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Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students

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Provision and Long-Term Assessment of a Specialized Clinical Evidence-Based Practice Curriculum for Master of Social Work Students

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Abstract

This study investigated social workers' knowledge of the common elements in evidence-based practice to treat youth mental health conditions following a specialized curriculum during their Master of Social Work (MSW) education. Participants' knowledge was measured during their MSW education and in their first 5 years of social work practice after graduation. The quantitative study measured participants' knowledge of common elements three times; 86 social workers participated in the study with 67 sets of scores at three data points. Study results showed that participants knew more after completing the curriculum but knew less one to five years after graduation. Overall, however, their knowledge remained higher than before the curriculum. The findings provided insight into social workers' knowledge of common elements of evidence-based practice modalities over time following a specialized curriculum. Findings also suggested that having multiple work obligations, lacking supervision, and receiving supervision by someone other than a social worker were all factors that might hinder graduates from continuing their education in evidence-based practice after graduation.

Keywords Evidence-based practice · Social work · Education · Youth · Mental health

Knowledge of the common elements of evidence-based practice is essential to the values and ethics inherent in social work (Council on Social Work Education, 2022; National Association of Social Workers, 2021). Incorporating evidence-based care into social work curriculums and field experiences is well documented, with studies showing that a clinical evidence-based practice curriculum increases knowledge in social work students (Spensberger et al., 2020).

Notwithstanding, the teaching of evidence-based *behaviors*—the critical common elements of clinical practice that constitute the "doing" of mental health treatment—is often neglected in social work education, due to a lack of time, resources, and credit hours (Oh et al., 2020). Teaching a student to provide evidence-based practice to a youth experiencing depression, for example, would require the time and resources to teach problem-solving, activity selection, relaxation, coping skills, and other evidence-based protocols in the clinical treatment of youth. Adding to the complexity, as many as 73% of youth with depression have other mental health conditions (Bitsko et al., 2018), which would necessitate teaching students how to perform evidence-based behaviors to treat each youth for multiple conditions. As a result, providing master's level social work students with the required knowledge to execute each behavior with efficacy is challenging at best.

Unfortunately, this difficulty in teaching common elements in academia has extended to community-based care, resulting in a significant gap between education and practice. Numerous studies conclude that social workers do not consistently know, or use, the common elements of evidence-based practice in their work with youth and families, predominantly in community settings (Beidas et al., 2017; Grady et al., 2018; Leathers & Strand, 2018). As a result, much of the mental health treatment provided to youth lacks accuracy and evidence-based implementation.

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Evidence-Based Practice in Social Work Education

In response to these challenges, social work education has assumed an essential role in increasing social workers' knowledge of evidence-based practice through Master in Social Work (MSW) coursework and field experience. In 2015, the Council on Social Work Education (CSWE) implemented standards that identified evidence-based practice as essential to social work education. These standards articulated that social workers must understand how to assimilate research into their decisions about their practice, policy, and service delivery (p. 8). The standards also made it clear that a feedback loop between evidence and practice was essential, so that one could inform the other. In other words, it was not enough to know the evidence; students also had to be able to identify the relevant research and integrate that research into practice. Thus, it was concluded, social work educators must teach students that evidence-based practice is *a process* (CSWE, 2015; Grady et al., 2018).

More current research, with its increased emphasis on evidence-based practice, supports the idea that it is the social work educator's responsibility to teach evidence-based practice as a process, along with each of the clinical *elements* of evidence-based practice, which include both specific and common strategies that social workers use when conducting mental health therapy. In fact, Gambrill (2018) found that teaching common elements is vital to the development of critical thinking skills that, in turn, increase social workers' knowledge of implementation mechanisms.

In addition, best practices have now been established, based on current (2022) CSWE-accreditation standards, for implementing an evidence-based social work curriculum. These recommendations accentuate the need for deliberate, knowledge-based learning strategies that reflect the complexity of social work practice (Spensberger et al., 2020). Spensberger et al. (2020) systematically reviewed evidence-based teaching strategies in social work education, which suggested that multifaceted learning approaches may be best, particularly ones that capitalize on schools' and agencies' core resources, which are naturally built through professional education.

