

**Attitudes towards the Integration
of Evidence-Based Practice in
Clinical Social Work Education in
Egypt, the Kingdom of Saudi
Arabia, Palestine and Oman**

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Abstract:

In recent years, there has been a growing interest regarding the integration of evidence-based practice into social work education and practice. This study aims to identify and measure attitudes of clinical social work educators towards integrating EBP in clinical social work education in Egypt and other Arab countries. Seventy-three clinical social work educators were surveyed. Overall, 84.34% of respondents expressed a very positive attitude towards the importance of EBP. Although 73.65% of respondents expressed EBP encounters many strong barriers, 54.22% of respondents rejected of the notion that "EBP is an attempt to induce a state of creative chaos in clinical social work education", while 77.63%% indicted positive attitudes towards the possibility of fulfillment of EBP steps.

Key words: Attitudes, Evidence-Based Practice (EBP), Clinical Social Work.

Introduction

In recent years, Evidence-Based Practice (EBP) has been a major focus in the social work profession (Pignotti & Thyer, 2012; McBeath, Briggs & Aisenberg, 2012; Pignotti, 2010). EBP is a new paradigm for social work professional education and practice which should improve the quality of care social workers provide and help them to stay abreast of research-based practice developments which in turn enhances the credibility of the profession (Howard, McMillen, & Pollio 2003; p. 256). Social work has long been committed to using scientific methods in its quest for knowledge to guide practice. Notwithstanding epistemological arguments on the inappropriateness of the scientific paradigm for practice knowledge, and attempts to delegitimize EBP by arguing the fallibility of evidence, it is nonetheless clear that some kind of empirical evidence underlies every practice decision (Rosen, 2003).

EBP is the conscientious and judicious use of current best practice in decision-making about interventions at all system levels. Conscientiousness includes both consistently applying evidence and continuing to learn as new evidence becomes available. Judiciousness includes balancing client characteristics, preferences, and life circumstances against relevant research/practice guidelines (Edmond, Megivern, Williams, Rochman, & Howard 2006; p. 384). Social work EBP is described as "Placing the client's benefits first, thus evidence-based practitioners adopt a process of lifelong learning that involves continually posing specific questions of direct practical importance to

clients, searching objectively and efficiently for current best evidence relative to each question, and taking appropriate action guided by evidence” (Mullen & Streiner 2004; p.113).

EBP in social work makes practice decisions utilizing a variety of different sources of scientifically credible evidence, in conjunction with the social worker’s clinical skills, and the client’s preferences. What distinguishes EBP from other models of social work intervention is that the practitioner is seen as having ethical and professional obligations to seek out the best available evidence, weigh its scientific credibility and applicability in terms of the client’s circumstances, values, and preferences, and apply it, if appropriate, as a first-choice treatment option. Scientific evidence is not simply an optional consideration in EBP; it is a mandatory factor to be incorporated into practice decision-making (McNeece & Thyer, 2004; p.10).

According to Sackett, Strauss, Richardson, Rosenberg and Haynes (2000), EBP consists of the following sequence of events:

1. Convert the need for information into an answerable question(s).
2. Track down the best available evidence to answer each question.
3. Critically evaluate this evidence in terms of its validity, impact, and potential relevance to our client.
4. Integrate relevant evidence with our own clinical expertise and client values and circumstances.
5. Evaluate the outcomes of our services to the client, especially focusing on an assessment of enhanced client functioning and/or problem resolution.

The challenges of translating research into practice have created several ongoing tensions between researchers and practitioners over: 1. the definition of evidence; 2. implementation of evidence into "best practices"; and 3. development of empirically-based practice guidelines (Edmond et al. 2006, p. 379). The use of research-based knowledge in practice is influenced by complex factors that impinge on and interact to impede the implementation of EBP. Such factors can be grouped into five general categories: 1. characteristics of the knowledge to be used; 2. characteristics of the practice situation and setting; 3. characteristics of the practitioner; 4. attributes of the medium through which knowledge is communicated, and; 5. the

social-cultural context in which utilization takes place (Rosen, 2003). EBP in this study is defined as "a considered process based on scientifically credible evidence to make collaborative practice decisions, in conjunction with social work's clinical skills, personal experiences, and the client's preferences in professional interventions".

EBP will undoubtedly continue to develop and evolve in response to increasing demand for effective and accountable practice. Pedagogically, EBP involves teaching students the values and skills they need to identify, critically appraise, and apply practice-relevant scientific evidence over the course of their professional careers. It is also important that social work educators examine current research findings pertaining to the issue of how best people learn and ensures that their instructional efforts fully exemplify these methods (Howard et al., 2003; p.234, 256).

