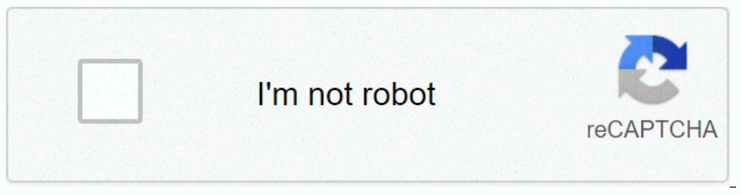

Continue

Research informed practice in social work

The left side of the evidence-intervention-evidence figure (Figure 1-1) is the focus of this section: informing application decisions with evidence. This effort can be expressed as preventable ignorance (Gambrill and Gibbs, 2017, p. 73). Selecting an intervention strategy should be guided by evidence of the potential for customers to achieve the desired goals (Briar, 1974, p. 2). In this section you will learn: The definition and elements of evidence-based application Identification of Evidence-Based Application, Evidence-Based Practices, • When you progress through your social work training, compared to other types of applications informed by Evidence-Based Practice in Social Work, you may encounter the term evidence-based application and the expectation that social workers will enter the application based on evidence. On the surface, this seems like a simple concept: social workers are preoccupied

with practices that are informed by evidence or based on evidence, and practices that evaluate evidence are also used. The concept of evidence-based application, however, is much more complex and nuanced than it appears on the surface. It is useful to distinguish between evidence-based applications, evidence-based applications (note that this is interpreted plurally by the letter s) and evidence-based practice (not plural). Evidence-Informed Application. In our previous course, you learned about how social work interventions can be improved based on empirical evidence. Informative evidence included previous studies of epidemiology, etiology and intervention results: effemination studies and effemination studies. Together, these sources of information cover what the term evidence-informed implementation means when applied to the application. The term evidence-informed applications (EIPs) is sometimes used. Evidence-Based Applications. What the concept of evidence-based applications (EBPs) sounds like: applications based on experimental evidence. When professional practices are based on evidence, practitioners basically use empirical evidence of the consequences of specific intervention approaches to design their own interventions. The key to EBPs is that they have an evidence base that supports the use of the applications used, and that interventions are applied with great loyalty as if they were initially examined. The more drag there is from the intervention examined, the less relevant the supporting evidence becomes, and applications appear more evidence-based (EPS) than evidence-based applications (EPS). For a coordinated community response to domestic violence that emerged in the intervention literature in the 1970s and 1980s, see the example of the Duluth Model (see <a0><a1></a1></a0>). Shepard & Pence,1999). Duluth Model advocates provided a lot of detail about the components of the coordinated community response model and evidence of its effectiveness in addressing the issue common (domestic) violence. Later, many communities considered the model representing EBPS, identifying themselves as Duluth Model programs. In many cases only integrate the batterer treatment program approach; Many programs also include their tools and local talent in batterer treatment programs. Unfortunately, the Duluth Model approach included batterer treatment programs alongside a coordinated community response model that intervened around intimate common violence. What he left out of many programs was intensive community organisation and empowerment work, which was also part of the model, which led to significant changes in local policy, policing and court practice. The evidence supporting the implementation of the Duluth Model was not related to the cut-off intervention approach (batter therapy only) and did not apply when the treatment program was replaced by different tools. Communities disappointed that their results do not match duluth reported were often communities that had been a significant loss of full model loyalty-their practices may or may not be evidence-informed (EIPs), but EBPs were not known as the Duluth Model. Evidence from the original Duluth Model programs has lost its importance as programs change the way their applications are implemented— pieces of the puzzle no longer fit together. Evidence-based application. Evidence-based application (EBP) is where more complexity is introduced without s. EBP is both an ideology and social work methodology (Gibbs, 2003). As an ideology, EBP includes a commitment to apply the best, relevant evidence available to problems encountered in practice. How we find and integrate research into the application requires changes (Gibbs & Gambrill, 2002, p. 453). This means dealing with evidence at every point of contact with customers throughout the entire course of the charity relationship. As a methodology, EBP includes implementing a very specific process for decision-making practice by evaluating what is known about an application problem and what is unknown (Gambrill & Gibbs, 2017). In the EBP process, empirical evidence is combined with the practitioner's professional experience and the client's (or patient's) conditions, values and preferences (Strauss et al., 2019). Therefore, more information sources inform application decisions. Figure 2-1. The EBP model requires the practitioner to deal with a series of six steps modified here, from clinical medicine (Strauss et al., 2019) to the practice of social work at multiple intervention levels (see Gibbs, 2003). When application states are uncertain or uncertain, it is appropriate to participate in the EBP process when routine enforcement decisions appear inappropriate or inadequate. EBP is about practical thinking and decision-making approach in uncertain situations; what to think or Step 1: Specify an answerable application question. Step 2: Determine the best evidence to answer this question. Step 3: Critically evaluates evidence and its applicability to question/problem. Step 4: Intensify results from critical evaluation with application expertise and unique conditions of the client or client system. Step 5: Taking appropriate actions based on this critical assessment of the evidence. Step 6: (a) monitoring and evaluating the results of the implementation decision/intervention and (b) the effectiveness and effectiveness of the EBP process (step 1-5). We examine each of these steps in more