Empirically Supported Psychotherapy in Social Work Training Programs: Does the Definition of Evidence Matter?

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Objectives: A national survey finds that 62% of social work programs do not require didactic and clinical supervision in any empirically supported psychotherapy (EST). The authors report the results of analysis of national survey data using two alternative classifications of EST to determine if the results are because of the definition of EST used in the national survey. Method: Psychotherapies in the national survey are classified by three definitions of EST. Data are weighted to provide estimates generalizable to the population of social work programs. Results: The classification of EST does not have a major impact on the findings of the national survey. The national survey definition produce estimates of training in any EST in social work that fall between the two alternate definitions. Conclusions: Regardless of which definition is used, the data clearly show that the majority of social work programs offer little training in EST.

Keywords: *training (or education); empirically supported interventions; evidence-based practice; psychotherapy; mental health*

Even though most social work training programs lead to diverse career paths, limited evidence suggests that up to 33% of social workers practice in mental health settings and provide psychotherapy (Ginsberg, 2001). Therefore, training in empirically supported psychotherapies (ESTs) is important for social workers. According to social work's professional code of ethics, "social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice" (National Association of Social Workers [NASW], 1999). Although the code of ethics does not specifically mandate the use of evidence-based practice (EBP) that would imply in many cases the use of EST, current mental health policy has been instrumental in supporting the use of EBP in social work. Three of the most influential reports on mental health services policy in recent years–*Achieving the Promise: Transforming Mental Health Care in America* (New Freedom Commission on Mental Health, 2003), *The World Health Report: 2001: Mental Health: New Understandings, New Hope* (World Health Organization, 2001), and *Mental Health: A Report of the Surgeon General* (U.S. Department of Health and Human Services, 1999)–emphasize the need for research and evidence-based intervention in mental health services. A National Implementation of EBP project was commissioned to influence the use of EBP by social workers and other professionals practicing in mental health (NRI Center for Mental Health Equality and Accountability, 2004).

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Regardless of social work's presence in the field of mental health, the NASW code of ethics, federal and local policy and funding, and recommendations on the use of EBP, a considerable gap exists between the availability of EST and their use by social workers (Balas & Boren, 2000; Bellamy, Bledsoe, & Traube, 2006; Gibbs & Gambrill, 2002; Mullen & Bacon, 2004; NASW, 1999; New York State Office of Mental Health, 2001; Rosen, 1994). Training programs may be failing to adequately prepare social workers to use EBP through the omission of training in EST. Recent reports have shown that social workers in agency settings are generally poorly informed about EBP/EST or unaware of EBP/EST (Mullen & Bacon, 2004).

Lack of training in empirically supported interventions has been identified as a key barrier to the use of EBP by social work practitioners (Bellamy et al., 2006; Mullen, Schlonsky, Bledsoe, & Bellamy, 2005; New Freedom Commission on Mental Health, 2003; Weissman & Sanderson, 2001). Although social work training programs include large numbers of students and emphasize training for direct practice, a national survey of training in psychotherapy found that 62% of social work programs do not require didactic training and clinical supervision, the gold standard in psychotherapy training, in any EST (Weissman et al., 2006). This may be due, in part, to a lack of agreement on the definition of evidence among professionals (Mullen et al., 2005; Upshur & Tracy, 2004). A national study of social work educators found that 86% of respondents expressed a favorable view of EBP but that there were disparities in how educators defined EBP and the criteria for defining an intervention as empirically supported (Rubin & Parrish, 2007).

Although there are many systems for classifying evidence, controlled clinical trials are the standard for therapeutics. In the national survey, EST was defined as a psychotherapy supported by at least two randomized controlled trials of a manual-defined treatment with samples of sufficient power and well-characterized patients diagnosed with specific psychiatric disorders. In addition, we required at least two different investigative teams demonstrating efficacy (Weissman et al., 2006). To avoid further confusion regarding the distinction between empirically supported or evidence-based interventions and the process of EBP, we will be referring to psychotherapies supported by empirical evidence as EST. Using the definition of the national survey the following psychotherapies were classified as EST: behavior therapy (BT), cognitive behavior therapy (CBT), dialectical behavior therapy (DBT), manual-based family therapy, interpersonal psychotherapy (IPT), multisystemic therapy (MST), and parent training (Weissman et al., 2006). However, there are other definitions of EST developed by highly regarded scientists and clinicians that could account for differences in the number of ESTs reported in the national survey. This article reports the results of a comparison of the national survey definition and classification of EST with two other widely used definitions and classifications (Chambless et al., 1998; Roth & Fonagy, 2005). First, the percentage of social work training programs meeting the gold standard for each of the psychotherapies included in the national survey is shown. The two different classifications were applied to the national survey, which was based on a probability sample of all accredited social work master's programs in the United States.