Currently, some social work programs increase student knowledge of evidence-based practice by relying heavily on partnerships with organizations for service-learning experiences or by implementing highly engaged courses that connect real-world experiences with classroom learning (Bellamy et al., 2013; Rickinson et al., 2022). Other social work programs diversify teaching evidence-based practice through the use of online resources, case studies, and role plays (Bertram et al., 2018; Drisko & Grady, 2018; Rollo & Kleiner, 2018). Using evidence-based searchable databases and practice guides in social work education curriculums has also demonstrated increased evidence-informed knowledge and critical thinking skills (Leathers & Strand, 2018; Mennen et al., 2018; Nwabuzor Ogbonnaya et al., 2018).

Further, field placements show promise as an area where general evidence-based curriculums can be injected. Seen as the signature pedagogy of social work education (CSWE, 2015), field placements provide a venue for diverse and broad learning opportunities that allow students to demonstrate their knowledge of evidence-based practice as a process and to practice evidence-based, common element behavioral competencies in real-world settings (Bertram et al., 2018; CSWE, 2015; Parrish & Oxhandler, 2015). Unfortunately, findings conclude that it may be challenging to standardize teaching evidence-based practice in field placements, due to the broad variation in settings and supervisors (Heffernan & Dauenhauer, 2017; Parrish & Oxhandler, 2015).

Variability in field supervisors' knowledge and skills development across settings particularly contributes to the challenge of teaching evidence-based practice during the critical learning window of the field-placement experience (Heffernan & Dauenhauer, 2017; Parrish & Oxhandler, 2015). Heffernan and Dauenhauer (2017) found that while field supervisors report conceptually understanding the importance of the evidence-based process model, many of them struggle with teaching it to students, because they lack the in-depth knowledge or the time necessary to do so. Field supervisors also report that learning organizational processes should be prioritized over learning evidence-based practice (Heffernan & Dauenhauer, 2017; Parrish & Oxhandler, 2015).

The Current Study

Social work programs play a critical role in evidence-based care as they prepare post-graduation social workers to implement treatment services to meet the complex needs of youth and families in the clinical setting. However, it has been unclear how evidence-based curriculums in social work programs have increased workers' clinical knowledge when that knowledge is implemented in the practice setting before *and* after graduation. A long-term assessment was needed to determine social workers' knowledge of the common elements of evidence-based practice before and after participating in a specialized curriculum in a MSW program.

To meet this need, a specialized curriculum was created and evaluated in partnership with the Health Resources and Service Administration (HRSA). Guided by findings

from the literature examining common elements teaching strategies and implementation challenges in community-based care, the curriculum aimed to increase knowledge of an evidence-based, common elements approach in youth psychopathology, with knowledge being evaluated both before and after curriculum implementation as well as one to five years after graduation. It was hypothesized that evidence-based knowledge would (a) be lower before MSW students' completion of the specialized curriculum and higher after curriculum completion, and (b) decrease one to five years after MSW graduation but remain higher than pre-curriculum levels. These hypotheses were based on the current literature regarding both gains in knowledge from evidence-based curriculum implementation as well as challenges with evidence-based common elements knowledge acquisition and implementation in community-based care.

The common elements curriculum, titled Project NETWORK (Nebraska Education Targeting Workforce Organization, Resources, and Knowledge) provided social work students with evidence-based resources and tools as part of a specialized common elements curriculum provided during their advanced field experience.

Project NETWORK included access to an online tool called PracticeWise (2023). PracticeWise provides empirically based online materials and databases to educate mental health professionals on treatment modalities for youth mental health conditions (PracticeWise LLC, 2023). For example, a study participant might use PracticeWise to find out what treatment elements are most appropriate for a 12-year-old male exhibiting disruptive behavior and learn that goal-setting, praise, and problem-solving are the most research-validated elements. The participant would then use PracticeWise to understand the distillation of the available research, learning to implement each practice element during the MSW field experience.