detail in Module 2. For now, let's look at how these steps can generally fit into the social work problem-solving process— regardless of the level of macro intervention that a social study engages in. Figure 2-2 problem solving process diagram is provided for us by Dr. Jerry Bean (unpublished) and assistant instructor with Ohio State University College of Social Work. Figure 2-2. Social work is the problem solving process and dealing with evidence. As you can see, dealing with evidence at more than one point in the problem solving process occurs from the initial assessment of the problem to the development of solutions or interventions, to the evaluation of the impact of these interventions. Given the good social work interventions, the social work populations to which they will be delivered (related to diversity characteristics, past history and experiences), available resources (time, skills, space and other resources), the social worker (values, beliefs, ethics) is informed by acceptable and acceptable evidence by receiving customers. It is important to repeat that the process is not preoccupied with routine implementation issues before taking into account the criticisms of the EBP in Evidence-Based Application Criticisms. EBP is activated when an application state is typical or does not comply with the routine. For example, a substance abuse treatment program can routinely provide clients with (evidence-assisted) cognitive behavioral therapy (CBT) where the purpose is to be free of substance abuse. To look for evidence in this scenario, you simply don't need to engage in a search to present your clients with their options and the evidence behind them. However, what happens when a social worker encounters a client experiencing significant cognitive limitations caused by traumatic brain injury (TBI) following an accident, sports or military injury? The social worker in this scenario may be involved in the EBP process to identify intervention strategies that are most likely to achieve successful results for this customer who is experiencing problems that arise together. However, you should know that there are critics who do not fully embrace the EBP process as a professional standard practice (see <a0><a1></a1></a0>). Gibbs & Gambrill, 2002). External restrictions. A limitation of strict adherence to EBP it relates to a lack of knowledge of how practitioners take into account restrictions and opportunities regarding policies or service delivery system structures (Haynes, Devereaux, & Guyatt, 2002). For the most part, the EBP method emphasizes the decision-making process that takes place between the practitioner and the customer (or patient). However, implementation decisions and decision-making processes are greatly influenced by the context in which they are involved. This remains an important practical issue to consider in both practitioner experience and customer conditions/preferences. For example, there is important evidence to support sober housing as a desirable settlement for individuals recovering from a substance use disorder. However, there are also restrictions in many communities, including the lack of adequate sober housing units, sober housing not adapting to people with mental or behavioral health problems that occur together, and eligibility restrictions for people with a prison history. Or, for example, a social worker can practice within an agency dedicated to a particular practice philosophy; regardless of the evidence supporting its use, the implementation of an innovative approach may not be supported by the agency. Some addiction recovery programs, for example, are based on a philosophy that does not support the use of prescription drugs to support behavioral ness or treatment (drug-assisted treatment or MAT). Such a program will benefit a social worker or MAT will be limited to making a recommendation to another provider for desirable customers. Therefore, application decisions are influenced by limits imposed on their contexts— the EBP process may not be adapted to some of these constraints, obstacles, or limits. Access to Empirical Evidence. Another possible limitation of the EBP model is the degree to which empirical evidence of on-hand application questions may depend. This problem has several inter-connected parts. The evidence is difficult and time consuming to find. The search for relevant evidence can be time-intensive and labor-intensive. However, the degree of difficulty in finding evidence is not an excuse for a failure to seek evidence. The relevant arguments reported by Gibbs and Gambrill (2002) include concerns about the implementation of EBP in cases where practitioners no longer have access to academic libraries in the institutions in which they are trained. The argument against this concern: technology has opened access to interaction with great knowledge globally. Being able to search effectively is not a problem like it once was; being able to search efficiently is a bigger problem— there's often a lot of information to sort and gain. A related argument relates to high litigation burdens (Gibbs & Gambrill, 2002) and cannot be paid for the time spent on a practitioner The direction of the application because there is no face time spent with customers. Social service professionals should defend that these activities are reimbursable as customer service. Regardless, our professional code of ethics requires social work ... research findings related to the application and share their findings with customers (including nothing) (Gibbs & Gambrill, 2002, p. 463). It does in the name of professional activity and, perhaps, customers. One of the concerns addressed by Gibbs and Gambrill (2002) is concerning: EBP, as a therapeutic alliance in the practitioner-client relationship or as an obstacle to sleep. In the counter argument, this should not be the case if the practitioner is appropriately involved in the abrasive process. What could be more important to customers than learning about the best alternatives to addressing their concerns? As mentioned above, the search for evidence can interact not only for them, but also with customers. Dealing with evidence is a professional developmental activity that, at least in some states, may be related to maintaining professional legality. And, the more you use such information, the more efficient you are in the process of finding and analyzing such information. While it is now considered best