METHOD

A brief report of the methodology most relevant to the current question follows. For a detailed report of the methodology in the national survey, see Weissman et al. (2006). Although the national survey provided data on psychiatry, psychology, and social work, this article examines only the social work findings.

Survey Development

A pilot survey was conducted to identify which psychotherapeutic approaches were currently offered in accredited clinical psychology, psychiatry, and social work training programs (see Weissman et al., 2006). Accreditation for social work master's programs was from the Council on Social Work Education (CSWE).

Based on the results of a pilot survey, a draft of questions was developed and reviewed by experienced trainers and psychotherapy experts (see Acknowledgments in Weissman et al., 2006, for a list of consultants). The survey was completed by directors of clinical training who were asked to indicate whether particular psychotherapeutic approaches were taught, whether they were required or elective, and whether they were covered in lecture/class work (didactic) and/or in supervised clinical work. The survey was Web based, although it could be mailed out or faxed if the respondent preferred. The survey took about 10 to 15 minutes to complete and was approved by the New York State Psychiatric Institute Institutional Review Board. The survey began in May 2004 and ended in December 2004 when more than a 70% response rate was achieved.

Sampling

A total of 165 master of social work training programs were identified from the accreditation roster

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of the CSWE. The programs were divided by region (West, South, Midwest, Northeast), and a random sample of 54.4% of the programs was selected. The criteria for selecting programs were based on stratified random sampling with proportional allocation among the four regional strata. Stratification was used to ensure that there would be sufficient programs in each region to make meaningful comparisons of programs. We decided not to include doctoral programs in social work because master's programs provided the clinical courses of interest in the survey, and most doctoral students would have received these courses during the earlier stage of their training. The directors of clinical training, or a person with an equivalent job title who was responsible for the academic curriculum and clinical work experience of students, were identified through university Web sites and by calling the departments or schools. If the listed director had changed, the name of the new one was obtained.

Classifications of Psychotherapies as Evidence Based

Psychotherapies included in the national survey were classified on the basis of all three definitions of evidence-based psychotherapy as reported in the original publications.

National Survey

Weissman and colleagues (2006) defined evidence-based psychotherapies as follows:

> (EST) was defined briefly . . . as at least two randomized controlled trials of a manual-defined treatment. In classifying treatment as (EST) we also required that the trials have samples of sufficient power, with well characterized patients with specific psychiatric disorders, with randomly assigned control conditions of psychotherapy, placebo, pill or other treatment and with at least two different investigative teams demonstrating efficacy. (pp. 6-7)

Division 12 of the American Psychological Association Task Force Criteria

This article reports a list of empirically supported (efficacious) psychological treatments for specific populations and originated as an effort of the Division 12 Task Force on Psychological Interventions (Chambless et al., 1998). Chambless and colleagues (1998) classify empirically validated treatments as either *well established* or *probably efficacious*. A well-established psychotherapy is defined in one of two ways:

1. Having at least two good between-group design experiments that must demonstrate efficacy in one or more of the following ways: (a) superiority to pill or psychotherapy placebo or to other treatment and (b) equivalence to already established treatment with adequate sample sizes
2. Supported by a large series of single-case design experiments demonstrating efficacy with (a) the use of good experimental design and (b) comparison of the intervention with another treatment (Chambless et al., 1998)

Using either initial criteria, experiments must also be conducted with treatment manuals or equivalent clear description of treatment; characteristics of samples must be specified, and effects must be demonstrated by at least two different investigators or teams (Chambless et al., 1998). Probably efficacious treatments are defined one of three ways:

1. Two experiments that show the treatment is superior to a waiting-list control group
2. One or more experiments that meet all well-established criteria with the exception of requiring effects being demonstrated by two different investigators or teams
3. A small series of single-case design experiments that must meet well-established treatment criteria (Chambless et al., 1998)

What Works for Whom? A Critical Review of Psychotherapy Research

This text synthesized information on the efficacy of existing models of psychotherapy. Organized by psychiatric disorder, the authors identify the methodological strengths and limitations of existing psychotherapy research for each disorder (Roth & Fonagy, 2005). ESTs are categorized as either having "clear evidence of efficacy" or "limited support for efficacy" (Roth & Fonagy, 2005).

