an EBP working group to examine the extent to which EBP is integrated into its clinical practice curriculum. Many clinical BUSSW classes incorporate evidence-based practices such as cognitive behavioral therapy, motivational interviewing, and multisystemic therapy. BUSSW courses also encourage students to learn the process of EBP by teaching them to search for evidence-based practices related to their client problems and evaluate the research they find. Additionally, in academic year 2007–2008, the field education office will conduct a survey of field activities related to EBP.</p>	<p>Mark Gianino, PhD, LICSW Clinical Assistant Professor School of Social Work Boston University 264 Bay State Road Boston, MA 02215 (617) 353-7098 mgianino@bu.edu</p>
Washington University, George Warren Brown School of Social Work	<p>EBP curriculum</p> <p>The Brown School has stated that it is committed to infusing EBP into its curriculum. The School offers two EBP courses in mental health—<i>Applied Behavior Therapy</i> and <i>Cognitive Behavior Therapy</i>—and is in the process of revising its foundations curriculum to sequentially teach EBP process skills. It also offers a continuing education workshop entitled <i>The Art of Evidence-Based Practice</i> in which participants discuss EBP as it might be implemented in the “real world” of clinical practice.</p>	<p>Edward F. Lawlor, PhD Dean and the William E. Gordon Professor George Warren Brown School of Social Work Washington University Campus Box 1196 One Brookings Drive St. Louis, MO 63130-4899 (314) 935-6693 elawlor@wustl.edu</p>

Institution	Project Description	Contact
<p>Washington University, George Warren Brown School of Social Work— Cont'd</p>	<p>Brown School field instructors have access to an evidence-based practice resource area, located in the Library Reading Room. The resource area provides field instructors with access to best practice guidelines.</p>	
<p>Columbia University</p>	<p>EBP research and coursework</p> <p>With support from the Willma & Albert Musher Program, Dr. Mullen developed the BEST project to study strategy in EBP implementation. He has also developed an Evidence Based Practice and Policy Online Resource Training Center. Columbia University offers a 7 week practice course to students in their last semester of study titled: <i>SOCW T7114: Evidence-Based Practice & Practice Guidelines</i>. This course focuses on preparing students to engage in evidence-based practice, providing the skills needed to critically evaluate new information that is available from research findings and professional consensus statements.</p> <p>Dr. Mullen has also redesigned a section of the foundations social work research methods course required of first year master's degree students adopting an evidence-based policy and practice framework. The course previously emphasized learning research methods primarily for the purpose of conducting research. While retaining that goal the new framework emphasizes development of skills in evidence-based practice problem formulation, development of evidence search and retrieval skills, learning how to evaluate research evidence, and developing skills in translation of research evidence for practice and policy decision making.</p>	<p>Edward J. Mullen, DSW Willma & Albert Musher Chair Professor for Life Betterment through Science & Technology Columbia University School of Social Work 1255 Amsterdam Avenue New York, NY 10027 (212) 851-2413 ejm3@columbia.edu http://www.columbia.edu/cu/musher/EBP%20Resources.htm</p>

Institution	Project Description	Contact
University of Southern California	<p>Field-based EBP partnership</p> <p>Haluk Soydan and John S. Brekke are working with the USC field department and field and clinical faculty to develop a MSW field unit on implementing and disseminating evidence-based practice into agency settings. The goal will be to train MSW students in the implementation and dissemination of evidence-based interventions who can then be agency leaders in this process. The field unit will focus on: 1) learning how to use manualized evidence-based interventions with clients, and 2) how to transport the interventions into agency settings. It is expected to begin in Fall 2007 with 15-20 students.</p>	<p>John S. Brekke, Ph.D. Frances Larson Professor of Social Work Research Associate Dean of Research School of Social Work University of Southern California Los Angeles, CA 90089 (213) 740-0297 brekke@usc.edu</p>
University of Michigan	<p>Implementation Field Guide for Project Managers and Clinical Supervisors</p> <p>Funded through the State of Michigan, Jeff A. Capobianco, M.A., LLP, James S.M. Svensson, LMSW, Stephen R. Wiland, LMSW, CAC-II, Caroline B. Fricker, MSW and Mary C. Ruffolo, Ph.D., LMSW developed <i>Integrating Multiple Evidence-Based Practices in a Public Mental Health Organization: An Implementation Field Guide for Project Managers and Clinical Supervisors</i>. The primary goal of this manual is to provide a practical guide for Project Managers and Clinical Supervisors to use when integrating more than one evidence-based practice within the same organization.</p>	<p>Mary C. Ruffolo, Ph.D., LMSW Associate Dean for Educational Programs and Associate Professor of Social Work School of Social Work University of Michigan 1080 South University Avenue, Room 1748 Ann Arbor, MI 48109-1106 (734) 763-2345 mruffolo@umich.edu</p>

