# Using program theory as a way to develop evidence-based practice in social work in Sweden.

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## Introduction

In Sweden, like in most other countries, practitioners struggle with practicing EBP (Evidence Based Practice). It requires; documentation, involving service users and evidence from high quality studies. In EBP experimental studies are preferred over qualitative studies. This paper aims to argue how using Program Theory might strengthen EBP in social work and to suggest that EBP needs an expanded definition of “evidence”. I will do this by drawing our attention to the development of EBP in Sweden and exemplify the role of Program Theory in a Swedish context as Evaluation practice workshops.

Within EBP “Evidence” is most commonly referred to as “what works” (Martinsson 1974; McGuire & Priestley 1995; Shadish, Cook & Campbell 2002). It relates to effects from experimental studies and systematic reviews. I argue that this is a too narrow definition. Pawson and Tilly (1997) argue that in order to mirror the complexity of social interventions, evidence also needs to address questions like: What and how it works, for whom and under what conditions?”. This broader definition refers not only to efficacy but also to effectiveness. Furthermore, the broader definition considers context, differentiated or disaggregated effects, and mechanisms by which the effects or changes happen (Barnes, Matka & Sullivan 2003; Dahler-Larsen 2001). To conceptualize the broader definition on “evidence” and to develop causation chains practitioners need guidance. The Program Theory concept might serve as such a guide.

In other words, this paper will explore what adding a Program Theory lens might reveal in regard to focusing evaluative questions as well as serving as a map for and an inventory of program mechanisms. A Program Theory lens on activities might as well serve as a basis for working evidence based. If practitioners themselves are able to map causation chains through documentation, through the involvement of service users and through the systematic search for best evidence from high quality studies (from both qualitative and quantitative studies) this inventory will be of immediate use in enhancing practice. Practitioners who fail to work evidence based often refer to the lack of available and sustainable research findings.

I will start by giving you a short summary of the development of EBP in social work in an international as well as Scandinavian perspective including criticisms and scrutinizing the evidence basis. After arguing that Program Theory might be a tool for practitioners to work evidence based I will present what a Program Theory lens might bring to the EBP. Eventually I will share some of my experiences of using Program Theory in a setting called Evaluation Practice Workshop.

## The Evidence Based Practice (EBP) movement

Vedung (2010) refers to the Evidence Based Practice (EBP) movement as the fourth wave of evaluation diffusion, which leads us back to the experimentation paradigm. The return to the experimentation paradigm is important for the argumentation in this paper and therefore next section will present the development of the EBP movement from an international [[1]](#footnote-1) perspective. It will cover the area of medicine only as a mirror to understanding the development in the social work area.

Within social work as well as in the health care sector, numerous international and national investments have been made to support evidence-based practice (Trinder 2003). Foss Hansen & Rieper (2009) as well as Bhatti et al (2006) describe how the EBP was established, internationally and in the Nordic countries. Starting from the medical area in the 1980s the diffusion of EBP from the medical to the social and welfare areas took place in the late 1990s by the establishment of the Campbell Collaboration 1999. The Cochrane Collaboration, which was established 1992/1993 in the medical area, served as a model. The close link between these two organizations may be illustrated by the fact that the website of the Campbell Collaboration refers to the website of Cochrane Collaboration for definition of what EBP (Cochrane Collaboration web site 2013):

Evidence-based health care is the conscientious use of current best evidence in making decisions about the care of individual patients or the delivery of health services. Current best evidence is up-to-date information from relevant, valid research about the effects of different forms of health care, the potential for harm from exposure to particular agents, the accuracy of diagnostic tests, and the predictive power of prognostic factors.

Evidence-based clinical practice is an approach to decision-making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best.

Evidence-based medicine is the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence-based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research.

The definition above is the most commonly used worldwide, in Sweden and among different practices and is partly built on Sacketts et als definition of evidence based medicine (1997). The definition is important not only because it shows the connections between the two organizations mentioned above but also because it stresses the importance of best available evidence. The stress on best available evidence has in both the organizations been translated into best available evidence from systematic reviews built on randomized controlled tests (RCT:s). Both the Cochrane and the Campbell collaborations publish systematic reviews on a regular basis.