The PracticeWise materials available to participants included four main components:

- Treatment packages that could be accessed by searching for a patient's presenting problem within a data base system known as Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems (MATCH-ADTC);
- Downloadable practitioner guides that summarized the common elements of various treatment approaches for youth;
- The Evidence-Based Youth Mental Health Services Literature Database (PWEBS), which provides easy access to databases of empirically supported treatment summaries that are regularly updated; and

Table 1 Specialized curriculum components

Curriculum components	Requirements
Didactic learning	Cohort orientation (2 h)
	Access to PracticeWise during advanced field placement
	PracticeWise training modules
Advanced field experience	Advanced MSW clinical field placement (512 h)
	Weekly supervision by a licensed clinical social worker
	Supervisor access to a specialized curriculum
	Integration of the curriculum into the learning contract

Note The specialized curriculum included components that were already a part of the MSW curriculum, such as the advanced field experience, learning contract, and curriculum focusing on evidence-based practice as a process. Supplemental features were added to the curriculum that included PracticeWise and additional training modules

- Downloadable clinical dashboards that track youth progress through different conditions over time (PracticeWise 2023).

As previously demonstrated by Mennen et al. (2018), the ease of accessing these up-to-date online resources provided by PracticeWise enhanced common elements teaching methods, which made it an ideal choice for this study.

An evidence-based common elements approach was identified as being desirable for this study, as this approach identifies the specific practices associated with effective treatments across several youth conditions. Distilling and then teaching the common elements of evidence-based practice in behavioral healthcare allows for a more practical and flexible approach than teaching to every possible clinical presentation (Mennen et al., 2018; Rollo & Kleiner, 2018). As such, in addition to PracticeWise, lectures, case studies, and webinars were provided to increase students' knowledge of how to identify the common elements of multiple evidence-based approaches, enabling participants to treat a variety of clinical presentations in youth. Knowledge-acquisition strategies were provided through an in-person orientation and online training modules about common elements and the use of PracticeWise.

The entire specialized common elements curriculum package was intended to accentuate the social work student's ability to learn common elements approaches to treating youth conditions and then apply that knowledge to the experiential learning opportunities presented in their advanced field placement. The components of the curriculum are provided in Table 1.

Learning was evaluated through student completion of 16 quizzes that tested their competency in understanding and using PracticeWise. Additionally, online quizzes were administered after each of the six webinars that summarized the current common elements literature on working with youth. Participants could access quizzes as many times as necessary to achieve a perfect score.

Social work students received the specialized curriculum while providing therapeutic services to youth and families during field placement. As part of their work, they collected and tracked client-specific data on a clinical dashboard provided through PracticeWise. Client names were removed to protect confidentiality. The clinical dashboard visually depicted a youth's progress through treatment goals by plotting the data on a graph (PracticeWise, 2023). Because tracking was based on student implementation of common elements approaches with youth, the accurate completion of a clinical dashboard provided yet another method by which to evaluate student knowledge and integration of common elements principles. See Table 2 for an outline of the learning assessment features of the curriculum.

Research Methods

Participants

The sample of participants was selected from students admitted into a specialized evidence-based program in a school of social work at a midwestern university from 2014 to 2017. Students in the MSW program taking the Advanced Field Experience course were eligible to apply for the specialized common elements curriculum. The specialized common elements curriculum was provided to students during their advanced field placement and was not associated with university credit hours. The students in this study were taking the MSW field placement course simultaneously to the specialized common elements curriculum. The field placements allowed the students to learn at clinical community-based agencies that served youth. Each field placement included an onsite social work supervisor who was approved by the MSW program. Social work supervisors were offered the opportunity to receive the same common elements curriculum that the social work students received; however, supervisors were not required to participate. Students in the study were provided with multiple faculty contacts as well as assessment and monitoring by the university and field supervisors. To incentivize participation, students received $10,000 stipends paid over 8 months of their advanced field placement, and supervisors were eligible for $500 stipends.

The sample included 86 social work students ($n = 80$ female) who participated in the specialized curriculum to learn the common elements of treatment for youth mental health conditions. Of these study participants, 75 reported being White, seven Black, two of Asian/Pacific Islander descent, and two of American Indian/Alaskan Native descent. At the first data-collection point, student ages ranged from 22 to 54 years of age; at the second data-collection point, they ranged from 22 to 54; and at the final collection point, they ranged from 24 to 59.