There are many literatures on the integration of EBP in social work education. A national survey in USA finds that 62% of social work programs do not require didactic and clinical supervision in any empirically supported psychotherapy (EST). The data clearly shows that the majority of social work programs offer little training in EST (Bledsoe et al., 2007, p. 449-455). Drisko & Grady (2012) have argued a great deal of controversy regarding how EBP should be integrated into social work education programs remains. They suggest there are five major areas that continue to be evident among social work educators today, 1) defining EBP, 2) modeling the complexity of EBP in teaching, 3) examining social work curriculum, 4) coordinating social work professional organizations, and 5) shifting the culture of social work. Woody, D'Souza and Dartman (2006) aimed to examine efforts toward the teaching of empirically supported interventions (ESI) in their study *Do Master's in Social Work Programs Teach Empirically Supported Interventions?* A questionnaire was mailed to the 165 Deans and Directors of Council on Social Work Education-accredited Master's in social work (MSW) programs of which 66 (40%) responded. The results showed that the informal faculty' commitment to teaching ESI was significantly higher than the official program commitment and offering more clinical practice courses was associated with greater program commitment (p.469-479).

Pignotti (2010) examined the reported use of novel and conventionally unsupported and empirically supported therapies by 400 Licensed Clinical Social Workers (LCSWs). The purpose of the study was to determine what interventions were reportedly being used by LCSWs, reasons for choosing interventions, and their attitudes towards EBP. The results showed that although an overwhelming majority (98%) of the sample reported using empirically supported therapies (ESTs), three-quarters of participants also reported using at least one novel unsupported therapy (NUST) and 86% used at least one Conventional Unsupported Therapies (CUT) (p. 1094). McBeath, Briggs, and Aisenberg (2010) examined the validity of four premises that strengthens the empirically supported intervention (ESI) approach: ESIs are effective, relevant to common client problems and needs, culturally appropriate, replicable and sustainable in community-based settings. In reviewing available literature, the authors found insufficient support for the uniform application of an ESI approach to social work practice in the human service (pp. 347-357). EBP has become a major topic in clinical social work. Many professionals' fields have brought to the fore the need for clinical decision-making to be based on the best available empirically supported treatments integrated with client preferences, values, and circumstances (Conner & Grote, 2008; Turner, 2009; Drisko, 2014).

Recent trends in social work have widened the gulf between science and clinical social work. Ph.D. programs have become more orientated to grant-funded research. Academics have been developing a definition for the term "science of social work". The EBP movement and funders' mandates to use evidence-supported practice techniques have created dilemmas for practitioners (Anastas, 2015). Current implementation of the EBP model in social work has focused on empirical evidence from efficacy studies, with far less attention to practitioner judgment and client values. Among many clinical social workers, the opposite is often true: clinical judgment supersedes the use of scientifically tested techniques. Clinicians may reject EBP as being narrowly focused, and adherents of EBP run the risk of discounting psychotherapy techniques derived from practical experience or the vast diversity of client situations – both positions threaten our effectiveness. Reasserting clinical judgment and the centrality of clients' experience to EBP will improve clinical social work practice, especially in addressing the wide array of human problems and suffering that clients present, especially in the context of

globalization and cultural diversity (Zayas, Drake & Jonson-Reid, 2011). Much of the resistance to EBP within social work may be attributable to its confusion (as was originally conceived) as a mutual decision-making process occurring between the clinician and the client with the publication of EST lists and the subsequent urging that social workers select their psychotherapies from such lists. The latter is not scientifically justifiable nor does it take into account other variables crucial to EBP such as professional values, clinical expertise, client preferences and values, and available resources (Thyer & Pignotti, 2011; Walsh, 2011). EBP is increasingly emphasized in social work, yet effective approaches for translating research evidence into social work practice remain elusive. Despite a growing body of evidence describing effective interventions with a variety of populations, social workers continue to encounter substantial challenges with incorporating knowledge gained from these intervention studies into their routine practice with clients (Wike et al., 2014).

Social work education is increasingly driven by the established movement of EBP that drives the provision of greater efficient treatments. This emphasis on EBP coexists with the profession's expressed commitment to social justice (Oneill, 2015). Social Work Education and Clinical Learning by Simpson, Williams, and Segall (2007) is a welcome and timely statement about the nature of clinical social work and its implications for educational curricula. Educating students on clinical practice is increasingly more daunting than it has been previously and is in considerable disarray, if not a state of crisis. The article by Simpson, Williams, and Segall (2007) considers where the profession has been, where it is, and where it is going. In keeping with the inclusive definition of clinical social work, it encompasses a broad knowledge base, diverse practice roles, and a wide range of interventions. The paper considers the role of EBP and concludes with a call to alter the educational landscape (Goldstein, 2007; Thyer, 2007). Keenan & Grady 2014 move to propose a synthesizing framework that situates EBP, empirically supported interventions and common elements/mapping with adapting practice within a common-factor scaffolding framework. This framework provides a way for social workers to effectively make sound judgments using research and client data within the demands of contemporary practice.

