

## Professional Learning in Family Support Social Work in Sweden: Practitioners' Integration of EBP and Reflection

Jennie Ryding

**Abstract:** *The integration of evidence-based practice (EBP) in human service organizations has increased during the last decade. Providing the best possible treatment by applying research and considering the client's specific needs, EBP is recommended for human service organizations. However, due to its oftentimes manual-based format, critics claim that EBP is a result of increased focus on cost-efficiency, control, and standardization of work. Different conceptualizations of EBP appear to prevail, highlighting the need for more studies that investigate different perspectives and experiences (e.g., that of professionals). In this study, focus group interviews were conducted with family support social workers (n = 19) in Sweden who are trained and active in the evidence-based model Family Check-Up (FCU). Participants reported that FCU promotes professional learning and development, especially experiential learning. Those interviewed felt that research/evidence provided a certain "weight" to the therapeutic situation, so that they were not merely treating patients based on their own opinions. Further, FCU was described as empowering and developmental, with an encouraging, reflective, and reinforcing client-related approach. However, to enable these kinds of positive outcomes of EBP, organizations must provide sufficient time and resources devoted to the practical application of EBP.*

**Keywords:** *Evidence-based practice (EBP), professional learning, human-service organizations, focus groups, parental support*

Social workers work in multifaceted, stressful, and dynamic work environments. Reflection is important for dealing with the complexity, intricate decision-making processes, problem-solving, and protecting oneself as a practitioner from the client's emotions and, sometimes, troublesome life-situations (Ryding et al., 2018; Ryding & Wernersson, 2019; Winter et al., 2018). In addition, reflection is often highlighted as enabling professional learning (Dewey, 1997/1910; Kolb, 2015; Schön, 1991). Professional learning can be defined as an ongoing process used for improving the understanding of both tasks and context. To enable learning, an openness and search for new knowledge is required by the individual, especially in more problematic or difficult situations (Illeris, 2007). Knowledge, understanding, and skills, are multifaceted and acquired either through studies or experience. *Episteme*, *techne* and *phronesis* are three forms of knowledge stemming from the work of Aristotle (1967), all concerning different content and processes (Avby, 2018). In turn, these three concepts represent knowing to/what, knowing how, and knowing why, all of which are important for work and professional life.

Reflection is a key mechanism for understanding and making use of experiences (e.g., Dewey, 1997/1910; Schön, 1991). In experiential learning theory (ELT), learning is a process in which concrete experience is converted or transformed to learning, and requires an active learner (Kolb, 2015). One of many related concepts that originates in experiential learning theories is *work-integrated learning* (WIL). Defined as the learning that occurs while doing a job (Thång, 2004), WIL offers a broad spectrum of

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interpretations depending on context. WIL is a way of widening, deepening, and testing individual knowledge (Thång, 2004), bearing similarities to the ideas of Dewey, Schön, and Kolb. The “testing” of knowledge relates to the use of reflection in finding solutions to problems or situations (i.e., a process of reflective experimental problem-solving, or *inquiry*; Dewey, 1997/1910). Making use of experiences is essential in work life and for improving practice. By reflecting on experiences in the work environment, we can increase professionalism. It is a process of moving from, and between, knowing to/what, knowing how, and knowing why. Movement between the small and the big, the specific and the universal, individual observations and general scientific knowledge is made until a coherent picture is achieved (i.e., a solution to the problem, also called *inference*). Inference, like phronesis, requires a critical, analytical, and reflective mind to enable professional learning and knowledge-development (Avby, 2018; Dewey, 1997/1910).

### **Changes in the Welfare State Affecting Everyday Practice**

Changes in the Western world’s public sectors are impacting everyday practice, affecting practitioners’ conditions at work as well as the clients’ experiences. Increased influence from private sector ideals has led to a change in focus and stricter control of human-service organizations, resulting in an emphasis on cost-efficiency, standardization, documentation, and the measuring of service outputs (Gursansky et al., 2010; Liljegren & Parding, 2010; Munro, 2004; Webb, 2001; Winter et al., 2018). Implementation of evidence-based practice (EBP) and associated models is another avenue of influence (Barker & Linsley, 2016; Ponnert & Svensson, 2016, 2019; Webb, 2001). At the same time, practitioners describe reduced resources for reflection and a degradation of “abstract,” or less measurable, qualities like tacit knowledge, proven experience, and intuition (Avby, 2018; Ryding et al., 2018; Winter et al., 2018). In Sweden, private sector influences are related to a neo-liberal, new managerial way of organizing practice (Bergmark & Lundström, 2011; Denvall & Johansson, 2012; Liljegren & Parding, 2010; Ponnert & Svensson, 2019). In a study by Ryding and colleagues (2018), Swedish social workers describe a change in focus in social work from reflection to production, thus treating clients as if they were on a “conveyor belt,” reduced hours for intervening with clients, and an increase in administrative tasks and meetings.