Procedures

MSW student participants' knowledge of common elements was examined during their academic program's specialized curriculum and up to 1 to 5 years after graduation. The cohort was evaluated three times. The first data-collection point occurred during students' advanced MSW field placement before participation in the specialized curriculum. The second data-collection point occurred after students completed the specialized curriculum but before their MSW

Table 2 Specialized learning assessment

Component	Assessment
PracticeWise training modules and quizzes	100% score on all quizzes (quizzes could be taken multiple times)
Webinars and quizzes	100% score on all quizzes (quizzes could be taken multiple times)
Clinical dashboards	Participants demonstrated competency in using clinical dashboards with a client they worked with in field placement. The clinical dashboard was identified as an objective in the learning contract
Case consultations	Participants engaged in two in-person visits with case consultations with their field-placement faculty liaison and field supervisor

Note The learning assessments for the specialized program were integrated into the learning contract that was a part of the standardized curriculum for MSW field-placement students

graduation. The cohort was evaluated a third time after graduation. The final data-collection point gathered the same information collected in the previous two evaluations regarding social workers' knowledge of common elements in treating youth mental illness. Additionally, demographic and other descriptive data were collected at the third data point. There was a 94% rate of return at the third data-collection point, with 81 of the 86 participants responding to the survey. The responses were collected over a two-week period in January 2020. Some participants did not respond to the survey in its entirety and omitted some sections.

The researcher in this study coordinated the specialized curriculum project and maintained the secure dataset for the study. After Institutional Review Board approval, the two initial data-collection points occurred between 2014 and 2017. The third dataset was collected in January 2020. For the third data-collection point, participants were contacted via email and/or phone, and their participation was requested. Data was collected through an electronic survey link provided in an email. The survey responses were returned automatically and downloaded to an Excel spreadsheet for evaluation by the researcher.

Measurement

The primary instrument used to assess participants' common elements knowledge was the Evidence-Based Services Questionnaire (KEBSQ; Stumpf et al., 2009). The KEBSQ is a reliable, standardized 40-item assessment measure (Lawson et al., 2020; Stumpf, et al., 2009) that gauges a social worker's ability to identify empirically based treatments for youth psychopathology across the domains of depression, anxiety, disruptive behavior, and attention/hyperactivity (Stumpf et al., 2009). This multiple-choice assessment tool required respondents to assess which treatment was warranted for a presenting problem. Each item could score from zero to four. The total assessment score ranged from 0 to 160 (Okamura et al., 2016; Stumpf et al., 2009).

The KEBSQ is unique and comprehensive due to the methods by which the items are scored. Because research in children's mental health is continually evolving, the tool's scoring system is regularly updated to reflect the latest findings. The original scoring key was developed based on the *Evidence-Based Services Committee: Biennial Report on Effective Interventions for Youth with Behavioral and Emotional Needs* (Child and Adolescent Mental Health Division [CAMDH], 2004; Stumpf et al. 2009).

Because participants completed the KEBSQ three times, the items were scored using the 2014 KEBSQ answer key the first and second times. The third time, the most up-to-date key, which was issued in 2017 and influenced by emerging new research, was used for scoring.

Test–retest reliability for the KEBSQ assessment tool was found to be acceptable ($r = 0.56$). Discriminate validity was demonstrated for the KEBSQs, with differential scores for community therapists and graduate students. The factor structure was studied, as well, making this tool well suited for this study (Okamura et al., 2016; Stumpf et al., 2009).

The reliability coefficient for the KEBSQ was measured each time the data were collected in order to determine the internal-consistency reliability. Cronbach's alpha was 0.68, 0.89, and 0.46 for the first, second, and third administration of the KEBSQ. Since the participants were no longer students and were practicing social work professionals during the third administration of the assessment tool, it is possible that their motivation to carefully consider the questions reduced the internal-consistency reliability.

Analysis

Complete KEBSQ datasets were available for 67 participants. Complete datasets encompassed the completion of the 40 items on the KEBSQ survey that were collected at all three points in time for each participant.

