

From a Provider's Perspective: Integrating Evidence-Based Practice into the Culture of a Social Service Organization

Miranda Yates

Good Shepherd Services

Jennifer Nix

Good Shepherd Services

Jennifer Schurer Coldiron

*University of Washington School
of Medicine*

Laurie Williams

*Reach Out and Read of Greater
New York*

Staff from a multi-service organization describe the development of an agency-wide approach to integrate evidence-based practice (EBP) into decision-making processes for program planning and evaluation. Drawing from research utilization, EBP, and implementation science literature, staff clarified the meaning of EBP, demystified terminology, and developed tools for incorporating research and models into program designs. The process underscored the importance of framing research utilization within an organization as mission-relevant and connected to ongoing learning. Preliminary findings suggested positive shifts in staff openness toward EBP, an upward organizational trend in incorporating evidence-based and -supported models and improved participant outcomes.

Acknowledgments: The activities described in this article were primarily supported by funding from the Edna McConnell Clark Foundation. Authors are also grateful to Sister Paulette LoMonaco and EBP workgroup members: Rachel Forsyth, Kathy Gordon, Ellen O'Hara-Cicero, Lina Pasquale, Valerie Segal, Kerrie Thompson, Diana Torres, and Jennifer Zanger for their contributions to the process described in this article. We thank Elise Cappella, Elizabeth DiLuzio, and Kathy Gordon for their comments on drafts of this article.

Conversations about how to promote the greater use of research and empirically supported work within social service organizations are often missing a critical voice: staff working within these organizations. Supporting this view, a recent report from the William T. Grant Foundation—marking its sixth year in promoting investigations of the use of research evidence—highlighted gaps in understanding of user perspectives and contexts (Maciolek, 2015). Additionally, Tseng (2012) has observed that much of the current effort to increase research utilization is dominated by a “producer-push” orientation.¹ Within this orientation, strategies to increase use of research evidence focus on producing rigorously evaluated models, increasing communication about these models (e.g., through online clearinghouses), and defining research-driven steps to implementation, with less attention paid to the processes within a social service organization that can promote or hinder research uptake.

The value of examining research utilization from the perspective of staff within social service organizations is further supported by recent articles on evidence-based practice (EBP) that emphasize the impact of organizational context and culture on successful utilization (Ehrhart, Aarons, & Farahnak, 2014; Gray, Joy, Plath, & Webb, 2015; Johnson-Motoyama & Austin, 2008). For example, Aarons and Palinkas (2007) emphasize the influence of organizational factors such as leadership, resource allocation, and training on successful implementation of evidence-based models. In their article on how organizational contexts can support practitioners to be research-minded, McBeath and Austin (2015) also identify institutional, cultural, leadership, and professional development factors as key. They underscore the criticality of framing research utilization within an organization as mission-relevant and as connected to growth, learning, and innovation.

With the goal of furthering the understanding of the role organizational culture and context play in research utilization, this article

¹“Producer-push” term attributed to Nutley, Walter and Davies (2007).

focuses on our efforts to integrate EBP into decision-making processes for program planning and evaluation. We describe the development of an agency-wide approach to promote the consistent consideration of research and data. Drawing from research utilization, EBP, and implementation science literature, our efforts entailed clarifying the meaning of EBP, demystifying terminology, and developing tools for incorporating research knowledge and models into program designs.

Organizational Context

Serving as the case study for this article, Good Shepherd Services (GSS) is a multi-service organization that strives to connect children, youth, and families living in under-resourced neighborhoods with opportunities for success. Based in New York City, GSS provides a network of youth and family development, education, and child welfare services. In fiscal year 2016, GSS served 30,365 people across 87 programs with a budget of \$88.7 million and 703 full-time and 479 part-time staff.