Interventions defined as having clear evidence of efficacy must either (a) have replicated demonstration of superiority to a control condition or another treatment condition or (b) have a single, high-quality randomized control trial, and the availability of a clear description of the therapeutic method (preferably but not necessarily in the form of a therapy manual) of sufficient clarity to be used as the basis for training, and a clear description of the patient group to whom the treatment was applied (Roth & Fonagy, 2005).

Interventions for which there is some, but limited, support for efficacy are defined as innovative techniques, where promising but restricted evidence reflects their stage of development, or approaches commonly used in treatment settings, but where research is limited by methodological constraints (Roth & Fonagy, 2005).

Data Analysis

We used chi-square analysis on the unweighted data to examine whether response rates differed by region.

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For all subsequent analyses, we calculated variance estimates consistent with our stratified, without-replacement sampling design using SUDAAN statistical software (Research Triangle Institute, Research Triangle Park, NC). The data were weighted by the inverse of the sampling fraction for each stratum of region to provide estimates generalizable to the total population of 165 social work programs.

For each program, we determined which ESTs and which non-ESTs met the training "gold standard"; that is, all students were required to receive both didactic training and clinical supervision. We also determined which programs met the gold standard in at least one EST using three alternate classifications of the psychotherapies included in the national survey. Rates among programs are presented as weighted percentages with 95% confidence intervals that account for the sampling design.

RESULTS

Response Rate

Sixty-four of the 89 social work programs sampled responded to the survey, resulting in a response rate of 71.9%. The response rate did not differ significantly by region ($\chi^2 = 3.62$; $df = 3$; $p = .31$). Two responding programs did not provide sufficient data for analysis; further analyses were based on the remaining 62 programs.

Social Work Programs Requiring Both Didactic and Clinical Supervision

Table 1 shows the percentage of social work programs meeting the gold standard of training, required didactic and clinical supervision, in each of the 23 identified psychotherapies using the national survey definition of EST and non-EST. The identified psychotherapy with the highest percentage of programs meeting the gold standard of training was social work counseling (54.6%), which is not classified as EST. The highest percentage of social work programs meeting the gold standard in a psychotherapy categorized as an EST by any of the definitions outlined above was 21% for CBT, followed by MST (18.0%). The gold standard of training in DBT was required by the lowest percentage of programs (0.0%). Higher percentages of social work programs required the gold standard in social work counseling (54.6%) and case management (39.7%), as expected.

TABLE 1: Percentage of Social Work Programs (*N* = 62) Meeting the Gold Standard in Training[a] Using the National Survey Definition of Evidence[a]

Type of Psychotherapy	Weighted %	95% CI
Evidence-based		
Cognitive behavior therapy (CBT)	21.0	13.8-30.7
Multisystemic therapy	18.0	11.3-27.4
Behavior therapy	13.1	7.5-21.9
Interpersonal psychotherapy (IPT)	6.8	3.1-14.4
Family therapy (manual based)	5.1	2.0-12.4
Parent training	4.5	1.8-10.6
Dialectical behavior therapy (DBT)	0.0	NA
Non-evidence-based		
Social work counseling	54.6	44.3-64.5
Case management	39.7	30.4-49.9
Group psychotherapy	37.0	27.8-47.2
Family therapy (general)	33.5	24.6-43.8
Short-term/time-limited psychotherapy	29.8	21.2-40.1
Supportive psychotherapy	27.6	19.4-37.8
General psychotherapy (unspecified)	23.5	15.9-33.3
Psychoeducation	17.3	10.8-26.6
Psychoanalytic/ psychodynamic psychotherapy	14.9	9.1-23.6
Humanistic psychotherapy	11.4	6.6-18.9
Couples therapy	9.6	5.1-17.4
Substance abuse counseling	8.4	4.1-16.4
Milieu psychotherapy	1.9	0.4-9.4
Existential psychotherapy	1.8	0.4-8.4
Forensic psychotherapy	1.8	0.4-8.4
Gestalt psychotherapy	1.8	0.4-8.4

NOTE: NA = not applicable.
a. Gold standard defined as requiring both a didactic and clinical supervision in the particular psychotherapy.