A one-way repeated measure ANOVA compared the effect of the specialized evidence-based curriculum (IV) on the participants' knowledge as measured by the KEBSQ (DV). The purpose was to determine if there were any significant differences in the participants' scores at the three points in time. As noted in Table 3, the participants' average score at the first administration of the KEBSQ was ($M = 82.49$, $SD = 9.36$), which was collected before the specialized common elements curriculum. The second administration of the KEBSQ occurred at the time of graduation. The participants' average score at the second administration of the KEBSQ was ($M = 103.30$, $SD = 22.84$). The participants' average score at the third administration of the KEBSQ was ($M = 96.42$, $SD = 9.06$). There was a significant effect of the specialized evidence-based curriculum (IV), Wilks' Lambda $= 0.38$, $F(2,65) = 53.53$, 0.001, $p = 0.001$.

Inequalities were noted in the variance between the scores at each data-collection point. Therefore, Mauchly's Test of

Table 3 Range, mean, standard deviation, and percent correct on the KEBSQ

KEBSQ	Min	Max	Mean	SD	% Correct
Pre-Test	64.00	109.00	82.49	9.36	52
Post-Test	69.00	155.00	103.30	22.84	64
Follow-up	76.00	123.00	96.42	9.06	60

Note N = 67. The "% Correct" column indicates the percentage of items that participants scored correctly out of the 160 total points on the KEBSQ

Table 4 KEBSQ score differences

KEBSQ Completion Time	Mean Difference	SE	P-Value
Before the curriculum compared to after	− 20.81	2.97	.01
Immediately after the curriculum compared to 1–5 years post-graduation	6.89	2.97	.02
1–5 years post-graduation compared to before curriculum	− 13.93	1.51	.01

Note. ($N=67$)

Sphericity was completed. Mauchly's Test of Sphericity ($W=0.57$) indicated that the assumption of sphericity had been violated: $\chi^2(2)=36.98$, $p=0.001$. The score variance for the last data-collection point in January 2020 was higher ($s=22.84$) compared with the first two points ($s=9.37$ and 9.06). The data violated the condition of sphericity; therefore, the Greenhouse Geisser correction was used. The corrected results were still statistically significant: $F(1.40, 92.06)=33.83$, $p=0.001$.

As shown in Table 3, there are significant mean differences across all score comparisons. The first, second, and third data-collection points indicated statistically significant variations in mean scores and standard deviations each time participants completed the KEBSQ.

A comparison was completed to determine if there were any significant differences between the mean scores of the three administrations of the KEBSQ. As Table 4 demonstrates, the results of the comparisons were significant. The mean differences in KEBSQ scores produced the greatest increase before and after the common elements curriculum ($M=-20.81$, $SE=2.97$, $p=0.01$). Comparison of the participant scores after the common elements curriculum and 1 to 5 years after graduation ($M=6.89$, $SE=2.97$, $p=0.02$) indicated a statistically significant reduction. Scores before the common elements curriculum, compared with those 1 to 5 years after graduation ($M=-13.93$, $SE=1.51$, $p=0.01$), showed a significant increase.

Results

Descriptive Data

At the third data-collection point, 1 to 5 years after graduation, additional demographic and descriptive data were collected, including information about the social worker's job setting and supervision. This included gathering information about the social worker's job setting and supervision. This data was collected to better understand the social worker's professional development and overall experience as a social worker in the first few years after graduation.

Table 5 Current area of practice

Practice Area Description	n	%
Outpatient mental health—agency	20	19.8
Medical social work	15	14.9
Outpatient mental health—private practice	13	12.9
School social work	13	12.9
Case management	13	12.9
Macro practice	9	9.0
Outpatient substance abuse	5	5.1
Criminal justice	4	4.1
Inpatient mental health	3	3.1
Non-social work	3	3.1
Residential substance abuse	2	2.1
Unemployed	1	1.1
Total areas of practice	101	100

Note Seventy-four participants responded to the question regarding practice area, with some participants reporting more than one practice area

Table 6 Students receiving supervision

Supervision	n	%
Yes	42	52.5
No	38	47.5
Total	80	100

Experience and Supervision

As indicated in Table 5, of the 74 participants who responded to this survey question, there were a total of 101 work settings reported, which indicates that some participants were working in more than one setting. For example, a social worker may work full-time as a medical social worker and maintain a part-time private practice offering outpatient mental health therapy. Three participants indicated that they were not working in the social work field but were employed in other settings unrelated to social work. These settings included a private K–12 school, a university research department, and a community center (in a front desk position). One participant reported being unemployed.