Drisko and Grady (2012) highlighted the following issues related to teaching EBP (p. 226-239):

- 1- There still remains a great deal of controversy regarding how EBP should be integrated into social work education programs;
- 2- Five major areas which have emerged and continue to be evident among social work educators today are:
 - a. defining EBP;
 - b. modeling the complexity of EBP in teaching;
 - c. examining social work curriculum;
 - d. coordinating social work professional organizations;
 - e. shifting the culture of social work;
2. Teaching EBP in-depth would require considerable additional content in practice and in research classes as well as in the field practicum;
3. To teach EBP in-depth would require a major expansion of social work's curriculum content;
4. EBP has clear implications for teaching practice, for teaching research, for teaching human behavior theories, and for teaching social policy;
5. The quality of instruction in social work programs: how well do faculty members model EBP in the classroom by incorporating evidence regarding what makes an effective instructor?
6. The literature on EBP and social work education focuses primarily on the content within social work curricula;
7. Professional social work organizations can and should do more to help promote EBP within the profession;
8. Social work educators need to discard the dichotomous view of EBP as either 'all good' or 'all bad';
9. Shifting the culture of social work to support EBP may also require attention and advocacy in support of clinical social workers' compensation and working conditions; and
10. In encouragement of a holistic approach to teaching EBP, social workers must gain a range of knowledge, value, and skills. These must include how to conduct a thorough assessment, how to engage clients in the treatment planning process, and how to identify the best available evidence.

Based on increased interest in integrating EBP into clinical social work education and practice, and lack of EBP courses in the educational programs of five social work colleges in Egypt (Helwan, Fayoum, Assiut, South Valley, and Beni Suef) across three

educational levels (bachelor, master, doctorate) and in 12 social work institutes¹, this study aims to survey clinical social work educators' attitudes towards EBP integration into clinical social work education. Such attitudes – as an academic behavior drive – shall create EBP future scenarios (probable, possible, expected, and desired) in clinical social work education. The research attempts to answer the following questions:

1. What are the attitudes of clinical social work educators towards the importance of integrating EBP in clinical social work education?
2. What are the attitudes of clinical social work educators towards EBP barriers?
3. What are the attitudes of clinical social work educators towards the notion that EBP is an attempt to create a creative chaos in clinical social work education?
4. What are the attitudes of clinical social work educators towards the possibility of implementing the steps in EBP?

Attitude is defined as 'a relatively enduring organization of beliefs, feelings and behavioral tendencies towards socially significant objects, groups, events or symbols, or a general feeling or evaluation (positive/ negative) about a person, object or issue' (Riemer, Shavitt, Koo, Markus 2014, p.619-648). The four major components of attitude are; 1. Affective: emotions or feelings; 2. Cognitive: belief or opinions held consciously; 3. Conative: inclination for action; 4. Evaluative: positive or negative response to stimuli (Business Dictionary). In this study, attitudes of clinical social work educators is defined as 'Positive or negative evaluation that depends on a relatively enduring organization of beliefs, feelings and behavioral tendencies towards EBP in clinical social work education.

It is noteworthy that the first article published in Arabic in the Arab world on EBP titled: *EBP in Social Work* was by Al-Najim (2007). The article was concurrent with a number of significant foreign articles on EBP integration in social work education (Rubin & Parrish, 2007; Shlonsky & Stern, 2007; Howard, Allen-Meares & Ruffolo, 2007; Springer 2007). Al-Najim's article was followed by a number of other articles and theses by Al-Dakhail (2009), Al-Briathin (2010), Hilal (2013; 2014; 2015), Nasr (2015), Bin Saeed (2014), Al-

1.All social work higher institutes in Egypt offer only bachelor degrees and professional diplomas

Fawzan (2015) and Al-Misseri and Al-Jahani (2014) and Zidan and Hilal (2015). The attitudes of social work educators towards the importance of EBP in social work education may be interpreted as a positive indicator for the possibility of integrating EBP in clinical social work education.