Classification of Psychotherapies

Table 2 shows the classification of psychotherapies based on the definition by Weissman et al. (2006) outlined above and the classification of EST by Chambless et al. in 1998 and Roth and Fonagy in 2005. There was complete agreement between the three definitions on which psychotherapies were evidence based for 4 of the 7 ESTs identified in the national survey. If the definition was expanded to include psychotherapies classified as "probably efficacious," there was complete agreement for 6 of the 7 ESTs identified in the national survey. Using broad definitions of efficacy including psychotherapies classified as "probably efficacious" or "limited support for efficacy" added only 4 more psychotherapies to the

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TABLE 2: Classification of Psychotherapies by Evidence Using Three Definitions

	Definition of Evidence of Psychotherapy Efficacy				
	Chambless et al. (1998)		Roth and Fonagy (2005)		Weissman et al. (2006)
Psychotherapies on the Weissman et al. (2006) Survey	Well Established	Probably Efficacious	Clear Evidence of Efficacy	Limited Support for Efficacy	Evidence-Based Treatment
Behavior therapy	✓	—	✓	—	✓
Cognitive behavior therapy (CBT)	✓	—	✓	—	✓
Interpersonal psychotherapy (IPT)	✓	—	✓	—	✓
Parent training	✓	—	✓	—	✓
Couples therapy	✓	—	—	✓	—
Dialectical behavior therapy (DBT)	—	✓	✓	—	✓
Family therapy (manual based)	—	✓	✓	—	✓
Psychoanalytic/psychodynamic psychotherapy	—	✓	✓	—	—
Psychoeducation	—	—	✓	—	—
Multisystemic therapy	—	—	✓	—	✓
Supportive psychotherapy	—	—	—	✓	—
Case management	—	—	—	—	—
Existential psychotherapy	—	—	—	—	—
Family therapy (general)	—	—	—	—	—
Forensic psychotherapy	—	—	—	—	—
General psychotherapy (unspecified)	—	—	—	—	—
Gestalt psychotherapy	—	—	—	—	—
Group psychotherapy	—	—	—	—	—
Humanistic psychotherapy	—	—	—	—	—
Milieu psychotherapy	—	—	—	—	—
Short-term/time-limited psychotherapy	—	—	—	—	—
Social work counseling	—	—	—	—	—
Substance abuse counseling	—	—	—	—	—

NOTE: Psychotherapies included are from the original national training survey.

list of ESTs. Twelve of the 16 psychotherapies classified as non-EST in the national survey were also considered non-evidence-based by all three definitions.

Table 3 shows the percentage of programs meeting the gold standard of required didactic and clinical supervision in any EST using the three different classifications. Roth and Fonagy's (2005) definition has the most inclusive criteria. Using the Roth and Fonagy (2005) definition, 43.5% (95% CI, 33.8-53.8) of MSW programs surveyed met the gold standard for at least one EST having "clear evidence" and 49.9% (95% CI, 39.7-60.0) met the gold standard for at least one EST having "clear evidence" or "limited support for efficacy." Using the Division 12 Task Force definition of "well established" (Chambless et al., 1998) yielded the most conservative estimates, with only 27.3% (95% CI, 19.1-37.3) of programs meeting the gold standard. Using the less conservative Division 12 Task Force definition (Chambless et al., 1998), including either "well established" or "probably efficacious," 33.4% (95% CI, 24.6-43.5) of programs met the gold standard in any EST. The national survey definition (Weissman et al., 2006) of EST yielded estimates that fall in the middle of the Chambless et al. (1998) and Roth and Fonagy (2005) definitions, with 38.3% (95% CI, 28.9-48.6) of social work master's programs reporting the gold standard of training in any EST.