The effort to define an agency-wide EBP approach began in 2011 with a confluence of internal and external factors that increased staff focus on data and research. Internally, GSS had already embraced the identity of a Learning Organization with a commitment to critical reflection, knowledge sharing, and ongoing improvement from a strengths-based perspective (Senge, 1990). Reflecting this commitment, a centralized Program Evaluation and Planning (PEP) Department had been established in 2008. GSS had also successfully implemented research-informed practices and models in some of its programs, most notably The Sanctuary[®] Model in its child welfare and juvenile justice programs and Parenting Journey[®] in its foster care prevention program.² Externally, private and public funders were applying increased pressure to collect and analyze data, incorporate research knowledge, and build evidence of effectiveness. Of particular note at the time, the Administration for Children's Services (ACS) in New York City was

very actively encouraging community-based organizations to implement empirically supported interventions. This situation presented opportunities and challenges for GSS. Much as Gray, Joy, Plath, and Webb (2015) found in their survey of social workers' attitudes to EBP, GSS staff's openness to advancing the use of data, research, and prescribed interventions in forwarding the mission was accompanied by vocalized feelings of anxiety, confusion, and disempowerment.

Developing an EBP Approach

In response to both internal shifts and external pressures, the GSS Senior Leadership Group³ formed a workgroup charged with articulating a theoretically grounded, agency-wide approach to EBP that could guide decision-making across programs and inform work with external partners. This workgroup was comprised of ten senior leaders from GSS' major program divisions, as well as from centralized support services, including PEP.

The workgroup's first order of business was to delve into the meaning of EBP and articulate its connection to the organization's mission and current practices. In keeping with being a Learning Organization, the goal was to better understand the possibilities that EBP might present for strengthening the agency's programs and innovation. The workgroup formulated the following fundamental questions: What is EBP? How does EBP relate to our work? How can we strategically incorporate EBP to strengthen our services? The workgroup set about the task of answering these questions with the

² The Sanctuary® Model is a comprehensive approach to developing a trauma-sensitive culture in which psychological and social trauma can be addressed and resolved (Bloom, 2000). Parenting Journey® is a 12-session curriculum-based, parent development program that combines education and family systems therapy to explore the roots of participants' parenting practices (Parenting Journey, 2012). Both of these models were brought to the agency by senior program leaders who wanted to strengthen performance on key outcomes and had learned of the models through peer agencies.

³ The GSS Senior Leadership Group is comprised of senior directors from program and administrative services. This group convenes six times a year to address agency-wide strategic issues.

objective of developing a presentation for the other members of senior leadership. To feed this process, which entailed biweekly meetings over a two month period, PEP staff reviewed relevant literature and PEP's Director then shared findings with the workgroup for discussion. Ultimately, insights from these conversations were used to develop not only the senior leadership presentation ("A Primer on EBP"), but also a written statement about the agency's EBP approach, and an annual managerial training. Visuals developed for the senior leadership presentation were also subsequently incorporated into the agency's ongoing performance management process.

Below, we describe what we learned in answering the workgroup's three fundamental questions. Insights and generalizations about how agency staff felt and what they believed were drawn from the workgroup conversations, as well as feedback received from line and managerial staff in their day-to-day interactions with PEP.

What is Evidence-Based Practice?

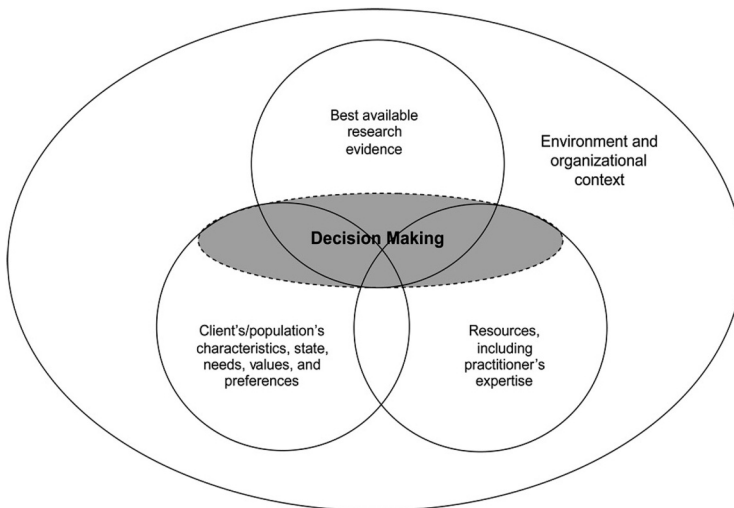
We understood that our first task was to demystify terminology connected to EBP. A key issue of confusion for staff and many of the stakeholders with whom they interacted was the conflation of EBP and empirically-supported treatments. GSS staff equated EBP with specific treatments or interventions such as Functional Family Therapy and Multisystemic Therapy. They believed that they could not engage in EBP without implementing a model meeting the highest standards of evidence. This is a common misunderstanding to which Thyer and Myers (2011) offer the following helpful and succinct clarification: "EBP is a process, a verb, not a noun" (p. 8) (see also Drisko, 2014). Engaging in EBP, therefore, does not necessitate the use of a model with a particular level of evidence. Instead, EBP is a deliberate way of making decisions that includes the intentional consideration of evidence.