According to Reynolds (2003) the process of evidence-based practice consists of five explicit steps:

1. Construct a specific question about a patient/client or group of patients/clients
2. Find the best evidence to answer your clinical question
3. Evaluate the evidence for its validity and usefulness
4. Apply the results to the specific patient or group of patients
5. Evaluate the outcomes of the intervention

(pp 22-23)

It is however interesting that the Nordic countries focus on different parts of EBP despite the fact that the Nordic countries established the Campbell Center in 2002. Norway as well as Sweden focused on using systematic research for developing social work practice (Svanevie 2011; Stolanowski 2005) with a stress on management connection in Norway (Stolanowski 2005). Denmark as well as Finland focused on making improvements in documentation, and on the use of good examples and modeling (Gaarsted 2005, Lähteinen 2005) while Iceland focused on evaluating the effects of social work (Jónsdóttir 2005).If we now move to the Swedish example of EBP development we might reflect on the fact that focusing evidence from systematic reviews might have led to that the adoption of EBP has taken more time (Svanevie 2011). The establishment of the Center for evaluation of Social services (CUS) 1993 with an explicit focus on the importance of best available evidence by systematic reviews might have challenged practitioners as well as academics within the social and welfare area. Systematic reviews are a synthesis of research findings from a number of research studies conducted as RCT studies. The conflicts in Sweden as also in other countries about EBP are about both the lack of available research findings and the knowledge on which these are built (Oscarsson 2006, 2009, Bergmark & Lundström 2006, 2007, 2008, Hydén 2008) and the idea that these (non-existent) findings are able to guide daily activities and thus be a basis for formative evaluation (Oscarsson 2009, 2011; Bergmark et al 2011; Blom & Morén 2007, 2011). From an international point of view among others Reynolds (2003), Pawson &Tilley (1997) and Pawson (2006) has focused their critics on the shortcomings of RCTs regarding group sizes, lack of standardized methods and for not considering the significance of context.

According to Svanevie (2011) the resistance from social work might be explained by the “reducing translations” of the original EBP- model: from professional expertise to professional experience, from professional development to focusing research effects.

## Scrutinizing the basis for evidence

The criticisms of the preferred methods within the EBP are substantial. Let´s try to elaborate the basis for the preferred methods and then consider if there are other methods that might complete the basis for evidence.

Randomized Controlled Trials (RCT) are perceived in EBP as a "The gold standard". It is considered the only way to know to what extent a treatment produces results. Using control groups or comparison groups (in quasi-experimental studies) ensure high external validity. One of the proponents of RCT studies is Donald T. Campbell (Shadish, Cook & Campbell 2002; Campbell 1984) who has given name to the Campbell Collaboration. He argues that implementing systematic reviews and meta-analysis in daily social work will help the practitioner to use best available knowledge in developing daily client work. Trinder (2003) and Donald (1998) elaborate Campbell’s argument with the rhetorical question: How can practice change by applying quantitative methods, experiments and quasi experiments? Reynolds (2003) takes the discussion further and focuses on the difference between efficacy, which is about efficiency in an experimental environment, and effectiveness, which can be understood as how the intervention succeed in the real world. As I understand it, this discussion is not only about the application of different research method, but also about determining the effect of the intervention itself as well as the effect it has in everyday social work.

Some of the proponents of evidence-based practice (Boruch, Petrosino & Chalmers 1999) suggest that the best evidence will only be obtained by using randomized or quasi-experimental designs. Mullen (2002) takes the discussion further by arguing that if the same type of evaluation is done at different levels and in different contexts the causal relationships are easier to discover.

Yet, when results are compiled in the meta-analysis and systematic reviews negative results seem to disappear (Oscarsson 2009). We know from evaluations that some programs work better than others but not what it is that works. Could it be the role, therapy relationships, and/or treatment content or maybe context? Interventions evaluated by RCTs and quasi-experimental design provide no answers to these questions. In summary they will only provide us with an answer to the question “What works?”.

Let us now move on to scrutinize the evidence basis for conducting research using qualitative methods. What is most commonly cited is that qualitative research, as opposite to research conducted by RCTs, makes the results difficult to generalize to a larger population. In other words; the results are limited to the studied subjects and therefore could not apply to other individuals in other contexts. If so, the importance of qualitative studies would be reduced to zero. Wolcott (1994) argues that there must be a capacity for generalization or else we would not use qualitative methods. This has even Larsson (2009) discussed when he points out the ambiguity in the concept of generalization and the need for a more developed discourse and discussion of the concept within qualitative methods. In other words, both qualitative and quantitative methods, deals with specific problems of generalization. Although quantitative research is characterized by generalization, laboratory experiments are met with skepticism until they are replicated in other laboratory experiments.

Schofield (1993) also discuss generalization, using similarities between qualitative and quantitative research and claims that generalizations can be made by comparing the similarities in context between the case studied and other cases. Larsson (2009) suggests that one needs a more pluralist approach to generalization problem and that one can discuss the generalization by (1) maximum variation (Glaser & Strauss 1967, Kennedy 1979), (2) by discussing the similarities in context (Lincoln & Guba 1999, Strauss & Corbin 1990 ) and/or by (3) recognizing patterns from other studies of other cases (Larsson 2005, Atkinson 1990, Stake 1995, Wolcott 1994).

Taking the above mentioned advantages and disadvantages into account we need to discuss a frame within which we can use evidence from research studies conducted with both qualitative and quantitative methods or mixed methods. One such frame might be using Program Theory.