Supervision is a key component of learning and integrating the common elements of evidence-based practice, therefore,

participants were asked about their experience with supervision after graduation. As shown in Table 6, of the 80 participants who responded to the question concerning weekly supervision, 53% reported receiving such supervision, and 48% reported not receiving it. In other words, 48% of the respondents indicated they did not receive weekly supervision. The survey question did not provide an option to infer if supervision was provided at a different interval than weekly, or if supervision was provided at all. Table 7 provides data regarding the 42 participants who reported receiving weekly supervision. Of the 42 that received weekly supervision, 32 indicated that a social worker provided it, while 10 participants indicated that a social worker did not provide their supervision.

Discussion

Evidence-based treatment and the use of a common elements approach to treat youth mental health conditions is ubiquitous in the literature as a means of improving mental health for children across the world. Yet, despite its importance to clinical practice, the extent to which students know and use the common elements of evidence-based practice in their professional practice after completing their MSW has remained understudied. Thus, this study aimed to investigate social workers' knowledge of the common elements in treating youth mental health conditions; the study evaluated this knowledge both during and after a specialized curriculum that was implemented as part of their MSW education. The specialized curriculum aimed to increase their knowledge of using common elements to address the most common youth conditions. The study then collected data from pre-curriculum, post-curriculum, and 1 to 5 years following graduation, to determine students' knowledge of the common elements to treat youth conditions and assess whether it changed over time, perhaps due to the specialized curriculum and/or practice experience gained.

Current results indicate that, overall, students' raw percentage scores on the assessment measure were lower than in other similar studies. The mean percentage score of correctly answered items for participants in this study before the common elements curriculum was 52%. After the curriculum, the mean percent score of correct items was 64%. Then, 1 to 5 years after graduation, the mean percent score of correct items was 60%. A review of related research with similar participants yielded overall higher scores than with the participants in this study; however, the participant demographics

of these various studies were also slightly different. Stumpf et al. (2009) found that the mean average score for graduate students was 73%, which is higher than in this study. However, the students in Stumpf and colleagues' study had more clinical courses and field placement experience than in this study. In two other related studies, (Beidas et al., 2015; Okamura et al., 2016), participants' mean percent scores were again higher than in the current study; however, these studies were also not comparable with the current study due to variations in education and experience. Further additional studies have not specifically focused on social work students and, therefore, are not comparable. Thus, more research in this important area will only improve the ability of social workers to meet the growing need for quality, evidence-based clinical care.

In addition to evaluating the percentage of correct KEBSQ scores at each data point, it is important to assess the variation in the scores over time. The difference in the scores across the three data points is critical to determining increases or decreases in the knowledge of evidence-based treatment for youth mental health conditions. In alignment with the first hypothesis, participants' average KEBSQ score in this study demonstrated a statistically significant increase in points from pre- to post-curriculum. There was no control group to isolate the curriculum variable; however, the data is clear that participants knew more after the curriculum than before. Ideally, the 12% score increase would be even higher and might suggest that delivering a specialized curriculum throughout students' MSW education, rather than in their last year of school only, would facilitate even higher post-curriculum scores.

In addition to assessing knowledge gain pre- and post-curriculum, this study followed former students for 1 to 5 years after they completed their MSW program with the hypothesis that their knowledge would decrease after graduation. Further, the study collected data pertaining to their current places of work and the amount of supervision they received, if any. As expected, the knowledge of participants 1 to 5 years after graduation significantly decreased. This finding is consistent with the relevant literature about knowledge losses after graduation (Shapira et al., 2017; Stumpf et al., 2009). Specifically, Shapira et al. (2017) found that the feasibility of evidence-based practice is influential in promoting implementation and that increasing social workers' overall knowledge of common elements and the harms of not using it is essential to social work education and practice. The descriptive data regarding work setting and supervision explicate possible factors, such as workload and supervision, that may explain the reduction in KEBSQ scores.