Methods

This exploratory descriptive study relies on a scale measuring the attitudes of clinical social work educators towards EBP. The scale consists of 32 statements covering four themes. Theme 1 is clinical social work educators’ attitudes towards the importance of EBP in clinical social work education. It consists of 17 statements. Theme 2 is clinical social work educators’ attitudes towards barriers to EBP, measured by 10 statements. Theme 3 is clinical social work educators’ attitudes towards the notion that EBP is an attempt to create creative chaos in clinical social work education², as indicated by 4 statements. Theme 4 is clinical social work educators’ attitudes towards the possibility of implementing EBP steps, measured by 5 statements. Statements of the scale were based on the cognitive components of clinical social work educators towards EBP. Responses to themes 1, 2, and 3 include “Agree, Relatively agree, and Disagree”, while responses to theme 4 include “Available, Feasible, and Unfeasible”. Scale reliability was tested by reviewing the literature on EBP with particular emphasis on the four themes of the scale (content reliability). Scale self-reliability represented in reliability coefficient square root (0.916**²) was measured. The scale consistency coefficient was measured by the Split Half Method. Consistency coefficient was 0.839**.

The scale was administered on clinical social work educators working in social case work departments according to the following:

Category	Scale administration	Total Subjects responding	%
Egyptian clinical social work educators.	72	53	73.6
Arabian clinical social work educators	34	20*	58.8
Total	106	73	68.9

2. Creativity is a spontaneous and unorganized spark that can strike at any given moment. Chaos must be tamed" Creativity can and should be a process that follows a defined set of procedures and steps by social work Creators"-Table 3

3. * Significant (.05), ** Significant (.01) - x w: Weighted Mean, R.S: Relative strength.

*Subjects responded to the scale from Saudi Arabia, Palestine, and Oman; 12, 5, and 3 from each country.

It is worth mentioning that the Social Work College at Prince Norah University is the only school among Arab countries that teaches EBP as a mandatory course at level 8 in its programs (code: SWK 452 M).

Results:

Importance of EBP

Table 1 shows the attitudes of clinical social work educators towards the importance of integrating EBP in clinical social work education, where they attribute this importance to many considerations according to their weighted means thus; 1. EBP is an attempt to reach the optimal clinical practice ($x \square_w$ 2.71); 2. EBP relies on real evidence derived from sound research in every phase of practice ($x \square_w$ 2.66); 3. EBP helps clinical social workers to continually develop their knowledge and take appropriate decisions related to helping clients ($x \square_w$ 2.64); 4. EBP provides clinical social workers with a wealth of highly efficient professional practices without abandoning familiar practice, but rather using scientific knowledge and real evidence from research all the way through to assessment of professional intervention ($x \square_w$ 2.62); 5. EBP is a framework that integrates the knowledge, methodology, ethical and value commitment of the clinical social worker and their practice experience ($x \square_w$ 2.60); 6. EBP employs scientific approaches in professional interventions which culminate in measurable results ($x \square_w$ 2.56); 7. EBP helps in the standardization of clinical practice and increases its efficiency ($x \square_w$ 2.55); 8. EBP encourages clinical social workers to adopt scientific methodology as a way of thinking and practice ($x \square_w$ 2.53); 9. EBP employs all the experience and knowledge of clinical social workers ($x \square_w$ 2.52); 10. EBP results in the consolidation of continuous learning ($x \square_w$ 2.49).

While the other considerations occupied order eleven to fourteen with weighted means of $x \square_w$ 2.44 to $x \square_w$ 2.27, it attributed the importance of EBP to the following: employs all clinical social work data in one integrated core, reduces the possibility of professional errors and right/wrong-based assumptions, achieves client involvement in decision making, narrows the gap between research and practice, and creates the researcher cum practitioner. Relative strength of the attitudes of clinical social work educators towards the importance of integrating EBP in clinical social work education is high (R.S. 84.34%); indicating a positive attitude of Arab clinical

social work educators towards the importance of integrating EBP in clinical social work education.

Barriers to EBP

Table 2 shows the attitudes of clinical social work educators towards barriers to EBP in clinical social work education. These barriers, according to their weighted means, are as follows; 1. EBP requires new systems in social care institutions (x_w 2.55); 2. EBP requires new educational programs in clinical social work (x_w 2.42); 3. EBP needs more research before advancing to education and practice (x_w 2.38); 4. EBP is limited by lack of sufficient data base for use by clinical social work practitioners in their search for evidence-based professional practice as it faces resistance from traditional practitioners (x_w 2.32), 5. EBP requires time for clinical social workers to formulate their questions and search for answers to reach appropriate intervention decisions (x_w 2.30). The other barriers occupied order six to nine with weighted means of x_w 2.14 to x_w 1.71 which attributed the barriers of EBP to the following:

EBP requires finance for journal subscriptions and internet connections; it is inappropriate to clinical social work education in the Arab countries; it may result in professional errors or breaches if immeasurable emotions, values, and morals of clients are disregarded; it may ignore the practice experience of clinical social workers.

Relative strength of the attitudes of clinical social work educators towards barriers to EBP in clinical social work education is high (R.S. 73.65%), suggesting many strong barriers to the integration of EBP in clinical social work education.