A turning point for GSS in more tangibly understanding EBP as a relevant decision-making process came with an article by Satterfield

and colleagues (2009) on the transdisciplinary applications of EBP. Their model is rooted in the “three circles” model conceptualized to promote evidence-based medicine (Haynes, Sackett, Gray, Cook, & Guyatt, 1996). In Haynes’ and colleagues’ model, clinical decision-making occurs at the point of overlap between the three circles of clinical expertise, research evidence, and patient’s preferences. Satterfield and colleagues’ update on this model is helpful because it draws from multiple fields, including social work, public health, and psychology, and can be applied at a variety of levels of decision-making, including at the level of program and organizational planning. As shown in Figure 1, they redefined the circles as consisting of best available research evidence; population characteristics, needs, values, and preferences; and resources, including practitioner expertise. In this expanded model, the three circles are also depicted as existing within an encompassing circle of environmental and organizational context, such as agency mission and values.

Figure 1.

Transdisciplinary Model of Evidence-Based Practice (Satterfield et al., 2009).



How does EBP Relate to Our Work?

While the increasing importance of EBP to external stakeholders, particularly funders, had always been fairly clear, our work to demystify terms and promote an agency-wide understanding of EBP served to clarify its relevance and connection to our internally-driven mission and culture. The transdisciplinary EBP model and history of its development helped staff to envision EBP as a potentially empowering and creative process, key attributes in engaging staff (Senge, 1990; McBeath & Austin, 2015). The impassioned advocacy for this approach by Sackett, Rosenberg, Gray, Haynes, and Richardson (1996) directly addresses the concerns of GSS staff regarding the potentially stifling impact of EBP: “clinicians who fear top down cookbooks will find the advocates of evidence based medicine joining them at the barricades.” Once we clarified that EBP is not a method for prescribing external models, but rather places target populations’ needs and values and practitioner expertise on equal footing with research evidence, staff became more open to the idea of EBP as a process to guide thoughtful consideration and integration of different types of evidence when making program planning decisions.

How Can We Strategically Incorporate EBP to Strengthen Services?

With this frame, our internal challenge shifted to considering EBP’s implications for agency-wide practices in program planning and ongoing evaluation. The agency had already institutionalized the use of logic models, and PEP consistently partnered with program staff in an iterative performance management lifecycle with four quadrants: Define, Measure, Learn, and Improve (Eckert-Queenan and Fort, 2011). Based on what we had learned about EBP, we wondered what more was needed to support the consideration of all types of evidence, including research evidence and models, in program planning

and evaluation. How might we infuse an EBP orientation into our conversations and practice when considering how to define essential program components, measure key data elements, learn from results, and improve our work?

Two important early steps moved us forward in answering this question. Both steps involved promoting a shared and deeper understanding of the research evidence “circle” in the transdisciplinary model of EBP and how it could be incorporated into agency practice. The first steps entailed providing staff with information to navigate the maze of evidence-based models. The second step involved developing a visual tool to help staff pinpoint opportunities for incorporating research-informed practices and models into their programs and to understand how multiple models could fit together within a single program.

Navigating the Maze

The senior leadership presentation and subsequent EBP training we developed acknowledged how very confusing the world of evidence-based models can be, partly due to the varying terminology and classifications of research evidence used by different professions and organizations (e.g., California Evidence-Based Clearinghouse for Child Welfare, Institute of Medicine of The National Academy of Sciences, and US Department of Education). Agency staff are often left to sort out the dissonance and translate the meanings of, for example, “evidence-based,” “strong evidence” and “evidence effective.” As an organization, we decided to use the Institute of Medicine (IOM, 2001) classifications consistently across all program areas. This classification system has four levels: evidence-based, evidence-supported, evidence-informed, and evidence-suggested. We chose this system due to the stature of the IOM and the applicability of the classifications to models implemented across varied program areas including child welfare and education, essential for a multi-service organization such as GSS.

