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EVIDENCE-BASED Application

ELISABETH JOY LAMOTTE, LICSW

INTRODUCTION

As private practitioners rebuild, recalibrate, and move forward, we may want to consider the important principles of evidence-based practice. Even as we persevere to provide quality care, we and our clients are enduring a collective trauma. Staying abreast of evidence-based strategies could help us revitalize our approach to the work.

Many of us in private practice are largely sheltered from shifts in the fields of managed care and social service agencies. As a result, we may not always be exposed to evolving research, and we may not feel the same pressure as do our colleagues in other settings to stay current on evidenced-based strategies.

The website of the National Association of Social Workers (NASW, n. d.) defines *evidence-based practice* as "a process in which the practitioner combines well-researched interventions with clinical experience, ethics, client preferences, and culture to guide and inform the delivery of treatments and services."

Clinical social workers in private practice who prioritize evidence-based practice therefore emphasize clinical interventions that have been researched and proven to demonstrate a scientific measurable benefit to client outcomes. The term *evidence-based practice* is not one I recall learning about while in graduate school in the mid-1990s, so I was excited to have a chance to speak with Dr. Jacqueline Corcoran, the first social worker to publish a book on this topic.

Dr. Corcoran published *Evidence-Based Social Work Practice with Families* in 2000. She is the director of the Clinical Social Work doctoral program at the Social Policy and Practice (SP2)

school at the University of Pennsylvania and is the author of several books, including a forthcoming volume on evidence-based social work practice.

Below are excerpts from our conversation; I hope that private practitioners will enjoy and learn from them.

Dr. Corcoran, you have published 18 books, you have two more under review, and you direct the Clinical Social Work doctoral program at SP2. You also have a private practice and have written books of fiction, yet you seem very calm. I'm so curious—how do you do it all?

Well, I don't like to be bored, and I have a lot of energy, despite my calm exterior. I like to be busy and involved in multiple projects. That way, if I start working on an academic book and I stall, I can shift to another project. I can keep jumping back and forth as my interest and energy for particular topics change.

As you jump from one to the other, how does each inform and shape the other?

It depends. This semester, I'm teaching "Child and Adolescent Mental Health Challenges," and I'm writing a book on treatment in social work of children and adolescents, so the teaching informs the book. I have to be thinking about how my students are receiving the material and what they find useful. The teaching shows me how my material is developing and where the students need to know more. Many times, teaching a certain class will start off a project. When I teach it again, I revisit the topic and can go deeper each time; that informs the writing.

And how does that [process] carry over into private practice?

I do a lot of cognitive behavioral work, and I see trauma, and that's of great interest to the students. I teach a specialized cognitive behavioral interventions class, and I can tell them about how clients receive the treatment. Students work with these de-identified [case files]. Because I know the background, [these files are] better than a case study that I get from somewhere else. I can answer questions and even role play, if necessary.

What are you finding with virtual therapy?

My clients are comfortable being online, so I am doing that. I haven't taken on new clients [since going virtual]. There is quite a bit of research—many systematic reviews—based on pre-Covid conditions, indicating that online and face-to-face are equivalent in terms of outcomes. Anecdotally, I've observed in myself and other providers that we don't like it as much, unless someone has personal circumstances, such as cost of office space or childcare, that make it convenient for them [to remain virtual]. I'm always on the computer, and so I was motivated to see clients face-to-face, being in the room with them. I don't really like telehealth because it is more of what I do all day—work on the computer—and that's why I haven't taken on anyone new. So, that's my hypothesis: that providers have a harder time with the online than clients do.

How might you apply evidence-based practice to virtual practice?

I think you can do it. You have to rely more on verbal reports because you can't detect some things on the computer, like body language and those relationship factors and client reactions that you can pick up in a room. I'm talking about the part of evidence-based practice that involves tracking progress to see whether the approach you've taken, based on the research, is working with this particular client. You have to decide on a tool you will use with a client—whether that's a self-anchored scale or a professionally developed tool that has been standardized. Also, you might need to be checking in with the client more about how they're receiving the work. For example, if I was doing trauma exposure, I would have to be checking in more to make sure that people were handling it OK. I haven't done that work online, but I think it can be done.

How do you think social workers in private practice can best use evidence-based qualitative and quantitative information to enhance their therapy practice?

Private practice practitioners can access PubMed, which is available to the public. Not every article on there is available to the public, but if there is federal grant funding behind them, then the articles are publicly available. A lot more is online than there used to be. And sometimes you can get information from abstracts, too. You don't always need the full article. Google Scholar is another option. There are some PDFs available there. Articles there are sorted by the number of times they've been cited by other authors. PubMed is probably better for relevance, as a result. Do a search for "systematic reviews," which are at the highest level in a hierarchy of evidence. If there are no reviews that address the topic you're looking for, go to "randomized controlled trials," which is at the second tier of evidence. Qualitative studies are at the lower end of things. You wouldn't go there first, but you might work your way down to that level. And there might not be anything else. But often there is more information available than people think. A lot of times students will say to me,

"There's nothing on [a particular topic]." And I'll do a quick search and find reviews.

So, the steps that you outline in your upcoming book tell you exactly where to go, and social workers in private practice can take those same steps. What might be an example?

There was a doctoral student working with a woman who had a family member die by suicide and the client was experiencing post-traumatic stress disorder . The student looked for evidence-based guidance, starting with a qualitative study that she found. I did some brief research, however, and noticed that there was a systematic review about interventions for people who had a family member die by suicide. So, I shared it and said that the systematic review should be her starting point. The advantage of using a systematic review, if available, rather than a qualitative study, is that somebody else has already collected all the information, and you don't have to hunt down all of the studies.

What would you observe as the pitfalls that social workers in private practice can fall into?

I don't think they make enough use of the research that is out there. I do cognitive behavioral therapy work, and a lot of times people contact me knowing that I am oriented in that way. I tend to get a lot of people who say, "I was seeing another clinician, and she was super nice, but we kept talking about the same things, and it didn't really go anywhere." That tells me that they are looking for a more action-oriented kind of approach. I think having a framework—a theory you're operating from—is helpful. You don't always have to stick to it like glue, but clients can get confused if there are too many different approaches. Then they're not sure what we're doing.

And where would you place psycho-education in this, in terms of teaching a client about the background and evidence of the theory?

I think that is important. I do a little intro to CBT. I keep the information minimal to keep people engaged. Sometimes I will draw a triangle to show the connection between thoughts, feelings, and behaviors, using an example in their life they've been talking about. I think it is important to do a little bit of teaching to show that there is a rationale for what you're doing. It shows that you have a plan, it comes from somewhere, and there is a reason it can be effective. That can be reassuring to the client.

I really enjoyed reading your upcoming book. The material is interesting and different than when I was in school. Some of the terms are new to me, having graduated in 1995. It seems like a practical and deeper approach that clinicians can use more of.

The evidence-based practice process is a newer one. Some of us think it's a better way to train social workers rather than studying how to do research, because most people don't do research. It has more relevance and more practical application. You still have to understand the research, but it allows you to be a consumer rather than an actual researcher. And you learn about the use of measurement tools as a part of practice.

Like the OQ-(45?

Yes. It gives you a lot of information about whether the client is benefitting. Sometimes a measure like the OQ-45 (may tap into an experience of the client's that they weren't verbally aware of. If the questions are brief, like those on the OQ-45, then it's not so onerous. It's another part of using evidence-based practice.

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