Table 7 Weekly supervision provided by a social worker

Hours	n	%
Yes	32	76.2
No	10	23.8
Total	42	100

Considerations for Future Research

It is worth considering that social workers in the first few years of practice often feel overwhelmed by the enormity of their jobs and unprepared for the challenges ahead (Petersén, 2022; Tham & Lynch, 2019). These feelings of disorganization may be magnified by working at least one, if not two, additional jobs. Indeed, the descriptive data from this study indicated that social workers were reporting more than one practice site. Additionally, the challenges of being a recent social work graduate may presumably leave little time for ongoing training and supervision; yet ongoing training is an essential component of retaining and increasing the necessary knowledge and skills in evidence-based practice to continue providing quality care (Chow et al., 2015). Finally, it is unclear how many hours of work the participants in this study completed on a weekly basis. These factors may be considerations for future research. The current study, however, highlights the need to enhance evidence-based practice curricula regardless of the descriptive data, given the somewhat low scores.

Another consideration is that in the 1- to 5-year range after graduation, only 53% of participants were receiving weekly supervision. It is unclear why some participants were not receiving weekly supervision, especially since supervision is essential to continuing education in social work practice (Association of Social Work Boards, [ASWB], 2019). The quality and frequency of supervision is an exploratory factor that can shed light on many factors of evidence-based practice development.

If no supervision is provided, there is limited opportunity to reflect, learn, and grow as a social work practitioner, particularly within that short timeframe after graduation. Supervision is also crucial because it influences social workers' attitudes toward evidence-based practice, which is closely linked to knowledge and implementation variables (Bearman et al., 2019; Okamura et al. 2019).

Further, it is critical not only that supervision occurs but also that it drives scientific inquiry and the use of evidence-based practice. In other words, the content and quality of supervision matters. Existing studies support this. In 2013, Bearman et al. found that social workers must understand evidence-informed concepts and receive feedback about their practice that is meaningful in helping them implement scientifically supported treatments. Additional studies have shown that while "gold standard" supervision—with a focus on quality of care and skill-building (Sewell and Ederer 2023)—occurs regularly, supervision must go a step further and devote attention to clinical outcomes by supporting treatment fidelity and increasing knowledge of the common elements of treatment modalities (Sewell and Ederer 2023; National Association of Social Workers, 2017; Okamura et al. 2019). In a similar vein, when supervision is provided specifically by a social worker, it assists social workers in maintaining integrity to the profession and helps align core social work values with practices (ASWB, 2013). However, nearly one-quarter of the participants receiving supervision in the current study were getting it from someone other than a social worker; and no data was gathered regarding the type or quality of information that participants received from their supervisors.

As such, future studies may benefit from learning more about participants' supervision experiences, particularly in regard to quality, frequency, and content. Exploring these factors could reveal more about the supervisory relationship and its influence on social workers' knowledge of evidence-based practice. Regarding quality in particular, it would be interesting to know whether high-quality supervision activities—such as role-playing, with outcome monitoring and ample amounts of feedback—took place, which could indicate a supervision model superior to that based on discussions between the supervisor and supervisee (Bearman et al., 2013; Sewell and Ederer 2023).

Because high-quality supervision activities increase knowledge and implementation of evidence-based practice, which greatly influence treatment outcomes for youth, future research should also gather information about the influence of supervision quality on social workers' knowledge gains and losses. For example, a qualitative study that seeks to understand the reasons why supervision is or is not occurring may explain more about social workers' supervision experiences after graduation and the effects these experiences have on evidence-based practice knowledge and practice. Such information could provide useful insight into ways that academia, researchers, and organizations could support learning in social workers.

Of additional interest is whether social workers had access to evidence-based resources after graduation. Given that a lack of such access is a significant barrier to social worker knowledge of the common elements to treat youth mental health conditions, educating social workers on how to find resources both before and after they graduate is essential to lifelong learning (Gambrill, 2018). Therefore, it is possible that increased access to resources may be influential in knowledge gains; and it is also possible that knowledge losses could be attributed to a lack of access to resources like the ones provided in the curriculum in this study. As such, future studies should examine the correlation of social workers' knowledge with their access to evidence-based, common elements resources.