We then provided staff with a primer on evaluation principles to help them assess and translate the evidence-level of a model, regardless of classification system or terms used. For example, levels of evidence typically value and develop hierarchies based on (1) rigor of design, with experimental designs such as randomized control trials seen as strongest, (2) replication of findings of effect, and (3) duration of effect. All three of these considerations strengthen the case for making claims of causality about a particular model or intervention.

We also discussed why certain program areas might have less opportunity for rigorous evaluation. Ethical, logistical, and financial factors, among others, impact the opportunity to build an evidence base. We described the availability of alternatives for providing convincing evidence of effectiveness, particularly through statistical meta-analysis. Work by Lipsey, Howell, Kelly, Chapman, and Carver (2010) in juvenile justice and Durlak, Weissberg, and Pachan (2010) in after-school programs are notable examples of meta-analyses surfacing key best practices that can be integrated into programs.

Providing information to navigate the maze of varying terminology and concepts helped to decrease confusion and placed staff in a more confident role with internal and external stakeholders. Over time, we have developed an inventory of models used by programs that includes whether they are evidence-based, evidence-supported, or evidence-informed, according to IOM definitions. This inventory has helped us to operate with more consistency in responding to questions from funders about our programs' level of research evidence, and has been a useful planning tool as we consider how to strength the outcomes of our programs.

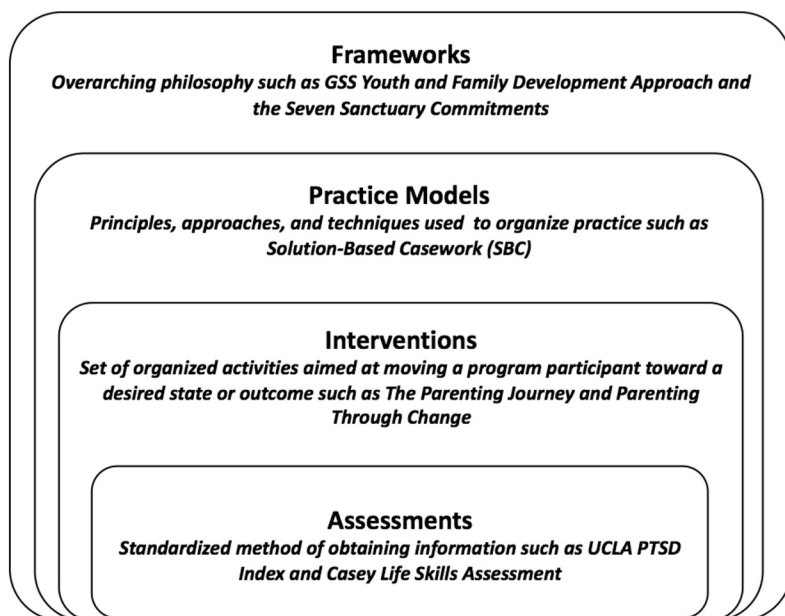
Viewing Programs as Nested Layers

A central question for staff was how new models could fit within an established program and align with our organizational values and practices. Most programs within the agency had been in operation for decades, and their designs had evolved, driven by our mission and

in response to community needs, resources, and other institutional systems. Agency-wide, staff were steeped in GSS's "signature approach" to all its work—a holistic and strength-based Youth and Family Development Approach emphasizing relationships, engagement, high expectations, consistency, and opportunities for contribution. There was concern that externally-formulated and prescriptive ways of working could undermine the core identity of the organization and the creativity of its programs. Staff worried that implementing new model might necessitate discarding other highly-valued practices and established components they felt were integral to their work.

