

Informing Practice and Policy: Challenges and Opportunities

Eileen Gambrill, PhD
School of Social Welfare
University of California, Berkeley
USA



Ethical Obligations

- Beneficence
- Avoid Harm
- Informed Consent
- Autonomy, Self-Determination
- Social Justice

Questions

- Are we helping?
 - If so, whom and in what ways?
 - How can we find out?
- Are we harming?
 - If so, whom and in what ways?
 - How can we find out?
- Are clients involved as informed participants?

What We See Now

1. Wide variations in practices and policies:
 - Are they all equally effective?
 - Do some do more harm than good?
2. Many practices and policies are of unknown effectiveness
3. Clients are harmed as well as helped
4. Avoidable errors are common

Health and Social Services in Quebec

- Millions of people receive health care and social services
- What percentage receive high quality care?
 - What do we mean by quality?
- How accurate is related information?
- Who has access to related information?

Website Santé et Services Sociaux

- Over 270,000 people received home care
- Over 465,000 people benefitted from surgeries
- About 4,200 people received help for compulsive gambling
- Examples from 2003-2004 (downloaded 3/12/12)

More Examples

- Nearly 62,000 people received rehabilitation services for physical impairments
- Nearly 32,000 people resided in intermediate or family resources including 9,800 young people living in foster homes
- About 25,000 people benefited from rehabilitation services for alcohol and drug use

Some Questions

- What kind of claims are made?
 - Examples include effectiveness, risk, prevention, harm, cost
- How do we know services offered do more good than harm?
- Are claims of benefit complemented by data?
 - Do data provided support claims?
- What problems and valued outcomes are not mentioned?

Examples of Outcomes Not Mentioned

- How many lonely people now have friends and support?
- How many depressed people now have many good days?
- How many unemployed people are now self-supporting?
- How many neighborhoods now have after-school arts and sports programs?
- How many single parents now have high quality child care?

What Should We Be Doing?

These questions suggest the importance of discovering the gaps between what we do and what we could (or should) do.

- Are we focusing on outcomes of most concern to users?
- Are we using methods most likely to achieve these outcomes?
- Are we using evaluation methods most likely to reveal degree of success?

Uncertainties

- Natural history of behavior
- Causes related to problems of interest
- Effectiveness of given methods
- Limited information regarding what is occurring and consequences of different decisions

Decisions

- What information to gather
 - e.g., whether to screen people and for what and how often
- How to gather information
- How to integrate information collected
- What criteria to use to select practices and policies
- How to evaluate quality of services provided

Who Is To Say What Should Be Done?

- Who will be “at the table”?
- How will clients/consumers be involved?
- What criteria will be used to inform the “shoulds”?
- How will value clashes be handled?

Possible Criteria Used to Select Practices and Policies

Criteria	Example
What's New	"It's the latest thing. We should try it too"
Popularity	"Everybody is doing X; we should also."
Case Examples	"I used narrative therapy with my client and she improved dramatically."
Testimonials	"I believe it works because I tried it and it helped."
Good Intentions	"We care about our clients."
Evidentiary	A systematic (compared to haphazard) review of research regarding a specific question.

How Can We Decrease Gaps Between What We Are Doing and What We Should Be Doing?

- What data will we draw on?
- How critical should we be?
- How transparent will we be?
- How will users be involved?
- Problem selection and framing as a key choice
 - How are we framing problems?
 - What problems have we decided to ignore?

A Key Decision: How To View Evidence-Based Practice (EBP)

- The process and philosophy of EBP as described by the originators
- The EBPs approach
 - e.g., required use of practice guidelines
- The business-as-usual approach
 - Simply re-dubbing practice and policies as usual as “evidence-based”
 - Labeling haphazard reviews as “evidence-based”
- Related choices include:
 - Degree of transparency
 - Degree to which uncertainty and ignorance are recognized
 - Attention to ethical concerns
 - Attention to important individual differences and population variations

Evidence-Based Practice and Care as Described in Original Sources

A philosophy and evolving process designed to forward effective use of professional judgment in integrating information regarding each client's unique characteristics, circumstances, and preferences, and external research findings.

- “EBP requires the integration of best research evidence with clinical expertise and the client's unique values, characteristics, and circumstances” (Straus, Richardson, Glasziou, & Haynes, 2004, p. 1).
- “It is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual [clients]” (Sackett et al., 1997, p. 2).
- Evidence-based health care refers to “use of best current knowledge in decision making about groups and populations” (Gray, 2001).