The creative chaos notion:

Table 3 shows the attitudes of social work educators towards the notion suggested by the author that EBP is an attempt to induce a state of creative chaos in clinical social work education. Respondents assessed the notion as positive or negative. 50% of respondents rejected the notion. This rejection significantly agrees with their positive attitudes towards integrating this type of practice in clinical social work education. Clinical social work educators' attitudes towards this notion are based on index average as follows:

EBP targets: 1. Use of the data that provoked chaos to suppress and stabilize the new condition in its final form in clinical social work education (x_w 1.92); 2. Orientation and management of chaos to reach the desired state in clinical social work education (x_w 1.66);

3. Shaking the foundations of clinical practice ($x \square_w 1.52$); 4. A state of instability and chaos in clinical social work education ($x \square_w 1.41$).

Relative strength of the attitudes of clinical social work educators towards the notion that "EBP is an attempt to induce a state of creative chaos in clinical social work education" is medium (R.S. 54.22%), suggesting an average attitude towards this notion from Arab clinical social work educators.

The possibility of implementing EBP steps:

Table 4 shows the attitudes of clinical social work educators towards "Provision, possibility and impossibility" of implementing EBP steps. The majority of attitudes were in favor of the provision and possibility of fulfillment these steps. Ratings of steps based on index average were as follows: 1. Assess process and results of professional interventions using scientific methodology ($x \square_w 2.37$); 2. Pose clear and precise questions with available answers in the appropriate research and journals on how to deal with a problem ($x \square_w 2.36$); 3. Use scientific examination to choose between available evidences ($x \square_w 2.33$); 4. Apply evidence-based conclusions in decision making related to client-appropriate intervention ($x \square_w 2.32$); 5. Search for optimal evidence to answer the posed questions ($x \square_w 2.27$). Relative strength of the theme of attitudes of clinical social work educators towards the possibility of fulfillment EBP steps is high (R.S. 77.63%) thus indicating a positive attitude from Arab clinical social work educators. Results related to search for the best evidence came in the fifth and last rating. These concur, to a great extent, with the obstacle related to a research finding data base.

Comparisons between Attitudes:

Table 5 shows significant differences between attitudes of clinical social work educators according to their affiliated *educational organizations*. The differences between Egyptian faculties and institutes, Egyptian and other Arab faculties, Egyptian institutions and other Arab faculties, were in the following order; t. 7.629**, 20.900**, 11.056** in EBP importance; t. 0.843 N.S, 13.270**, 9.502** respectively. In terms of barriers to EBP, differences between Egyptian faculties and institutes were not significant, "t. 3.789**, 13.664** and 7.034**", respectively.

The results show that clinical social work educators from other Arab countries were more consistent than their Egyptian counterparts. The intensity of attitudes towards different themes (importance, barriers, creative chaos notion, steps) were in favor of Egyptian

faculties, Egyptian institutes, and finally other Arab faculties based on arithmetic mean (\bar{x}).

Table ٧ shows significant differences between attitudes of clinical social work educators according to their *scientific degrees*. The differences between “Prof. and Associate Prof., Prof. and Assistant Prof., Associate Prof. and Assistant Prof.” were in the following order; “t.5.709**, 2.896**, 8.444**” for importance of EBP; “t.3.927**; 0.413^{NS}, 3.354**” for barriers to EBP; differences between Prof. and Assistant Prof. were not significant thus: “t.4.648**, 3.092** and 2.749**”; about the notion of creative chaos the values were “t.4.882**, 13.800** and 29.931**”; in the possibility of fulfillment of EBP steps. Assistant professors’ subjects were more consistent in the ‘importance theme’ (S.D 2.87), associate professors’ subjects were more consistent in barriers and steps (S.D 5.20, 0.55, respectively), and professors’ subjects were more consistent in the creative chaos notion (S.D 4.57). Attitudes tend towards importance, and steps were in favor of the assistant professor’s subjects (\bar{x} = 65.47 and 62.80, respectively), and in favor of professors subjects in barriers and creative chaos themes (\bar{x} =56.50 and 42.25, respectively).

Table ٧ shows significant differences between Egyptian and other Arab educational organizations in all dimensions of the study. These differences were in the following order; importance of EBP (t. 70.402**), barriers to EBP (t. 33.415**), creative chaos notion (t. 30.010**), and fulfillment of EBP steps (t. 215.562**).

Discussion

There were a number of points for discussion:

- From a clinical social work educator’s perspective, major barriers to EBP are inherent in social care systems, clinical social work educational programs, and databases. The mentioned barriers suggest the importance of introducing concurrent changes in social care policies (practice system), clinical social work education policies (education and research systems) and relative data bases required to access evidence. This notion was confirmed by Wike et al.’s (2014) and Keenan and Grady’s (2014) article titled: *Beyond the Manual: Using Data and Judgment in Clinical Social Work Practice*). They suggest that effective approaches for translating research evidence into social work practice remain elusive. This requires a strong willingness to change, starting with social

work education institutions in the Arab countries, especially Egypt, calling for change in education.