Important to this study, participants' average KEBSQ scores 1 to 5 years after graduation were significantly higher than they were before the curriculum. Although scores deteriorated over time, this is an important study finding and highlights the potential efficacy of the curriculum in teaching students. An MSW program rich with an evidence-based

curriculum is essential because scientifically based social work practice is necessary to improve treatment outcomes for youth and families (Mennen et al., 2018). However, while it would be ideal for all MSW students (rather than just a cohort, as in this study) to receive a specialized curriculum that teaches evidence-based practice as a process and imparts knowledge of the common elements of evidence-informed care, there could be no consensus as to what specialized evidence-based curriculum was superior, because the needs of students and faculty vary (Spensberger et al., 2020). That said, the injection of the specialized curriculum in this study appears to have contributed to the knowledge of participants.

An additional consideration is the role that institutions of higher education play in supporting social work community practice, with particular emphasis on early career development. One consideration for further research may be the influence of lifespan education models on social worker evidence-based practice knowledge. University partnerships with community-based social work employers on data-informed supervision and coaching are critical to increasing knowledge and improving client outcomes. A second consideration is the role of field instructors in teaching evidence-based practice. While the primary focus of this study was on the student participants, there is potential for future research to explore the impact of the evidence-based practice curriculum on field instructors and their knowledge gains and losses over time.

Limitations

This was a longitudinal, pre-experimental, one-group, pretest–posttest study. A significant limitation of the study is the inability to generalize results to a larger population because study participants were part of a narrowly defined cohort—students at a midwestern public institution who were enrolled in an MSW program with a specialized curriculum. As a result, the findings of the study may not be applicable to social workers who did not receive this specific type of training. Replicating this study with a control group may provide further compelling support for implementing a specialized curriculum in MSW programming with measurable student learning outcomes. Additionally, the variables of organizational setting, supervision quality, and individual characteristics—all of which may have influenced participants' knowledge—were neither controlled in this study nor replicable in future studies. Finally, it is unclear if participants in the earlier cohorts have more experience and therefore may have scored higher than the later cohorts (December 2015 to August of 2019). In the current study, the limited number of participants in each cohort prohibited

further interpretation. However, more experience, even if only a year or two, should be considered in future studies.

Regardless of limitations, however, this is the first longitudinal study of its kind to track knowledge of evidence-based common elements application for youth psychopathology in social work graduate school and beyond, and further longitudinal research can replicate the methods of this study to continue to evaluate knowledge gains or losses over time. It is essential to fully understand what provisions social workers need to learn the elements of evidence-based practice at specific times in their vocation, so that learning opportunities can be developed to support their professional growth over the life of their career.

Conclusion

Evidence-based practice provides a scaffolding to support social workers in their polyvalent role of serving individuals and families. Yet there has been limited research regarding how social workers' knowledge about using the common elements of evidence-based practice changes from when they are in graduate school to the first 5 years of work. This study demonstrates that participant social workers knew more about the common elements of evidence-based practice for treating youth mental health conditions after a specialized curriculum was provided as part of their MSW programming; the study also demonstrates, however, that they knew less 1 to 5 years after graduation. Descriptively, the findings suggest that the participating social workers are now working one, if not two, jobs and possibly have little time to devote to continued learning. Moreover, nearly half of the participants were not receiving any supervision, which could also explain the knowledge losses they experienced 1 to 5 years after graduation.

In summary, the current research study contributes to the literature regarding this critical time period in the development of a social worker's knowledge. Study results highlight areas for future research to focus on to increase social worker knowledge of the common elements in evidence-based practice for treating youth mental health conditions; in particular, further research is needed to inform educational practices and to build upon the current learning infrastructure during MSW programming and in the first 5 years after graduation.

Attention by educators, researchers, and social work supervisors to teaching evidence-based practice as a process and the common elements for treating mental health conditions is essential to the development of social work clinical skills. Social workers must be prepared to effectively, and with evidence, treat complex and chronic mental health conditions for youth.

Declarations

Conflict of interest The author declared no conflict of interest.

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