Institution	Project Description	Contact
University of North Carolina	<p>The Research to Teaching Initiative</p> <p>This initiative is a way to provide faculty with content from their colleagues' current research for use in the classroom. The Research to Teaching website contains materials distilled from current research relevant to social work practice completed by faculty of the UNC School of Social Work.</p>	<p>Anna Scheyette, MSW, LCSW, CASWCM Clinical Associate Professor School of Social Work University of North Carolina at Chapel Hill 301 Pittsboro St. Chapel Hill, NC 27599-3550 (919) 962-4372 amscheye@email.unc.edu http://ssw.unc.edu/RTI/topics.asp</p>
Florida International University	<p>Evidence-Based Practice with Groups</p> <p>In his class <i>SOW 5324 Theory and Practice with Groups</i>, Dr. Mark J. Macgowan incorporates evidence-based group work though a required assignment. The assignment takes students through a sequence of four stages in which group workers 1) Formulate an answerable practice question; 2) search for evidence; 3) undertake a critical review of the evidence; and 4) apply the evidence with judgment, skill, and concern for relevance and appropriateness for the group, utilizing evaluation to determine if desired outcomes are achieved. The process and tools used to construct the question, find, critically evaluate, and apply the evidence are detailed in an in-press book by the instructor, <i>A Guide to Evidence-Based Group Work</i> (Oxford University Press).</p>	<p>Mark J. Macgowan, PhD, LCSW Associate Professor, School of Social Work & Community-Based Intervention Research Group Florida International University 11200 SW 8th Street, MARC 310 Miami, FL 33199 (305) 348-0252 Macgowan@fiu.edu</p>

Institute	Project Description	Contact
<p>Seton Hill University, BSW Program</p>	<p>Evidence-Based Practice in Policy and Organizations</p> <p>Dr. Droppa strongly emphasizes evaluation skills in both his <i>Social Policy</i> and <i>Organizations: Administration and Research</i> classes. In <i>Social Policy</i>, students work on a policy project and must determine how to measure the policy's effectiveness once implemented. In <i>Organizations</i>, Dr. Droppa teaches program evaluation utilizing evidence-based practice. A logic model is completed (with outcomes, indicators and measures) for a hypothetical program that the student designs and for which a full-scale funding proposal is written.</p>	<p>David C. Droppa, PhD Associate Professor Seton Hill University 1 Seton Hill Drive Greensburg, PA 15601-1599 (724) 830-1411 droppa@setonhill.edu</p>
<p>Siena College, BSW Program</p>	<p>Teaching students to use research</p> <p>Professor Strock-Lynskey integrates research on resiliency, protective factors, internal/external assets, and risk factors into HBSE I and HBSE II courses. Several models are utilized including Search Institute, Western Regional Center, and Kirby & Fraser. Students must apply these models/frameworks for assessing assets, risk factors, protective factors and resiliency to three major course assignments including a developmental assessment of a parent/couple and family who has a child between the ages of 2 and 5, application of these models/frameworks to a non-normative life event/condition experienced by a child or adolescent, and an assessment of an adult in middle or later adulthood who has experienced a critical life event that has had a significant impact on her/his life.</p>	<p>Professor Diana Strock-Lynskey, MSW Social Work Department Siena College 515 Loudon Road Loudonville, NY 12211 DiStrock@aol.com</p>