- The author believes that the notion "EBP is an attempt to induce a state of creative chaos in clinical social work education" holds a positive aspect contrary to clinical social work educators' attitudes, that is, creative chaos is necessary to induce change. Creative chaos starts with the analysis of clinical practice conditions and recreates these conditions in a new system of practice that is effective and efficient based on optimal available knowledge and critical approach. In addition, chaos direction and management constitutes an important justification of EBP in response to doubts surrounding the effectiveness of professional interventions by clinical social workers since Fisher's (1973) "*Is case work effective*". The increasing invitations to review professional interventions, accountability, and the gap between theory and practice, despite the fact that accepting the notion does not negate or compromise the importance of EBP.
- Significant differences between Egyptian and Arabian educational organizations in all dimensions of the study, these differences may be attributed to variation in past and present conditions and policies of education, practice and research in social work in general and clinical work in particular in these countries. It is noteworthy that the following differences exist in social work organizations; in Egypt, such organizations consist of colleges and institutes specialized in social work, and holding indicative names, while in other countries they consist of social work departments or integrated units in sociology departments or program departments. The following examples show this variation:
 - 1- Sociology and social work department; Sultan Qaboos University, Sultanate of Oman.
 - 2- Social Science Department; Faculty of Arts, Beit Lahm University, Social Work Department; Social Development and Family College - Al-Quds Open University, Social Work Department; Faculty of Arts - Islamic University at Gaza, Palestine.
 - 3- Social Studies Department; Faculty of Arts, King Saud University, Sociology and Social Work Department, Social Science College, Imam Mohammed Bin Saud University,

Social Work Department; Social Science College- Umm Al-Qura University, and Social Work program; Social Science Department; Faculty of Arts; Hail University, Kingdom of Saudi Arabia.

- 4- Only one college is specialized in social work in the Kingdom of Saudi Arabia, namely: The College of Social Work at Princess Norah University. These institutes are understaffed in faculty as indicated by Bin Saeed (2014) who suggested that the number of social work faculties at King Saudi University, Imam Mohammed Bin Saud University, and Princess Norah University in Saudi Arabia making a total of 77.

Conclusions

The study aimed to survey clinical social work educators' attitudes towards EBP integration into clinical social work education, the results showed there are strong positive attitudes of clinical social work educators towards the importance of integrating EBP in clinical social work education. Such attitudes – as an academic behavior drive, so this leads clinical social work educators in Arabian countries dealing with issues found by current study: **First:** Barriers of EBP as; lack of sufficient data base for use of clinical social worker practitioner in his/her search for evidence in professional practice; reality of clinical social work education in the Arab countries; necessity of existence new educational programs in clinical social work; development systems of social care institutions; resistance from traditional practitioner, **second:** EBP steps through; posing questions with available answers in the appropriate research on how to deal with a problem; searching for optimal evidences to answer the posed questions; use scientific examination to choose between available evidences; apply evidence based conclusions in decision making related to client- appropriate intervention; assess process and results of professional interventions using scientific methodology.

There are more outstanding issues about EBP in clinical social work throughout the world, and increasing in Arab societies, because of the novelty of evidence-based practice and the nature of professional practice in Arab societies, these issues are; defining EBP, knowledge to be used, practice situation and setting, development of empirically-based practice guidelines, systematically collected and tested evidence, widespread availability of electronic bibliographic databases, increased volume and relevance of intervention research, shifting the culture of social work, a major expansion of social work's

curriculum content, coordinating social work professional organizations, evidence based professional education.

Evidence-based practice requires a different climate of professional practice, starting with strong positive attitudes of clinical social work educators towards the importance of integrating EBP in clinical social work education, this is followed by several stages includes many requirements at various levels; research, education, and practice.

Limitation

The author needed a long time to administer the questionnaire, and certain organizations did not respond. The author also faced difficulty in designing the data collection tool, and in writing a statement in the form of a long informative sentence including a simple explanation of EBP.

Recommendations

Based on these strong attitudes of clinical social work educators towards integrating EBP in clinical social work education, this study recommends directing these attitudes towards three courses of action that constitute future scenarios³ of EBP:

1. Probable Future: Research as a starting point; “conduct research, write books, and arrange conferences on EBP”
2. Possible Future: Education as a starting point (A); “integrate EBP courses in the different educational programs (BSc, MS, PH.D.); Practice as a starting point (B) “Actual EBP practice; EBP specialized journal, databases, continuous education/training on EBP.
3. Desirable Future: A parallel starting point; “invitation, research, education, training, and practice”.