## What a Program Theory lens might supply

Program theory teaches us to understand the underlying mechanisms between process and outcome so as to obtain an understanding of when and how the program or intervention is working. In an evaluation, program theory is particularly useful as a map to ask the right questions about the program or intervention (Weiss 1997, Chen 1990, 2005). The right questions to ask are not specified but need to have a theoretical ground.

RCT studies provide us with causality but causality in program theory means something different than causality in RCT studies. Rogers (2000) argues that few program theory models are based on ‘if-then’ statements or simple causal relationships. More commonly, program theory models are based on recognitions that other factors, like external factors for instance, and context may influence the achievement of intermediate and ultimate outcomes. A Program Theory will try to understand the circumstances under which particular mechanisms operate. To fully understand the context within which causal mechanisms operate we may need to develop a Program Theory that do more than include program clients simply as passive recipients of treatments.

As Pawson & Tilley suggest:“A program offering chances which may be triggered into action via the subject´s capacity to make choices….” (1997, p. 38 c.f. Pawson 2003). I argue that we should concentrate on the generic tools of action in varying combinations in particular programs. Även Foss Hansen (2005) har diskuterat detta genom att helt enkelt ställa frågan: ” *vad fungerar för vem i vilken kontext?”(s. 450).*Foss Hansen discus this by simply asking the question: *"what works for whom in what context?"* ((2005): 450)*.* *H* on framhåller att en programteori rekonstrueras och säkras genom empirisk analys.

Program Theory can be used in both a summative way, to evaluate the effects of interventions and program, and in a formative way to develop daily activities. Examples of this are; to test the program theory by identifying what the effects of the program or intervention are using experimental or quasi-experimental designs or to develop causation chains by exploring the human change theories within the program by using qualitative methods. Such Program Theory designs are based on Weiss definition of Program Theory: It refers to the mechanisms that mediate between the delivery of the program and the emergence of the outcomes of interest (Weiss 1998: 57). Ytterligare ett bidrag till forskningen kring programteori är Pawson och Tilley (1997) med sin forskning kring vad de kallade realistisk utvärdering.Pawson (2003) suggests a summative approach to Program Theory in evaluation when he argues that evaluation is about theory-testing because evaluation seeks to discover whether programs work, and programs are theories. The greatest torment of evaluation however is the complexity of social programs. Smith (1993) concludes that empirical knowledge of practice is necessary for further development but to be effective, evaluations need to be based on realistic assumptions about the nature of organizations and the implementation process.

What makes Program Theory useful for EBP is that it will guide daily actions and decisions, as well as identify program resources, program activities, and intended program outcomes, but should also specify a chain of causal mechanisms linking program resources, activities, intermediate outcomes to ultimate program goals (Wholey 1987).

Rogers (2000) use the program theory for improvement rather than for evidence seeking. Det här klargör också en annan skillnad inom utvärderingsforskning, nämligen den mellan formativ utvärdering och summativ utvärdering. To clarify, there is a difference between formative assessment and summative evaluation. När programteorin används för att vägleda och förbättra de dagliga aktiviteterna handlar det om formativ utvärdering. When the Program Theory is used to guide and improve the daily activities, it is formative assessment. Är vi däremot ute efter att testa programteorin handlar det om summativ utvärdering. If the aim is to test the Program Theory, it is instead about summative evaluation. Man bör emellertid framhålla att även formativ utvärdering kan innehålla summativa inslag men att dessa används i syfte att utveckla och förbättra verksamheten. Formative assessment may include summative elements but these are in those cases used to develop and improve operations.

The conclusion is that a Program Theory lens might be of help to develop evidence based practice. We might carefully develop the intended causation chains within a program or activity by testing and exploring with mixed methods which might help usSammanfattningsvis handlar alltså programteori om att öppna upp programmets eller interventionens 'svarta låda', att klarlägga mekanismer för att revidera och ständigt utveckla programteorin. open up the ‘black box’ of the intended mechanisms of the program or intervention.

Causality and validity is the key questions which will need some further attention. Causality from experimental tests can answer the question “What works?” and thus relates not only to causality but also to external validity: The program or intervention will work everywhere. Causality from explorative studies within the program will supply us with answers to questions like: “How does it work?” “For whom does it work?” and repeated studies within different contexts will answer the questions “Under which conditions does it work?” Or as Pawson and Tilley (1997) argue we can develop a theory about what it is in the program that works by trying it out with different methods and in different contexts.

## When practitioners are doing research – the example of Evaluation Practice Workshops

To illustrate what a Program Theory lens might bring to evidence based practice I will now show you an example from Evaluation Practice Workshops in Sweden in which I use Program Theory on a regular basis. Program Theory brings an initial understanding of a program or an intervention and provides a map for focusing evaluative questions. The Evaluation Practice Workshops in Sweden are also described by Beijer et al (2011) and Karlsson et al (2008).