Institution	Project Description	Contact
University of Maryland	<p>EBP Exchange</p> <p>The School of Social Work has a blog available where faculty, students and other interested individuals can read, share and discuss Evidence-Based Research and Practice and its impact on the school and the social work profession. The blog, <i>EBP Exchange</i>, can be found at ebpexchange.wordpress.com. The blog contains discussions on a wide variety of evidence-based issues, research articles, presentations, and links to other resources. http://ebpexchange.wordpress.com/</p>	<p>Dr. Richard P. Barth, PhD Dean and Professor School of Social Work University of Maryland 525 West Redwood Street Baltimore, MD 21201 (410) 706-7794 rbarth@ssw.umaryland.edu http://ebpexchange.wordpress.com/</p>
University of Toronto	<p>Research Institute for Evidence-Based Social Work</p> <p>The aim of the Research Institute for Evidence-Based Social Work is to make research knowledge accessible to practitioners and policy makers in order to ensure that consumers of social work services and programs obtain services that are best suited to meet their needs. http://www.socialwork.utoronto.ca/index.php?section=207</p>	<p>Faye Mishna, PhD Director of the Research Institute for Evidence-Based Social Work Faculty of Social Work University of Toronto 246 Bloor St. W. Toronto, Ontario Canada M5S 1A1 (416) 978-1386 f.mishna@utoronto.ca http://www.socialwork.utoronto.ca/index.php?section=207</p>
University of Wisconsin-Eau Claire	<p>EBP resources and curriculum</p> <p>Dr. Gibbs has created web resources to help practitioners and patients pose specific questions regarding practice and treatment, to help them to plan an electronic search for the current best evidence regarding their question, and to search electronically for an answer. He has also taught a class dedicated to EBP and incorporated the EBP process into all his classes though lectures, readings and assignments. http://www.evidence.brookscole.com/</p>	<p>Leonard Gibbs, PhD Department of Social Work University of Wisconsin, Eau Claire 105 Garfield Avenue., P.O. Box 4004 Eau Claire, WI 54702-4004 (715) 836-5072 lgibbs@uwec.edu http://www.evidence.brookscole.com/</p>

Examples of Social Work Educators Working With Evidence-Based Practices

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
<p>Case Western Reserve University, Mandell School of Social Work</p>	<p>The Center for Evidence-Based Practices at Case is a partnership between the Mandell School of Applied Social Sciences at Case and the Department of Psychiatry at the Case School of Medicine. The partnership is in collaboration with and supported by the Ohio Departments of Mental Health and Alcohol and Drug Addiction Services.</p> <p>The Center on Substance Abuse and Mental Illness provides education, research, training, and consultation in the fields of substance abuse and mental health, with particular emphasis on the co-existence of substance and mental disorders. The Center includes:</p> <p><i>The Ohio Substance Abuse and Mental Illness Coordinating Center of Excellence</i> (SAMI-CCOE), a technical-assistance organization that helps service systems, organizations, and providers implement and sustain the Integrated Dual Disorder Treatment (IDDT) model (an evidence based practice) maintain fidelity to the model, and develop collaborations within local communities that enhance quality of life for consumers of mental health services and their families. http://www.ohiosamiccoe.cwru.edu</p>	<p>Integrated Dual Disorder Treatment</p> <p>Supported Employment</p>	<p>Lenore A. Kola, PhD Co-Director, Center for Evidence-Based Practices at Case: SAMI-CCOE & Ohio SE CCOE Mandell School of Applied Social Sciences Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106 (216) 368-2326 lenore.kola@case.edu</p> <p>SAMI-CCOE http://www.ohiosamiccoe.cwru.edu</p> <p>Ohio SE CCOE http://www.ohioseccoe.case.edu/</p>