DISCUSSION AND APPLICATIONS TO SOCIAL WORK

Using the EST identified by two additional well-established classifications does not yield findings substantially different from those reported in the national survey (see confidence intervals in Table 3; Weissman et al., 2006). The estimates yielded by the national survey fall between the most liberal estimates of training in EST using the classification by Roth and Fonagy (2005) and the most conservative estimates using the classification

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TABLE 3: Percentage of Social Work Programs ($N = 62$) Meeting the Gold Standard[a] in any EST Using Different Definitions of Evidence

Definition of EST	Weighted %	95% CI
Weissman et al. (2006)		
"Evidence-based treatment"	38.3	28.9-48.6
Chambless et al. (1998)		
"Well established"	27.3	19.1-37.3
"Well established" or "probably efficacious"	33.4	24.6-43.5
Roth and Fonagy (2005)		
"Clear evidence of efficacy"	43.5	33.8-53.8
"Clear evidence of efficacy" or "limited support for efficacy"	49.9	39.7-60.0

NOTE: CI = confidence interval.
Psychotherapies included are from the original national training survey.
a. Gold standard defined as requiring both a didactic and clinical supervision in the particular psychotherapy.

outlined by the Division 12 Task Force (Chambless et al., 1998). Using the most liberal classification in this study, fewer than half of master's-level social work programs meet the gold standard of training in any EST. Social work master's programs are more likely to require the gold standard of training in non-EST than in EST. Of the psychotherapies defined as EST using any of the three classifications, the highest percentage of social work programs require the gold standard in CBT, but this includes only 21% of programs whereas more than 21% of social work training programs require the gold standard of training in 7 of the non-ESTs.

The absence of required didactic and clinical supervision training in EST is not unique to social work using the national survey definition. Although only 4.3% of psychiatry programs do not require the gold standard of training in any EST, 43.8% of psychology PhD programs, 67.3% of psychology PsyD programs, and 61.7% of social work programs do not require the gold standard of training in any EST (Weissman et al., 2006). Differences in training in psychiatry programs, the exception, are likely because of the recent mandate passed by the psychiatry accreditation board requiring that all psychiatry residents receive training in CBT (Weissman et al., 2006). EBP content in social work educational training programs has been increasing during the past decade (Gambrill, 1999; Howard, McMillen, & Pollio, 2003; Scheyett, 2006). However, social work and psychology PsyD training programs—the programs that produce the largest numbers of clinicians—offer fewer opportunities for training in EST than psychology PhD and psychiatry training programs and are less likely to require the gold standard of training in EST (Weissman et al., 2006). Social work training programs are 2-year programs and, therefore, may be more restricted regarding ability to offer training in EST. However, the topics covered by many of the ESTs, for example, social support and interpersonal and family relationships, are not foreign to social work practice. The issues covered by EST are relevant to social work practice, and EST can be readily learned by social workers as demonstrated by the use of social workers in many of the clinical trials of EST (Verdeli, Mufson, Lee, & Keith, 2006).

Although the profession may continue to struggle to define EBP, given the number of social workers providing mental health services, it is hard to justify the lack of training in psychotherapies that are supported by clear research evidence and a seeming preference for those lacking in support of research evidence (Weissman et al., 2006). The findings presented here raise serious questions with regard to the number of training programs that are adequately and effectively meeting not only the training standards set forth by the CSWE (2004) that require accredited programs to give students the tools to use empirical knowledge in their practice but also the ethical standards of the profession set by the NASW (1999) requiring social workers to provide research-based services. Findings from a recent dissemination and implementation project in EBP support the need for prior training in EST for social workers to implement EBP in practice (Bellamy et al., 2006; Bledsoe et al., 2006). We recommend that social work programs increase training opportunities in evidence-based psychotherapies to meet the mandates set by CSWE and to prepare social workers to be competitive and competent mental health professionals. If differences in training in psychiatry programs are because of accreditation standards, changes in the accreditation standards of social work training programs and careful implementation of those standards may facilitate increased training opportunities for social work students.

REFERENCES

Balas, E. A., & Boren, S. A. (2000). *Managing clinical knowledge for health care improvement*. *Yearbook of Medical Informatics 2000.* Bethesda, MD: National Institute of Mental Health.

Bellamy, J., Bledsoe, S. E., & Traube, D. (2006). The current state of evidence based practice in social work: A review of the literature and qualitative analysis of expert interviews. *Journal of Evidence-Based Social Work, 3*(1), 23-48.

Bledsoe, S. E., Bellamy, J., Fang, L., Coppolino, C., Crumpley, J., Jean-François, J., et al. (2006, February). *Collaborative dissemination and implementation of evidence based practice in social work agencies.* Paper presented at Council on Social Work Education 52nd Annual Program Meeting, Chicago.