An Evaluation Practice Workshop consists of practitioners from different fields within the social welfare area, mainly 10-15 practitioners representing 5-6 different activities. The members or partisipants in the Workshop start by defining a Program Theory of their own activity with the intention to learn to know the activity and the logic and theories of human change on which the program or intervention is built. Members then proceed by doing an inventory of best available knowledge from research as well as from their own activities and projects, on a national as well as international level. Such an inventory might include systematic reviews from for instance interventions directed to young people with drug addictions and/or other social problems but also from articles in academic journals, with qualitative and/or quantitative designs. For some of the activities there are no systematic reviews or academic articles available but then thesis from bachelor and master programs could be of some help and also minor studies from R&D units. Proceeding the next step means investigating the outputs and outcomes from their own practice: Do they have any documentation from their practice? Do they use any assessment test? – for instance. The participants then proceed by focusing the evaluation questions in their own activity or program. This moment usually takes some time. Most of the workshop participants have an interest in impact, questioning for instance if the activities in the program lead to changes in their clients lives: Formulating the evaluative focus tends from the beginning to be too broad, often including every part of the Program Theory of the activity. Carefully investigating all the evaluative possibilities the participants at last find an evaluative focus for their activity. As Pawson & Tilley (1997) argue, practitioners are not only interested in questions like “what works” but also in questions like “what works for whom under which conditions and how”. The “how” question is, by my own experience, the most essential in the workshop. After conducting their own evaluation; comparing the results with their earlier inventory and their own professional practical knowledge, the participants summarize using Program Theory and formulate questions like; “Where are we now? What knowledge do we have now? What knowledge do we lack?”. The Program Theory is used as a map for formulating evaluative questions but also as a map of changing the original Program Theory if needed. Most important is that by doing their evaluation they find some answers to questions that able them to continue their research on their own by formulating new evaluative questions. They learn the handicraft of evaluation and are able to make it an activity of daily work. According to Simons (2004) this is a key stone to adopt an EBP way of working.

## Conclusions

Working evidence based usually is a top-down matter. Bergmark & Lundström (2011) refers to two different approaches to working evidence based: One has a clear top-down approach allowing researchers to provide practical guidelines and manuals in order to validate knowledge in systematic reviews and meta-analysis. This is the one that among others Reynolds (2003) refers to and the one who has been the most influential in Sweden. The other approach has a bottom- up approach in which the practitioner itself is seeking the best possible evidence and the researcher provides training and makes research findings more accessible. The example above, Evaluation Practice Workshops, is an example of a bottom-up approach.

My conclusion is that if we use Program Theory in a critical way, searching for knowledge from professionals, service users and systematic reviews, we should be able to develop evidence-based practice in social work. The basic assumption is that evidence-based knowledge is constantly changing, and EBP do not provide a general and universal truth, but is subject to constant review. Both the researcher and the practitioner are important actors in this development: The practitioners because they have the important task to search for and trying out new methods in new contexts, and to constantly search new mechanisms for human change, the researcher because they may facilitate and serve the practitioners with useful research findings. Nutley et al (2003), Simons (2004), Bierema & Eraut (2004) argue that if practitioners themselves start doing and publishing research they will also be interested in implementing a EBP perspective into their daily work.

Researchers and practitioners seem to agree on that an evidence-based practice is essential to the development of social work but how this should be done differs. Methods applied, foremost the experimental ones, have certain shortcomings that make them difficult for practitioners to apply. Practitioners need other tools and this paper suggests that Program Theory might be such a tool.

Although organizing of the EBP has been rather smoothly the theoretical basis for the movement has been questioned worldwide. Walker (2003) refers to EBP as a product of “four truth regimes” where the idea can be derived from economic rationalism, empiricism, positivism and pragmatism. He argues that EBP came to be a tool in the NPM (New Public Management) focusing effective use of scarce resources.

The criticism of EBP has been extensive in social work but in the medical area the adoption of EBP has been relatively conflict free. Both areas were exposed to scarce resources so the explanation is to be found somewhere else. In the medical area doctors are supposed to do clinical research as part of their daily work with patients (Foss Hansen & Rieper 2009). They search for best available research knowledge and incorporate it with clinical knowledge or best practice. Within the social work area however working evidence based is not a part of every social workers daily activity. One reason for this could be that social workers, unlike doctors in the medical sector, have not made research an activity of daily work. The lack of documentation from practice and lack of published research findings from Swedish context might be possible explanations. Practitioners are left with international, mainly American, findings which they find difficult to implement. Moreover, most practitioners are more interested in how to reach effects (Nutley et al 2003) than how to measure them.

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1. International means both literature in English and literature in other languages, from a Scandinavian perspective. [↑](#footnote-ref-1)