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
Case Western Reserve University, Mandell School of Social Work— Cont'd	<i>The Ohio Supported Employment Coordinating Center of Excellence</i> (Ohio SE CCOE), a technical-assistance organization focused on the Supported Employment (SE) model, an evidence-based practice. The Center helps service systems, organizations, and providers implement and sustain the model, maintain fidelity, and develop collaborations within local communities that enhance quality of life for consumers of mental health services and their families. http://www.ohioseccoe.case.edu/		
Michigan State University, School of Social Work	Dr. Kubiak is currently working with the Michigan Department of Community Health on the implementation of EBP statewide. Michigan mental health contracts require that each regional mental health area "roll out" at least one of three EBPs. Dr. Kubiak has been working on the implementation of Integrated Dual Diagnosis Treatment (IDDT) (SAMHSA toolkit) for the last 4 years. She is evaluating the implementation of IDDT in two pilot agencies and working on a measurement committee that is determining what client and systems level indicators can be collected to demonstrate effective implementation. Her work includes involvement with the evaluation of the outreach and continuum of care components of IDDT – evaluating the interface of incarceration in the county jail for clients with co-occurring disorders. They have been tracking 1,900 clients identified with co-occurring disorders for 3 years to establish level of care. Dr. Kubiak also integrates these activities into her teaching of social work students.	Integrated Dual Diagnosis Treatment	Sheryl Pimlott Kubiak, PhD Assistant Professor College of Social Science Michigan State University 254 Baker Hall East Lansing, MI 48224 (517) 432-7110 spk@msu.edu

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
<p>New York State Consortium of Social Work Schools</p>	<p>The New York State Office of Mental Health and the New York State Schools of Social Work—Deans Consortium Project (OMH-Deans Consortium Project)</p> <p>The OMH-Deans Consortium Project was created to provide an overview of adult serious mental illness, principles of recovery, consumer empowerment, evidence-based practices, and technology change to students. All participating schools offer an EBP mental health seminar course, EBP field placements and an EBP colloquia series. For an overview of the project, see: http://www.socialwork.buffalo.edu/rcp/omh.asp.</p> <p>A project team of mental health professionals, including faculty members from across the New York State Schools of Social Work, collaborated on the development of the <i>Evidence-Based Practice (EBP) in Mental Health Seminar</i> course that is designed to strengthen the content of evidence-based practice in the social work curriculum. It was developed to prepare social workers to provide quality and effective mental health care for individuals with a diagnosis of serious mental illness. The course syllabus and teaching guide can be viewed and downloaded at: WWW.OMH.STATE.NY.US/OMHWEB/EBP/SW</p> <p>Institutions participating in the OMH-Deans Consortium Project include: Adelphi University, Columbia University, University at Albany, Yeshiva University, University at Buffalo, Syracuse University, NYU, University at Stony Brook, Greater Rochester Collaborative, University of Fordham and Binghamton University.</p>	<p>Assertive Community Treatment</p> <p>Supported Employment</p> <p>Integrated Dual Disorder Treatment</p> <p>Family Psycho Education</p> <p>Illness Management and Recovery</p> <p>Motivational Interviewing</p>	<p>University at Buffalo 232 Parker Hall Buffalo, NY 14214 (716) 829-3939 ext159 bwright@buffalo.edu</p>

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
New York State Consortium of Social Work Schools - Cont'd	<p>An example of how an individual school is participating in the project is:</p> <p>New York University Dr. Ellen Tuchman teaches the school's <i>Evidence-Based Practice Seminar</i> course. Students who take the course become familiar with evidence-based practices, within a recovery-oriented paradigm, as a general approach to practice as well as specific evidence-based interventions to use for individuals with a diagnosis of serious mental illness. Students learn to examine research literature to determine the various levels of support for specific interventions and essential principles for translating research into practice. In addition, they identify the appropriate treatment outcomes that reflect effective, quality mental health practice. Each evidence-based practice presented is also examined for its utility with diverse groups. As all participating schools do, NYU also has EBP field placement and an EBP colloquia series including <i>Evidence Based Practices: What is it? Why is it important?</i> and <i>Illness Management and Recovery</i>.</p>		
University at Albany	<p>The University at Albany has developed the program known as Albany Interns in Mental Health (AIMH Program) to offer an enriched EBP curriculum to 2nd Year MSW students interested in pursuing a career in mental health social work practice. The curriculum was shaped into a special course covering all aspects of EBP in mental health using SAMHSA material. Dr. Zvi D. Gellis is preparing to infuse geriatric mental health practice into the curriculum as well since the new Geriatric Mental Health Act of New York passed in 2006.</p>	Cognitive Behavior Therapy and Problem Solving Therapy for Late Life Depression and Anxiety Disorders	