Chambless, D. L., Baker, M. J., Baucom, D. H., Beutler, L. E., Calhoun, K. S., Crits-Christoph, P., et al. (1998). Update on

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empirically validated therapies, II. *Clinical Psychologist, 51*(1), 3-16.

Council on Social Work Education. (2004). *Educational policy and accreditation standards*. Retrieved February 17, 2007, from www.cswe.org/NR/rdonlyres/111833A0-C4F5-475C-8FEB-EA740FF4D9F1/0/EPAS.pdf

Gambrill, E. (1999). Evidence-based clinical behavior analysis, evidence-based medicine and the Cochrane collaboration. *Journal of Behavior Therapy and Experimental Psychiatry, 30*, 1-14.

Gibbs, L., & Gambrill, E. (2002). Evidence-based practice: Counterarguments to objections. *Research on Social Work Practice, 12*, 452-476.

Ginsberg, L. H. (2001). *Careers in social work* (2nd ed.). Washington, DC: NASW Press.

Howard, M., McMillen, C., & Pollio, D. (2003). Teaching evidence-based practice: Towards a new paradigm for social work education. *Research on Social Work Practice, 13*, 234-260.

Mullen, E. J., & Bacon, W. (2004). A survey of practitioner adoption and implementation of practice guidelines and evidence-based treatments. In A. R. Roberts & K. Yeager (Eds.), *Evidence-based practice manual: Research and outcome measures in health and human services* (pp. 193-199). New York: Oxford University Press.

Mullen, E. J., Schlonsky, A., Bledsoe, S. E., & Bellamy, J. L. (2005). From concept to implementation: Challenges facing evidence-based social work. *Evidence and Policy, 1*, 61-84.

National Association of Social Workers. (1999). *Code of ethics.* Washington, DC: Author. Retrieved February 15, 2007, from http://www.socialworkers.org/pubs/code/code.asp

New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Publication No. SMA-03-3832). Rockville, MD: United States Department of Health and Human Services. Retrieved March 15, 2006, from http://www.mentalhealthcommission.gov/reports/FinalReport/downloads/downloads.html

New York State Office of Mental Health. (2001). *Winds of change: Creating an environment of quality*. Albany: Author.

NRI Center for Mental Health Equality and Accountability. (2004). *CMHQA initiatives*. Rockville, MD: United States Department of Health and Human Services. Retrieved March 15, 2006, from http://www.nri-inc.org/CMHQA/CMHQA.cfm

Rosen, A. (1994). Knowledge use in direct practice. *Social Service Review, 68*, 561-577.

Roth, A., & Fonagy, P. (2005). *What works for whom? A critical review of psychotherapy research.* New York: Guilford.

Rubin, A., & Parrish, D. (2007). Views of evidence-based practice among faculty in MSW programs: A national survey. *Research on Social Work Practice, 17*, 110-122.

Scheyett, A. (2006). Danger and opportunity: Challenges in teaching evidence-based practice in the social work curriculum. *Journal of Teaching in Social Work, 26*(1/2), 19-29.

Upshur, R. E. G., & Tracy, C. S. (2004). Legitimacy, authority and hierarchy: Critical challenges for evidence-based medicine. *Brief Treatment and Crisis Intervention, 4*, 197-204.

U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved March 15, 2006, from http://www.surgeongeneral.gov/library/mentalhealth/home.html

Verdeli, H., Mufson, L., Lee, L., & Keith, J. A. (2006). Review of evidence-based psychotherapies for pediatric mood and anxiety disorders. *Current Psychiatry Reviews, 2*, 395-421.

Weissman, M. M., & Sanderson, W. C. (2001). Promises and problems in modern psychotherapy: The need for increased training in evidence-based treatments. In M. Hager (Ed.), *Modern psychiatry: Challenges in educating health professionals to meet new needs* (pp. 132-165). New York: Josiah Macy Jr. Foundation.

Weissman, M. M., Verdeli, H., Gameroff, M., Bledsoe, S. E., Betts, K., Mufson, L., et al. (2006). A national survey of psychotherapy training programs in psychiatry, psychology, and social work. *Archives of General Psychiatry, 63*, 925-934.

World Health Organization. (2001). *The world health report: 2001: Mental health: New understandings, new hope*. Geneva, Switzerland: Author.

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