

Q&A with Greg Echele

By Ellen Rostand

EVIDENCE-BASED PRACTICE has been a focus at social work schools for many years. And while public and private social service agencies embrace the concept in principle, most have lagged in the implementation of these practices. Family Resource Center, Missouri's largest private agency specializing in the treatment and prevention of child abuse, has been an early adopter of evidence-based practice. *Social Impact* spoke with Greg Echele, executive director, about the agency's track record with evidence-based interventions and a new collaboration that Echele hopes will bridge the gap between academic discussions and real-world practice.

ELLEN ROSTAND: Evidence-based practice or EBP has been part of your agency's history. How has your use of EBP changed over the past 30 plus years?

GREG ECHELE: In the early 1970s there wasn't any real evidence for how to address the issue of child abuse. At FRC our focus was to always hire quality clinical staff that were trained in the latest therapeutic treatments. That was as close to EBP as we could get back then. Today when we talk

Photo by Mary Butkus

about EBP we talk about demonstrable evidence that whatever you do actually works. One of our most successful programs, Intensive In-Home Services, uses an evidence-based model. As a result, we have had a successful 15-year track record. We have an 85-90 percent success rate of keeping kids from going into the foster care system and can demonstrate that this program improves family function in dramatic and statistically significant ways.

ER: Why would you say you've been so successful?

GE: We've stayed true to the evidence. We continue to use the original model and have not tampered with it. Admittedly, it has been challenging because there have been pressures to change our approach in order to cut costs. We refuse to change because our data repeatedly show that what we do works.

ER: What must happen for EBP to move from academic rhetoric to real-world practice?

GE: First, agencies need strong academic connections, connections that go beyond just practicum opportunities or continuing education. Second, it will require a long-term commitment on behalf of a school's faculty and the leadership of the agencies they work with. Finally, there is a need for funding. Funders want to see concrete results, but they don't want to fund the rigorous documentation and evaluation aspects of providing care. This makes it difficult for agencies to show measurable impact.

ER: You are working on a new EBP partnership with the Brown School. What do you hope to achieve?

GE: One of our goals with Brown is to develop the definitive model for the elimination of chronic child abuse. At the moment FRC has seven different programs impacting child abuse or neglect in some way. We want to examine each one for its evidence base, document the evidence if it doesn't exist currently, or find new interventions that are rooted in evidence. Then we hope to integrate them so that, over time, FRC is transformed from a practice-based agency that does some EBP to an agency where the majority of services we deliver are grounded in fact.

A second goal is to track the cultural changes that occur within each of our organizations. When we are finished, not only will we have models that we can share with others, but we will know what is needed organizationally to make them work. It's one thing for someone to read a five-page synopsis of our final model, but if we also can document any implementation pitfalls and how we surmounted them, we will have the linchpin that enables both practice organizations and academic institutions to make this transition together.

ER: This seems very focused on clinical practice. Where does the policy piece fit?

GE: The macro focus is there too. EBP or "quality practice" is on the radar of state policy makers, so we will need to convey our results

in ways that policy makers and the public can support. The danger is that EBP could become a quick fix and used just to keep costs down instead of providing the resources necessary to assure quality work. Since the cost of our model may be higher in the beginning, policy makers will need to be a little patient as we document whether EBP is either cost neutral or produces cost savings versus current programs over time. EBP is about being cost-effective, not just about being lower in cost.

ER: What makes the pairing of FRC and the Brown School ideal?

GE: We have a shared history. In 1973 I was director of social services at Children's Hospital in St. Louis. We saw many abused and neglected kids in our emergency room, but there was no standard way to address the problem. Robert Pierce, a member of the Brown School faculty, and two of his MSW students, contacted me about a potential collaboration. The outcome was FRC.

We've been discussing our new collaboration for about three years. Our missions align, and the School's faculty members have expertise in areas that are of interest to us. FRC's connections with the corporate community coupled with the Brown School's ties with national foundations and federal funding sources make for a powerful combination. Of course our shared commitment to EBP helps as well. ☞