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
University at Albany-Cont'd	Dr. Gellis also provides trainings for New York state social workers in evidence-based geriatric mental health interventions including cognitive behavior therapy and problem solving therapy for late life depression and anxiety disorders.		Zvi D. Gellis, PhD Hartford Geriatric Social Work Faculty Scholar Associate Professor & Director Center for Mental Health and Aging Research Fellow, National Institute of Mental Health School of Social Welfare University at Albany, SUNY 1400 Washington Avenue Albany, NY 12222
University at Buffalo	Started in 2002, the <i>Children, Youth, and Families, Mental Health Evidence-Based Practice Project</i> is a collaborative effort between the School of Social Work and the New York State Office of Mental Health (OMH). It is funded through an OMH grant to provide an informational Web site and training to staff in affiliated agencies in the 19 counties of the western region. The project operates through the School's Office of Continuing Education to provide approximately four free trainings each year on evidence-based mental health practices for children, youth, and families. Information on trainings provided, a video training on Evidence Based Practice 101, as well as articles and resources are on the Web site. www.socialwork.buffalo.edu/ebp	Parent Management Clinical Behavior Therapy Cognitive Family Systemic Therapy Group Therapy	Lesa L. Fichte, LMSW, ACSW Program Director Director of Continuing Education University at Buffalo School of Social Work 232 Parker Hall Buffalo, NY 14214-8004 (716) 829-3939 ext. 151 sw-ebp@buffalo.edu www.socialwork.buffalo.edu/ebp

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
University of Hawaii, Manoa School of Social Work	Dr. Ronald San Nicolas serves as the State of Hawaii's lead trainer for three CMHC sites in a SAMHSA funded training and evaluation grant related to Illness Management and Recovery (IMR). He is involved in implementing a cultural adaptation of the SAMHSA IMR toolkit with a predominantly Hawaiian community on Oahu's Waianae Coast. In his class, <i>SW725: Seminar in Social Work Practice in Mental Health</i> , he incorporates knowledge and skills for graduate students on the implementation of EBPs, specifically IMR into the curriculum.	Illness Management and Recovery	Ronald John San Nicolas, MSW, PhD Manoa School of Social Work University of Hawaii Henke Hall Rm.224 1800 East West Rd Honolulu, HI 96822 (808) 539-3957 nicolas@hawaii.edu
University of Illinois at Chicago, Jane Addams College of Social Work	Faculty at the Jane Addams College of Social Work at the University of Illinois at Chicago just approved a proposal to implement in the fall of 2007 a certificate program within the mental health concentration for Evidence-Based Practice in Child Mental Health. Approval by higher levels of the university is expected in time for fall implementation. The certificate program has been developed in partnership with the Illinois Division of Mental Health. Students earning the certificate will, in addition to completing the requirements of the mental health concentration, be required to take MSW course SOCW539, Mental Health Practice with Children and Adolescents, which has recently been redesigned to emphasize EBP. In addition, they will have field placements with mental health agencies serving children and using strong and explicit EBP approaches. Field instructors in these placements will undergo training in EBP by the Illinois Division of Mental health. In addition, each student will participate in a year-long series of EBP seminars, held at the college. Seminars will provide opportunities for training in specific skills in EBP with children and case consultation. Parent behavior management and cognitive behavioral treatments will be emphasized in the program.	Parent Behavior Management Cognitive Behavioral Treatment for Children and Adolescents with Depression	Jerry Cates PhD Associate Dean Jane Addams College of Social Work University of Illinois at Chicago 1040 W. Harrison Street M/C 309 Chicago, IL 60607 (312) 996-3034 cates@uic.edu Sonya Leathers, PhD Associate Professor Jane Addams College of Social Work University of Illinois at Chicago sonyal@tigger.uic.edu