Resources from the implementation literature address these concerns from the perspective of fully vetting a model prior to implementation. Metz (2007) offers practical guidance describing considerations of "fit" with mission, population, and current service delivery model. From the National Implementation Research Center, the Hexagon Tool is a planning tool for addressing contextual questions regarding need, fit, resources, evidence, readiness, and capacity (Blasé, Kiser, & Van Dyke, 2013). These resources, as well as a set of questions that prospective users can ask developers issued by the National Registry of Evidence-based Programs and Practices (n.d.), are guides for practitioners to organize their investigation of a model and the implications of implementing it.

In addition to this guidance, the workgroup developed a "nested layers" visual to disentangle the layers at which research-informed practices and empirically supported models can be introduced into a program's design. The intent was to represent for staff the different purposes that an externally formulated practice or model could serve and how a program can utilize multiple models while maintaining overarching coherence. As shown in Figure 2, the nested layers visual depicts four layers: overarching frameworks, organizing practice models, targeted interventions, and standardized assessments. Definitions for each layer were developed using resources from The Child Welfare Policy and Practice Group (2008).

Figure 2.**Nested Layers of Empirically-Supported Work Incorporated into the Design of a Social Service Program**

- *Frameworks* are defined as an overarching philosophy. For all GSS programs, this layer names GSS's evidence-informed Youth and Family Development Approach, thus positioning it as the guiding principle that infuses all our work and provides it with coherence. Programs implementing The Sanctuary Model would also include the Seven Sanctuary Commitments at this level.
- *Practice Models* offer principles, approaches and techniques to organize the work. Solution-Based Casework (SBC) is an example of a practice model that provides a common conceptual map that supports child welfare workers in remaining focused on key safety and risk issues, and in organizing their

work, by using clear and agreed upon outcomes and specific action plans (Christensen, Todahl, & Barrett, 1999). This practice model has a strong theoretical foundation based on family life cycle theory, relapse prevention/cognitive behavioral theory, and solution-focused family therapy that aligns well with the agency's Youth and Family Development Approach. We have found that over time as staff reflect upon strategies to improve outcomes, they have expressed increased interest in practice models as a central way to support staff skill development and programmatic success. As distinct from targeted interventions, our nested visual helped to highlight the contribution of a practice model.

- *Interventions and Treatments* are a set of organized activities aimed at moving program participants toward a desired state or outcome. They are targeted efforts that can be embedded within a program, and often come with the most rigorous research evidence available. The Parenting Journey is an example of a targeted intervention implemented in GSS foster care prevention programs to increase the use of positive parenting practices. Parenting Through Change (PTC), a support and skill-building group designed for parents with children in foster care, is an example of an intervention used by the GSS family foster care program (Degarmo & Forgatch, 2005).
- *Assessments* are standardized methods of obtaining information. We included assessments as a layer because they are often the starting point for programs in incorporating research-based work and, ideally, are aligned with the interventions, models, and frameworks being implemented by the program. We have also found that analyzing the results from these assessments assists programs in considering possible interventions and practices to address gaps in services and strengthen results. Examples from GSS family foster care and group residence

programs include PTSD Trauma Index (Steinberg, Brymer, Decker, & Pynoos) and the Casey Life Skills Assessment (Casey et al., 2010).

For the senior leadership presentation, nested layers visuals were completed for each program represented on the workgroup. This tool helped staff to inventory and appreciate the research base of what they were already doing and consider how they might change aspects of their program to impact outcomes. As they discussed the visual at the senior leadership presentation and in subsequent program planning and evaluation meetings, it seemed to empower staff to think about how they might investigate options to fill evidence gaps at various levels and potentially partner with external research resources, including universities and model developers.

Organizational Impact

After the workgroup made its presentation to the rest of senior leadership in 2012, EBP has been carried forward by administrative and program leaders. The ideas and tools that were developed for the presentation have been incorporated into ongoing organizational practices and made visible. We wrote a statement regarding the agency's commitment to EBP that was posted on the GSS website and circulated to funders (Good Shepherd Services, 2012). We also introduce EBP in all new staff orientation presentations, offer a more in-depth annual supervisory training, and include the transdisciplinary EBP model and nested layers visuals as key tools in our agency performance management processes.