practice to rely only on practice traditions , nor is search limited to what is available in brick-and-mortar libraries. © A. Started, 2015 Evidence is based on a batch data, not individuals. This observation means that empirical evidence is often presented not about individuals or cases, but about individuals and the customer or customer system in which the social worker is an individual. So, this observation of the data collected is often true, but it is not necessarily a liability if the information is evaluated correctly. As you may recall from the previous lesson, social and behavioral science develops theories and evidence based on observations of examples of individuals representing (hopefully) the population of interest. The information developed can be generalized from sample to population. The disadvantage of individuals gathering information about an example is that we lose specificity about what is going on for any individual. This loss of individual specificity increases as a function of increased individual variation (diversity or heterogeneity). So, criticism applies up to a point. While the evidence from the collected data gives us an estimate of what to expect, it is not the forecaster of every individual in the population. Our initial good estimates based on the data collected will help to better how representative the samples are from the population - there is also representative diversity in studies. For example, if evidence of the effectiveness of a combined drug/behavioral intervention for substance use disorders is based on a sample of men treated through Employee Support Programs (EAPs), There is relatively little to expect from intervention in women or individuals imprisoned for substance-related crimes - they can only differ in the living conditions of these individuals, as well as in other important ways, such as race/ethnicity, age and severity of the problem being treated. It is important to pay attention to the EBP process, the representation of samples in the reported studies, and how well these studies represent the conditions of the individual customers we work with. And, the EBP process should include an ongoing monitoring mechanism so that we can adapt to where our individual customer experiences are different than expected. The evidence is based on controlled experimental conditions, not real-world conditions. This criticism is partly true. Activity studies include carefully controlled experimental conditions that reduce variance as a way to improve internal validity— the multivariability (risking external validity) that we see in real-world application conditions. The rationale is that these approaches ensure that the results of the study results accurately reflect the impact of intervention, not the effect of other explanatory variables. For example, until the 2000s, much of the breast cancer research focused on the population of post-menopausal women. Not only is this the largest group of people diagnosed with breast cancer, the results of the study that interfered with the introduction of young, pre-menopausal women and men with breast cancer meant that they were baffled by other factors-including studies that would make it difficult to determine what works. However, this also meant that there was little evidence to inform the practice with pre-menopausal women and men who contracted breast cancer. In addition, many interventions have been carried out in well-prepared centers where general practitioners and researchers are breast cancer specialists and to provide treatment with a high degree of loyalty to the treatment protocols tested. Therefore, the next step in the process of developing information about intervention includes activity studies— testing these activity results in a more diverse, real-world way. As mentioned earlier, this study includes a more diverse population of customers and more diverse practitioners, working under less artificially controlled conditions. For example, consider the evolution of Motivational Interview (MI), developed to address alcohol use disorders and now applied in many different physical and behavioral/psychological health conditions (Rubak, Sandbæk, Lauritzen, & Christensen, 2005). When MI was first examined, the supporting evidence was based specifically on the intervention provided by practitioners and was highly trained in approach. As evidence of its effectiveness and effectiveness expanded, practitioners began to implement a broader range of approaches. The creators of this A certification process (Trainers Motivational Interview Network or MINT, certification) has been established to reduce variability (improve accuracy) in the application, but instructors do not need to have this certificate (see more . The rarified application conditions of first responders' work can be on par with a kind of virtual world, somely divorced from real-world application conditions. The evidence is not necessarily related to social work interventions. The search for evidence of a particular application problem should not be disciplined—perhaps the relevant practice questions are addressed by psychology, medicine, nursing, public health, criminal justice, education, occupational therapy or any other profession. We can use a potentially rich, different knowledge base to inform social service intervention. In many areas where social service practices are interdisciplinary areas, such as substance misuse gerontology developmental disability corrections health education mental health, social workers intervene as members of teams where interventions are not just social work interventions. Chapter Summary In ambiguous or ambiguous situations, social workers may be lucky to be able to enter the evidence-based implementation (EBP) process by applying a strong evidence base as well as application wisdom and customer preferences to make application decisions regarding interventions. However, at other times you may consider engaging in evidence-based applications (EIPs) or evidence-based applications (EP). The important thing is to make a strong effort to identify and evaluate the available evidence, thereby helping customers become informed participants when making decisions about intervention plans. Another point is that social work professionals need to contribute to evidence development, especially where we face significant information deficiencies. Take a minute to complete the following activity. Activity.