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
University of Kansas	<p>The School of Social Welfare at the University of Kansas through its Office of Mental Health Research and Training has been under contract to the Kansas Social and Rehabilitation Services to implement EBP for adults with psychiatric disabilities in the state's 27 mental health centers. This began in 2003 as one of eight states in the National EBP Implementation Project and has expanded since then:</p> <p>Supported Employment—12 sites Integrated Dual Diagnosis Treatment—11 sites Strengths Case Management—3 sites Family Psychoeducation—in the planning stage</p> <p>The process for each site includes baseline and every 6-month fidelity reviews, creation of a leadership team, about 40 hours of structured training, and on-going consultation for 1–2 years (on a once or twice a month basis). The core of the training is based on the Dartmouth Implementation Resource Kits (except strengths case management) but they have elaborated and expanded it greatly. They also have a separate curriculum for EBP supervisors.</p>	<p>Supported Employment</p> <p>Integrated Dual Diagnosis Treatment</p> <p>Strengths Case Management</p> <p>Family Psychoeducation</p>	<p>Charles A. Rapp, PhD Professor University of Kansas School of Social Welfare 1545 Lilac Lane Lawrence, KS 66044-3184 (785) 864-8946 charlier@ku.edu</p>

Institution	Project Description	Examples of Evidence-Based Practice(s) Taught	Contact
University of Texas at Arlington School of Social Work	<p>Dr. Smith-Osborne teaches <i>Direct Practice with Mental Health Clients</i> (SOCW 6336). The course teaches students to describe causes (empirically validated and theoretical), evidence-based advanced assessment methods, and the most effective evidence-based treatments for depression, anxiety disorders, phobias, thought disorders, and other acute and chronic mental disorders. Substance abuse is also covered. The current research literature on mental health is explored to determine the most reliable bases for contributing factors, assessment, and treatment.</p>	Integrated Dual Diagnosis Treatment Cognitive Behavioral Therapy Medication Management ECT for Severe Depression Advocacy and Safety Planning for Domestic Violence Against Women Reality Orientation for Dementia	Alexa Smith-Osborne, PhD, MSW, LCSW, ACSW Assistant Professor The University of Texas at Arlington School of Social Work 211 S. Cooper, Box 19129 Arlington, TX 76019 Office #301E (817) 272-0452 alexaso@uta.edu

APPENDIX E
About REACH-SW

REACH-SW is a **curriculum enhancement tool** designed to support faculty in teaching social work students how to apply evidence-based practice (EBP) approaches to social work practice. The tool is also designed to increase scientific literacy skills of faculty—and thus, students—with respect to finding, understanding, and applying empirical research to social work practice.

REACH-SW provides faculty the background information they need to know to effectively teach the application of EBP within a variety of social work courses, including Micro and Macro Practice, HBSE Foundations, Program Evaluation, Policy Analysis, Introduction to Social Work Practice, Advanced Social Work Practice, Introduction to Social Work Research, and many others.

The product includes:

- ◆ Interactive CD-ROMs designed specifically for faculty teaching BSW, MSW, or PhD students
- ◆ Facilitator’s guide
- ◆ Multi-tiered training programs (self-instruction, individual training, train-the-trainer)

Each CD-ROM contains four modules:

- 1. Defining Research Evidence**
 - ◆ Evidence-Based Practice (EBP) Defined
 - ◆ The Benefits of Using EBP in Social Work Practice
 - ◆ Historical Development of EBP as it Relates to Social Work
- 2. Finding Research Evidence**
 - ◆ Define a Research-to-Practice Question
 - ◆ Plan for and Conduct a Search of Evidence and Literature
 - ◆ Conduct a Document Search
- 3. Assessing Research Evidence**
 - ◆ Hierarchy of Evidence
 - ◆ Evidence Credibility
 - ◆ Reading Research Reports
 - ◆ Clinical Significance of Evidence
 - ◆ Applicability of Evidence to Current Practice Situation
- 4. Applying Research Evidence**
 - ◆ Applying Evidence-Based Practice (EBP) Processes
 - ◆ Evidence-Based Interventions (EBI)
 - ◆ Communicating With Clients About EBP
 - ◆ Organization and Systemic Issues to Consider When Implementing EBP
 - ◆ Using Research Evidence to Inform Practice

Each module is divided into two sections:

- 1. Module Content:** Tutorial for faculty
 - ◆ Provides background information needed to effectively teach topic

-
2. **Course Resources:** Downloads to be customized for individual faculty use and infused into a variety of social work courses:
- ◆ Lecture Notes
 - ◆ PowerPoint presentations
 - ◆ Video clips for use in class
 - ◆ Activities/Handouts (case examples, in-class exercises, assignments)