It is worth mentioning that social work education institutions in Arab countries tend to take a longer response time to implementing international innovations in the profession for reasons beyond the scope of this paper, and this is probably what EBP is facing at present. The findings suggest that in order to effectuate possible and desirable EBP scenarios, a number of requirements must be satisfied, such as;

4. Future scenarios

- Probable future: The most probable scenario to take place during a known time frame and according to certain conditions.
- Possible future: Widens our choices regardless of probability of occurrence.
- Desirable future: The future we promote to turn into reality.

integrate EBP courses in the different educational programs; training on EBP; social work research database. These requirements may be met by the contribution of certain organizations such as committees involved in social work education (education), professional syndicates (invitation), social care institutions (practice), research centers and social work colleges/departments (research, data base, conferences), social work journals (research and database), training centers (continuous education, training of clinical social workers), and setting up EBP centers to create a bridge among different EBP institutions.

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Tables:

Table 1 Attitudes of clinical social work educators towards the importance of integrating EBP in clinical social work education

No.	Statement	Statistical processing				
		ϵ	$x\bar{x}_w$	$x\bar{x}_w\%$	S.D	Rank.
1	EBP is an attempt to reach optimal clinical practice	198	2.71	0.90	0.51	1
2	EBP employs all clinical social work data in one integrated core	178	2.44	0.81	0.65	11
3	EBP employs all the experience and knowledge of clinical social workers	184	2.52	0.84	0.58	9
4	EBP helps clinical social workers to continually develop their knowledge	193	2.64	0.88	0.54	3
5	EBP helps clinical social workers make appropriate decisions related to helping clients	193	2.64	0.88	0.48	3
6	EBP provides clinical social workers with a wealth of highly efficient professional practices	191	2.62	0.87	0.52	4
7	EBP employs scientific approaches in professional interventions which culminate in measurable results	187	2.56	0.85	0.55	6
8	EBP reduces the possibility of professional errors and right/wrong based assumptions	177	2.42	0.81	0.64	12
9	EBP relies on real evidence derived from sound research in every phase of practice	194	2.66	0.89	0.58	2
10	EBP does not mean abandoning familiar practice, rather, it means using the scientific knowledge and real evidence starting from research through to assessment of professional intervention	191	2.62	0.87	0.54	4
11	EBP helps in standardization of clinical practice and increases its efficiency	186	2.55	0.85	0.58	7
12	EBP is the answer to narrowing the gap between research and practice	168	2.30	0.77	0.64	13
13	EBP is the optimal method to create the researcher cum practitioner	166	2.27	0.76	0.73	14
14	EBP is a method to achieve client involvement in decision making	177	2.42	0.81	0.71	12
15	EBP results in consolidation of continuous learning	182	2.49	0.83	0.63	10
16	EBP is a framework that integrates the knowledge, methodology, ethical and value commitment of the clinical social worker and their practice experience	190	2.60	0.87	0.55	5
17	EBP encourages clinical social workers to adopt scientific methodology as a way of thinking and practice	185	2.53	0.84	0.53	8
Total		3140				
$x\bar{x}$		184.71				
S.D		9.07				
Relative Strength		84.34%				

Table.2: Attitudes of clinical social work educators towards the barriers to EBP in clinical social work education

No	Statement	Statistical processing				
		ε	\bar{x}	\bar{x}	S.D	Rank
1	EBP may ignore the practice experience of clinical social workers.	125	1.71	0.57	0.81	9
2	EBP requires finance for journal subscriptions and internet connections.	156	2.14	0.71	0.71	6
3	EBP may result in professional errors or breaches if immeasurable emotions, values, and morals of clients are disregarded.	138	1.89	0.63	0.79	8
4	EBP requires time for clinical social workers to formulate their questions and search for answers to reach the appropriate intervention decisions.	168	2.30	0.77	0.72	5
5	EBP is limited by lack of a sufficient data base for use by clinical social worker practitioners in their search for evidence in professional practice.	169	2.32	0.77	0.72	4
6	EBP is inappropriate to clinical social work education in the Arab countries.	151	2.07	0.69	0.89	7
7	EBP requires new educational programs in clinical social work.	177	2.42	0.81	0.71	2
8	EBP requires new systems in social care institutions.	186	2.55	0.85	0.71	1
9	EBP will face resistance from traditional practitioners.	169	2.32	0.77	0.72	4
10	EBP needs more research before advancing to education and practice.	174	2.38	0.79	0.70	3
Total		1613				
\bar{x}		161.3				
S.D		18.79				
Relative Strength		73.65%				

Table 3 Attitudes of clinical social work educators towards the notion that "EBP is an attempt to induce a state of creative chaos in clinical social work education"