In contrast to the anxiety and concern voiced four years ago, engaging in EBP and strategically incorporating models has become a point of pride and a part of the organizational identity that is highlighted in internal and external materials describing the agency, such as a case study report produced by the Edna McConnell Clark Foundation (MacKinnon, 2015). An agency-wide year-to-year comparison of the

number of evidence-based or -supported models implemented shows a steady upward trend in the number of programs and participants impacted. Program staff are also vocal in associating improved results surfaced as part of continuous quality improvement efforts to the introduction of external models. For example, while a rigorous, third-party evaluation has not yet been conducted, program staff have attributed stronger parent engagement and reduced length of service to implementing SBC in prevention and family foster care. As another illustration, staff in our supportive housing program for homeless young adults partly credit improved employment outcomes to strengthened assessment and case planning practices implemented in partnership with the Workplace Center at Columbia University.

Supporting this trend, internally administered surveys indicate that staff have found training in specific models helpful to their practice and supportive of their professional development. In a 2015 survey given to evaluate SBC implementation, 64% of case planners said SBC has supported their professional development, and 76% indicated that they used SBC to move cases toward positive outcomes.⁴ Ninety percent (90%) of SBC supervisors said that they believed the model supported them in helping workers make progress in cases.

Limitations

In considering the applicability of this case study to other organizations, a couple important limitations should be noted. First, the efficacy of our agency-wide EBP approach and our implementation of models such as The Sanctuary™ Model and SBC have not been subject to third-party evaluation. While we have utilized continuous quality improvement to track and analyze activities and outcomes and progressively refine our implementation, we have not engaged in the type of rigorous evaluation that would add to the evidence base

⁴ Twenty (20) supervisors completed the SBC survey for a response rate 80% and 59 case planners completed the survey for a response rate of 59%.

of our EBP approach and these models. This is a gap in our current work that we hope to fill in time.

Second, since the initial development of our EBP approach, we have continued to learn about other excellent resources for conceptualizing and mapping out the complex process of research utilization and implementation, such as the evidence-based Getting to Outcomes (GTO) model as well as the Evidence-Based System for Implementation Support (EBSIS) (Wandersman, Kaftarian, Imm, & Chinman; 2000; Wandersman, Chen, & Katz, 2012). Our subsequent review of this literature has deepened our thinking about implementation, evaluation, sustainability, and support—key issues for advancing our approach.

Lessons Learned

Four years after launch, lessons learned pertain to the complexities of sustaining and advancing our EBP commitment. By formalizing an EBP approach, we hoped to create a structured process to include data and research evidence in our decision-making processes. While we have seen positive movement and cultural change and are optimistic about continued advances, we also know that decision-making is often a messy and always an iterative process. Partnering with staff who are immersed in the daily demands of direct service and contract mandates, we have learned that the kind of integrative and strategic thinking in which we wish to engage needs dedicated space and time. As one strategy, we have started convening time-limited, project-based workgroups to address prioritized work on a comprehensive program model such as family foster care or a targeted outcome such as youth workforce development. To support these groups, we have found that PEP staff have needed to build not only research synthesis and methodology skills, but also skills in designing and hosting participatory and productive meetings.

Our experience has also continually reinforced an appreciation for the multilayered impact of introducing a new program component or

model—from how direct line staff and supervisors do their jobs, to how program leadership must reorganize their priorities and resources, to how agency leadership must now advocate for system alignment and additional resources. We have become increasingly aware of what a proposed change will entail and the value of decision-making inclusive of all impacted players. This knowledge has led us, at times, to be more tentative about some proposed larger-scale changes and when we do proceed, to prepare for what may be a slow and heavy lift.

Concluding Thoughts

Overall, we hope that describing EBP from a provider's perspective may offer insights upon which other providers, researchers, policy-makers, and funders can build. This case study affirms the importance of connecting research utilization to context and meaning. Operating within the context of a Learning Organization, all of the activities of GSS's EBP workgroup coalesced around meaning making—defining EBP, examining its connection to agency mission, and introducing practical tools to integrate this approach into planning and decision-making. To chart a course forward, we found it vital to broaden our knowledge base and connect EBP to our mission and values. With this agency-wide approach in place, we have experienced increasing internally-driven interest in incorporating research and models into our programs, and we are able to engage in this work in a more consistent and strategic way.