REACH-SW Project Staff and Collaborators

REACH-SW Project Staff

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Nicole Owings, MA, Project Director

Amanda Ziegert, Research Associate

Laurie Brockmann, MPH, MSW, Consultant Writer

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National Institute of Mental Health

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Social Work Organizational Partners

- ◆ IASWR
- ◆ CSWE
- ◆ BPD
- ◆ SSWR
- ◆ NADD
- ◆ NASW
- ◆ GADE

APPENDIX F**Resources**

Anxiety Disorders Association of America. The ADAA provides detailed information on anxiety disorders and treatment options. <http://www.adaa.org>

University of Texas, Austin Symposium: Improving the Teaching of Evidence-Based Practice. This symposium was held October 16–18, 2006, in Austin. The Web site contains the papers prepared for the symposium and the recommendations that emerged from the small group deliberations. The papers will also be included in an upcoming issue of *Research on Social Work Practice*. <http://www.utexas.edu/ssw/ceu/practice/>

California Evidence-Based Clearinghouse for Child Welfare. The California Evidence-Based Clearinghouse for Child Welfare provides up-to-date information on evidence-based child welfare practices and facilitates the utilization of evidence-based practices as a method of achieving improved outcomes of safety, permanency and well-being for children and families involved in the California public child welfare system. <http://www.cachildwelfareclearinghouse.org>

Cancer Control P.L.A.N.E.T. The Cancer Control PLANET portal, which stands for Plan, Link, Act, Network with Evidence-based Tools, provides access to data and resources that can help planners, program staff, and researchers to design, implement, and evaluate evidence-based cancer control programs. <http://cancercontrolplanet.cancer.gov/>

Cochrane Collaboration. The Cochrane Collaboration is an international, nonprofit organization, which produces and disseminates systematic reviews of health care interventions. www.cochrane.org

Campbell Collaboration. The Campbell Collaboration is an international, nonprofit organization, which reviews the effectiveness of behavioral, social and psychological interventions in the fields of social welfare, criminal justice, and education. www.campbellcollaboration.org

Evaluation Center at Human Services Research Institute. The Evaluation Center@HSRI is a national technical assistance center dedicated to adult mental health systems change. The Evaluation Center provides technical assistance in the area of evaluation to states and nonprofit public entities for improving the planning, development, and operation of adult mental health services. The toolkits give users access to some of the most current approaches and instructions on how to implement sound evaluation studies. Toolkits are available in the areas of Outcomes Measurement, Evaluation Methodology and Statistics, Managed Care, Performance Measurement & Quality, Internet Evaluation Issues, Multicultural Issues in Evaluation, and Evidence-based Practices. <http://www.tecathsri.org>

Institute for the Advancement of Social Work Research. The Institute for the Advancement of Social Work Research (IASWR). The IASWR Web site has links to research briefs, information on workshops and conferences and funding opportunities for social work researchers. <http://www.iaswresearch.org/>

More info on EBP can also be found in:

Zlotnik, J. L., & Galambos, C. (2004). Evidence-based practices in health care. *Health and Social Work, 29* (4), 259–261.

Zlotnik, J. L. (2007). Evidence-based practice and social work education: A view from Washington. *Research on Social Work Practice, 17*(5), 625-629. http://www.utexas.edu/ssw/ceu/practice/papers/EBPResponseZlotnik_s.pdf

Dr. Zlotnik's presentation at the University of Maryland on evidence-based practice(s). <http://ebpexchange.files.wordpress.com/2007/02/ebp-umd-zlotniik-2-07.ppt>

National Alliance of Multi-Ethnic Behavioral Health Associations. The mission of NAMBHA is to collectively promote the behavioral well-being and full potential of people of color and to eliminate disparities in behavioral health services and treatment. NAMBHA works to identify culturally appropriate best practice models. <http://www.nambha.org/>

National Association of State Mental Health Program Directors Research Institute (NRI). NRI has useful information about defining evidence-based practices, a directory of several resources that describe criteria for defining which practices are evidence-based as well as important information in implementation of evidence-based mental health practices. For more information, visit NRI, Inc.'s Center for Mental Health Quality and Accountability at http://www.nri-inc.org/projects/CMHQA/criteria_epb.cfm