Three Related Philosophies Regarding:

- Ethics
- Epistemology
- Technology

Steps and Related Skills

- Posing well-structured questions
- Searching efficiently and effectively for related research findings
- Critically appraising what is found
- Integrating relevant information including knowledge of client expectations and values and information about local resources and community values
- Evaluating outcomes

Different Kinds of Questions

- Effectiveness
- Prevention
- Screening
(risk/prognosis)
- Description/Assessment
- Harm
- Practice Guidelines
- Self-Development
- Cost

Implications of the Philosophy and Process of Evidence-Based Practice

- Move away from authority-based decision making
 - Be honest brokers of knowledge and ignorance
- Draw on practice/policy related research
- Honor ethical obligations
- Make practice and policies transparent
- Encourage a systemic approach to improving services
- Maximize knowledge flow

Narrow Definitions of EBP

- Using practice guidelines; basing decisions solely on practice/policy related research
 - This overlooks important individual differences as well as the role of nonspecific factors (e.g. see Wampold)
- Propagandistic use of the term
 - Describe ineffective or untested methods as “evidence-based”

What Norms of Discourse Will We Use?

- Which ones are most likely to help us to discover ignorance as well as knowledge?
- Are we free to raise hard questions?
- Do we have a way to harvest important questions?
- Should we use Grice's Maxims?
 - Be relevant
 - Be clear and brief
 - Do not tell people what they already know
 - Do not say what you believe to be false
 - Do not promote claims for which you lack adequate evidence

Some Implications of Grice's Maxims

- “Hard questions” are welcomed and modeled
- We thank others who point out our mistakes

Critical Thinking As A Guide

- Arriving at well-reasoned beliefs and actions
- Critical appraisal is never out of order when the goal of a discussion is inquiry - to arrive at the “truth” (Walton, 2009).

Critical Thinking Dispositions

Courage	Critically appraise claims regardless of negative reactions
Curiosity	An interest in deep understanding and learning
Intellectual Empathy	Accurately understanding and presenting the views of others
Humility	Awareness of the limits of knowledge including our own; lack of arrogance (e.g., promoting bogus claims of effectiveness)
Integrity	Honoring the same standards of evidence to which we hold others
Persistence	Willingness to struggle with confusion and unsettled questions

Obstacles to evidence-informed practice and policy

- Lack of a facilitating organizational culture
 - Staff are punished for raising questions
 - Staff are encouraged to hide errors
 - Staff are encouraged to prepare vague reports regarding what is done to what effect
 - Lack of needed tools (e.g., high speed computers with access to relevant databases)
 - Lack of training (e.g., how to pose well-structured questions)
 - Client/consumer views are ignored

Obstacles (continued)

- Cognitive biases (e.g., confirmation biases)
- Concerns about social approval/disapproval (rocking the boat)
- Low tolerance for ambiguity/uncertainty
- Fear of making mistakes/fear of failure
- Lack of empathy for clients
 - Status and funding are valued more than helping clients and avoiding harm
- Misleading use of the term “evidence-based” as a kind of “word magic” to refer to authority-based decision making

Obstacles (continued)

- Political and economic influences and naiveté regarding them
 - e.g., influence of “Big Pharma”
- Prevalence of pseudoscience and propaganda and underestimating our vulnerability to their influence
 - e.g., inflated claims of effectiveness (Gambrill, 2012)
- A justification approach to knowledge in which we search for data which confirms our views
- The symbiotic relationship between clients’ wishes to be helped and professionals’ wishes to help
- Professional education programs that do not encourage critical thinking

Opportunities

- Use our ethical obligations as a guide to select practices and policies and how to evaluate their consequences
 - Use problem framings that reveal rather than obscure options for helping
 - Be honest and conscientious brokers of knowledge and ignorance
 - Involve all affected parties, including users, as informed participants in making decisions and reviewing outcomes. This includes decisions concerning selecting priorities.



Opportunities (continued)

- Create facilitating organizational cultures that provide needed tools and encourage critical appraisal of practices and policies
 - Select a knowledge manager
 - Establish journal clubs
 - Blow the whistle on pseudoscience and propaganda
 - Involve clients/consumers
 - Welcome hard questions
 - Don't take things personally; focus on ethical obligations

Opportunities (continued)

- Use effective educational formats such as the unique form of problem-based learning described by the originators of EBP
- Enhance skills in detecting propaganda in the helping professions (e.g., see Gambrill, 2012)
- Take advantage of valuable training opportunities
- Take advantage of valuable Internet resources, including the Cochrane and Campbell Databases of Reviews (see also handout)