Our efforts have also helped us to engage in fuller partnerships with researchers and model developers as we share our needs, priorities, and implementation challenges and successes. Indeed, this case study may speak to a growing shift in thinking about the nature of the researcher-practitioner relationship and knowledge building. Johnson-Motoyama and Austin (2008) have identified agency-university partnerships as an important strategy for supporting EBP culture within an organization. As an alternative to the producer-push orientation,

McBeath and Austin (2015) describe the potential of mutual and collaborative partnerships that foster creativity and innovation. In the spirit of this shift, Chorpita (2015) recently questioned the prevailing metaphor of “bridging the research-practice gap” with its oversimplified connotations of one party transferring its fully formed knowledge to another. He proposed “knowledge neighborhoods” as an alternative. From a service provider perspective, the metaphor of neighborhood captures many characteristics of a productive researcher-service provider relationship including shared purpose, ongoing connection, multidirectional exchange and construction of knowledge, and appreciation of operational complexity.

Policy-makers and funders play a crucial role in supporting the continued evolution of this partnered process aimed at increasing research utilization. Much of the work described in this article was made possible by designated funding from the Edna McConnell Clark Foundation, which makes long-term investments in youth-serving organizations, particularly in the areas of leadership, evidence building and learning. Targeted funding for agency evaluation, training, and model fidelity activities remains scarce, but our experience suggests that this kind of infrastructure support can make a difference in developing and sustaining impactful programs.

References

- Aarons, G. A. & Palinkas, L.A. (2007). Implementation of evidence-based practice in child welfare: Service providers' perspectives. *Administrative Policy Mental Health & Mental Health Services, 34*, 411–419.
- Blasé, K., Kiser, L., & Van Dyke, M. (2013). *The Hexagon Tool: Exploring context*. Chapel Hill, NC: National Implementation Research Network, FPG Child Development Institute, University of North Carolina at Chapel Hill.
- Bloom, S. L. (2000). Creating sanctuary: Healing from systematic abuses of power. Therapeutic Communities: *The International Journal for Therapeutic and Supportive Organizations, 21*, 67–91.

- Casey, K. J., Reid, R., Trout, A. L., Hurley, K. D., Chmelka, M. B., & Thompson, R. (2010). The transition status of youth departing residential care. *Child & Youth Care Forum*, 9(5), 323–340.
- Child Welfare Policy and Practice Group (2008). Adopting a Child Welfare Practice Framework. Retrieved from <http://www.childwelfaregroup.org/documents/CWG-PracticeFramework.pdf>
- Chorpita, B. (2015). Knowledge neighborhoods: Building the infrastructure for evidence-based practice in mental health. Retrieved from <http://blog.wtgrantfoundation.org/post/125449401372/knowledge-neighborhoods-building-the>
- Christensen, D. N., Todahl, J. & Barrett, W. C. (1999). Solution-Based Casework: An Introduction to Clinical and Case Management Skills in Casework Practice. New York: Aldine Transaction.
- DeGarmo, D. S., & Forgatch, M. S. (2005). Early development of delinquency within divorced families: Evaluating a randomized preventive intervention trial. *Developmental Science*, 8, 229–239.
- Drisko, J. (2014). Research and social work practice: The place of evidence-based practice. *Clinical Social Work Journal*, 42, 123–133.
- Durlak, J. A., Weissberg, R. P., & Pachan, M. (2010). A meta-analysis of afterschool programs that seek to promote personal and social skills in children and adolescents. *American Journal of Community Psychology*, 45, 294–309.
- Eckhart-Queenan, J. & Forti, M. (2011). Measurement as learning: What nonprofit CEOs, board members, and philanthropists need to know to keep improving. Boston: The Bridgespan Group.
- Ehrhart, M. G., Aarons, G. A., & Farahnak, L. R. (2014). Assessing the organizational context for EBP implementation: The development and validity testing of the Implementation Climate Scale (ICS). *Implementation Science*, 9, 157.
- Good Shepherd Services (2012) Good practice produces good outcomes. Retrieved from <http://www.goodshepherds.org/images/content/1/1/11549.pdf>
- Gray, M., Joy, E., Plath, D., & Webb, S. A. (2015). What supports and impedes evidence-based practice implementation? A survey of Australian social workers. *British Journal of Social Work*, 45, 667–684.
- Haynes, R. B., Sackett, D. L., Gray, J. M. A., Cook, D. F., & Guyatt, G. H. (1996). Transferring evidence from research into practice: The role of clinical care research evidence in clinical decisions. *ACP Journal Club*, November/December, A14–A16.