National Implementation Research Network. The mission of the National Implementation Research Network (NIRN) is to close the gap between science and service by improving the science and practice of implementation in relation to evidence-based programs and practices. NIRN conducts implementation research and creates practical implementation frameworks to guide the transformation of behavioral health systems. <http://nirn.fmhi.usf.edu/>

National Institute for Mental Health. NIMH's Web site contains information on many mental disorders. The site also provides information on NIMH research, publications, and activities. <http://www.nimh.nih.gov/>

National Working Group on Evidence-Based Health Care. The National Working Group on Evidence Based Healthcare represents consumers, caregivers, practitioners, and researchers committed to promoting accurate and appropriate evidence-based policies and practices that improve the quality of healthcare services in the United States. www.evidencebasedhealthcare.org

Dr. Leonard Gibbs' Evidence-Based Practice for the Helping Professions.

This extensive site is a resource for social workers who want to learn about EBP and how to conduct a search of evidence. www.evidence.brookscole.com

REACH-SW. REACH-SW, being developed by Danya, International under an NIMH-supported Small Business Innovation Research grant will be a resource to faculty members teaching evidence-based social work practice and practice-based social work research. The REACH-SW modules focus on mental health applications, but the information is applicable to other fields of practice. The modules include key ideas, extensive resources and teaching aids, such as case examples, class activities, lecture notes, and references.

Substance Abuse and Mental Health Services Administration (SAMHSA) National Registry of Evidence-Based Programs and Practices (NREPP).

The recently redesigned NREPP is a system designed to support informed decision-making and to disseminate timely and reliable information about interventions that prevent and/or treat mental and substance use disorders. The NREPP is a searchable online registry which allows users to access descriptive information about interventions as well as peer-reviewed ratings of outcome-specific evidence across several dimensions. NREPP provides information to a range of audiences, including service providers, policy makers, program planners, purchasers, consumers, and researchers. <http://www.nrepp.samhsa.gov/>

Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services' (CMHS) Evidence-Based Practice Implementation Resource Kits.

SAMHSA/CMHS has developed six toolkits to guide the implementation of mental health evidence-based practices. The toolkits contain information sheets for all stakeholder groups, introductory videos, practice demonstration videos, and a workbook or manual for practitioners. The toolkits cover Illness Management and Recovery; Assertive Community Treatment; Family Psychoeducation; Supported Employment; and Integrated Dual Diagnosis Treatment. <http://mentalhealth.samhsa.gov/cmhs/communitysupport/toolkits>

University of Maryland Baltimore's Evidence-Based Practice Blog. The School of Social Work has a blog called EBP Exchange, where faculty, students, and other interested individuals can read, share and discuss evidence-based research and practice and its impact on the school and the social work profession. The blog contains discussions on a wide variety of evidence-based issues, research articles, presentations, and links to other resources. <http://ebpexchange.wordpress.com>.

ABOUT THE INSTITUTE FOR THE ADVANCEMENT OF SOCIAL WORK RESEARCH

The Institute for the Advancement of Social Work Research (IASWR) is a 501 c(3), non-profit organization, based in Washington, DC and launched in 1993. The mission of the Institute for the Advancement of Social Work Research (IASWR) is to advance the scientific knowledge base of social work practice by building the research capacity of the profession, by increasing support and opportunities for social work research, and by promoting linkages among the social work practice, research, and education communities. IASWR's purposes are to:

- ◆ Promote the development, support, and use of social work research on problems of serious concern to society.
- ◆ Promote social work research and the dissemination of research findings in order to improve practice, program development, and social policy that will enhance the quality of life for all people.
- ◆ Promote interdisciplinary as well as social work partnerships in order to advance the scientific basis for solving social problems.

IASWR's supporting organizations include the Association for Baccalaureate Social Work Program Directors, the Council on Social Work Education, the Group for the Advancement of Doctoral Education, the National Association of Deans and Directors of Schools of Social Work, the National Association of Social Workers, and the Society for Social Work and Research. For more information about IASWR visit www.iaswresearch.org.