Relative Strength		54.22%				
No.	Statement	Statistical processing				
		ε	\bar{x}	\bar{x}	S.D	Rank
1	EBP targets shaking the foundations of clinical social work practice.	111	1.52	0.50	0.69	3
2	EBP targets a state of instability and chaos in clinical social work education.	103	1.41	0.47	0.70	4
3	EBP targets orientation and management of chaos to reach the desired state in clinical social work education.	121	1.66	0.55	0.77	2
4	EBP targets use of the data that provoked chaos to suppress and stabilize the new condition in its final form in clinical social work education.	140	1.92	0.64	0.80	1
Total		475				
\bar{x}		118.75				
S.D		15.97				

Table 4 Attitudes of clinical social work educators towards the possibility of implementing EBP steps

No.	Statement	Statistical processing				
		ε	$x\bar{w}$	$x\bar{w}\%$	S.D	Rank
1	Pose clear and precise questions with available answers in the appropriate research and journals on how to deal with a problem.	172	2.36	0.79	0.56	2
2	Search for optimal evidence to answer the posed questions.	166	2.27	0.76	0.51	5
3	Use scientific examination to choose between available pieces of evidence.	170	2.33	0.78	0.58	3
4	Apply evidence based conclusions in decision making related to client-appropriate intervention.	169	2.32	0.77	0.52	4
5	Assess the process and results of professional interventions using scientific methodology.	173	2.37	0.79	0.54	1
Total		850				
$x\bar{w}$		170				
S.D		2.74				
Relative Strength		77.63%				

Table 5 Comparison of attitudes according to educational organizations

Parameter	Theme 1				Theme 2			
	Egypt. Fac.	Egypt. Inst.	Other Fac.	Arab Arab	Egypt. Fac.	Egypt. Inst.	Other Fac.	Arab Arab
N.	28	25	20		28	25	20	
$x\bar{w}$	70.88	62.59	51.24		61.90	59.90	39.50	
S.D.	3.76	4.11	2.75		7.36	9.61	4.28	
R.S. (%)	84.38	83.45	85.39		73.69	79.87	65.83	
T. Cal.	7.629**				0.843 ^{N.S}			
	11.056**				9.502**			
	20.900**				13.270**			
Parameter	Theme 3				Theme 4			
	Egypt. Fac.	Egypt. Inst.	Other Fac.	Arab Arab	Egypt. Fac.	Egypt. Inst.	Other Fac.	Arab Arab
N.	28	25	20		28	25	20	
$x\bar{w}$	48.50	41.50	28.75		65.80	56.60	47.60	
S.D.	5.57	7.59	4.43		1.92	0.89	0.89	
R.S. (%)	57.74	55.33	47.92		78.33	75.47	79.33	
T. Cal.	3.789**				22.772**			
	7.034**				41.199**			
	13.664**				43.983**			

Table 6 Comparison of attitudes according to educational degrees

Parameter	Theme 1			Theme 2		
	Prof.	Associate Prof.	Assistant Prof.	Prof.	Associate Prof.	Assistant Prof.
N.	28	25	20	28	25	20
\bar{x}	62.88	56.35	65.47	56.50	49.20	55.60
S.D.	3.43	4.39	2.87	7.55	5.20	7.85
R.S. (%)	83.84	81.67	87.29	75.33	71.30	74.13
T. Cal.	5.709**			3.927**		
		8.444**			3.354**	
	2.896**			0.413 ^{N.S}		
Parameter	Theme 3			Theme 4		
	Prof.	Associate Prof.	Assistant Prof.	Prof.	Associate Prof.	Assistant Prof.
N.	28	25	20	28	25	20
\bar{x}	42.25	35.25	40.25	54.80	52.40	62.80
S.D.	4.57	5.74	6.85	2.39	0.55	1.64
R.S. (%)	56.33	51.09	53.67	73.07	75.94	83.73
T. Cal.	4.648**			4.882**		
		2.749**			29.931**	
	3.092**			13.800**		

Table 7 Comparison of attitudes between Egyptian and other Arab educational organizations

Parameter	Theme 1		Theme 2	
	Egyptian	Other Arabs	Egyptian	Other Arabs
N.	53	20	53	20
\bar{x}	133.47	51.24	121.80	39.50
S.D.	7.23	2.75	16.52	4.28
R.S.	83.94	85.39	76.60	65.83
T. Cal.	70.402**		33.415**	
Parameter	Theme 3		Theme 4	
	Egyptian	Other Arabs	Egyptian	Other Arabs
N.	53	20	53	20
\bar{x}	90.0	28.75	122.40	47.60
S.D.	12.99	4.43	2.07	0.89
R.S.	56.60	47.92	76.98	79.33
T. Cal.	30.010**		215.562**	