- Institute of Medicine (2001) *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: National Academies Press.
- Johnson-Motoyama, M & Austin, M. J. (2008). Evidence-based practice in social services: implications for organizational change. *Journal of Evidence-Based Social Work*, 5(1/2), 239–260.
- Lipsey, M. W., Howell, J. C., Kelly, M. R., Chapman, G., & Carver, D. (2010). *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice*. Washington, DC: Center for Juvenile Justice Reform.
- McBeath, B. & Austin, M. J. (2015). The organizational context of research-minded practitioners: Challenges and opportunities. *Research on Social Work Practice*, 25(4), 446–459.
- MacKinnon, A. (2015). Good Shepherd Services: Building toward greater impact. Retrieved from http://www.emcf.org/fileadmin/media/PDFs/EMCF_Case_Study_-_Good_Shepherd_Services_FINAL.pdf
- Maciolek, S. (2015). Use of research evidence: Social services portfolio. Retrieved from <http://blog.wtgrantfoundation.org/post/120615793667/new-report-use-of-research-evidence-in-social>
- Metz, A. (2007). Research-to-Results Brief: A Ten-Step Guide to Adopting and Sustaining Evidence-Based Practice in Out-of-School Time Programs. Washington, DC: Child Trends.
- National Registry of Evidence-based Programs and Practices (n.d.). Questions to Ask as You Explore the Possible Use of an Intervention. Retrieved from http://www.nrepp.samhsa.gov/pdfs/Questions_To_Ask_Developers.pdf
- Nutley, S., Walter, I., & Davies, H. T. O. (2007). *Using Research: How Evidence Can Inform Public Services*. Bristol, United Kingdom: Policy Press.
- Parenting Journey (2012). Measuring our impact. Retrieved from http://parentingjourney.org/wp-content/uploads/2014/05/PJTI_RIGHT_1_Measuring-Our-Impact_REBRANDED_07212014.pdf
- Sackett, D. L., Rosenberg, W. M., Gray, J. A., Haynes, R. B., & Richardson, W. S. (1996). Evidence-based medicine: What it is and what it isn't. *British Medical Journal*, 312, 71–72.
- Satterfield, J. M., Spring, B., Brownson, R. C., Mullen, E. J., Newhouse, R. P., Walker, B. B., & Whitlock, E. P. (2009). Toward a transdisciplinary model of evidence-based practice. *The Milbank Quarterly*, 87(2), 368–390.

- Senge, P. M. (1990). *The Fifth Discipline: The Art & Practice of the Learning Organization*. New York: Doubleday.
- Steinberg, A., Brymer, M., Decker, K., & Pynoos, R. S. (2004). The UCLA PTSD Reaction Index. *Current Psychiatry Reports*, 6, 96–100.
- Thyer, B. A., & Myers, L. L. (2011). The quest for evidence-based practice: A view from the United States. *Journal of Social Work*, 11(1), 8–25.
- Tseng, V. (2012). The Uses of Research in Policy and Practice. *Society for Research in Child Development Social Policy Report*, 26(2), 3–16.
- Wandersman, A., Chen, V. H., & Katz, J. (2012). Toward an evidence-based system for innovation support for implementing innovations with quality: Tools, training, technical assistance, and quality assurance/quality improvement. *American Journal of Community Psychology*, 50, 445–459.
- Wandersman, A., Kaftarian, S., Imm, P., & Chinman, M. (2000). Getting to Outcomes: A results-based approach to accountability. *Evaluation and Program Planning*, 23, 389–395.



Child Welfare

Over 90 Years of Excellence Since 1922

Journal of Policy, Practice, and Program

Special Issue

Improving the Use and Usefulness of Research Evidence

(First of two issues)

Guest Editors

Kim DuMont and Christine James-Brown