In 2008, a Swedish government report highlighted a deficient knowledge base in the social services. The need for increased knowledge-use and knowledge-development was suggested for improving the deficiency, for which EBP was recommended (Statens Offentliga Utredningar [SOU, Swedish Government Official Reports], 2008). Critics, however, argue that this has led to an increased focus on manual-based work, neglecting the need for personalizing treatments. In the Swedish context, EBP is thus often equated with changes negatively affecting public service, such as increased focus on cost-efficiency due to stakeholders’ new priorities (Denvall & Johansson, 2012; Mattsson, 2017; Ponnert & Svensson, 2016). However, with EBP constituting much more than manual-based work, this may be a problematic development, resulting in inaccurate assumptions about EBP, evident both in Sweden and internationally.

Based on previous research, practitioners understand and define EBP in varying ways (e.g., Avby et al., 2014; Bergmark & Lundström, 2011; Chonody & Teater, 2018; Heiwe et al., 2013). Varying conceptualizations of EBP provide a rationale for further

research on practitioners' perspectives and experiences of EBP and associated models. The aim of this study was therefore to investigate social workers' experiences of working with the evidence-based Family Check-Up (FCU) model and their thoughts about research and experience in relation to professional learning and knowledge development.

### **Family Check-Up (FCU)**

FCU is a strengths-based, evidence-based, and adaptive intervention aimed at promoting children's mental health and providing parent support. The model has been developed and tested since the early 2000s and has a strong evidence base from both cross-sectional and longitudinal studies for parents with children aged 2-17 (see Brennan et al., 2013; Chang et al., 2017; Connell et al., 2008; Dishion et al., 2016; Van Ryzin et al., 2012).

FCU has two phases: 1) assessment and feedback, and 2) parent management training. The *assessment* is strengths-based and includes various contexts, like home and school settings. By using empirically validated questionnaires, teacher ratings of the child's behavior, as well as videotaped observations, FCU provides an extensive amount of information about the child's behavior, parenting skills, stressors and dynamics in the family. In the *feedback* session, the practitioner provides a review of the assessment information to the parents. The family's strengths and challenges are visually summarized and highlighted. A variety of possible and tailored follow-up interventions are offered to the family, based on the family's specific needs and life situation. The parents and practitioner discuss the assessment and decide together on the most suitable intervention. One possible *parent management training* experience that can be offered within the framework of FCU is Everyday Parenting (Arizona State Reach Institute, n.d.; Bengtsson et al., 2017).

In Sweden, FCU is offered within Social Services and primary care. At the time of this writing, FCU was provided in the country's western region and was used for both preventative and treatment-focused interventions. The Centre for Progress in Children's Mental Health (CFP-CMH), a unit within public primary care, is, among other things, responsible for the implementation of FCU in Sweden. The use of FCU in the Swedish context has been subject to research, with evidence of positive effects (e.g., Björnsdotter, 2014; Ghaderi et al., 2018).

### **EBP: A Contested Concept**

EBP and its associated models have been both questioned and praised. The increased implementation of EBP has led to differing perspectives about which knowledge is the best upon which to base practice. For example, EBP has been criticized compared to its original intent as a philosophy or approach to practice (e.g., Gibbs, 2003a, in Mullen et al., 2005). Concerns have also been directed towards the "evidence-hierarchy," which places findings from meta-analyses of randomized control trials (RCTs) at the top, thus considered the most valid source of evidence (Mantzoukas, 2008). Although RCTs provide useful insight regarding the studied object, opponents argue that results from RCTs are of little use for the complex and varying character of everyday practice (Bergmark & Lundström, 2011; Heiwe et al., 2013; Mantzoukas, 2008). Based on the description of EBP as a philosophy (Gibbs, 2003a, in Mullen et al., 2005), however, several benefits are noted: A reduction of the

theory-practice gap, promoting professional and lifelong learning, offering a holistic approach to the client-related situation by considering various aspects of impact, providing ethical treatment with the client's needs and interests in mind, reducing the risk of mistakes, and improving efficiency and effectiveness (Gambrell, 2010; Gredig & Marsh, 2013; Heiwe et al., 2013; Mullen et al., 2005). Given the positive attributes of EBP, its non-use in more complex practices can be problematic.

In fields like social work, various sources of knowledge are used for informing and guiding practice (Avby, 2018; Ponnert & Svensson, 2016; Messing, 2019; Ryding & Wernersson, 2019; Sichling & O'Brien, 2019). With the debate over EBP still prevailing 11 years after the call for an improved knowledge-base in Swedish social work (see SOU, 2008), there is a need for an improved understanding of how EBP is defined and implemented in clinical practice. One area in need of investigation is practitioners' understanding of EBP. By providing different perspectives and experiences, an updated and broadened understanding of EBP could be promoted. Furthermore, improved insight into practitioners' perspectives can be of use in both organizational and educational settings, aiding implementation of EBP.

### **The Present Study**

Ongoing changes in the Swedish public sector are affecting practitioners' everyday practice (e.g., Avby, 2018; Denvall & Johansson, 2012; Ponnert & Svensson, 2019). Previous studies describe how practitioners experience social work as becoming more production-oriented and a matter of people-processing rather than organizing work according to longer-term perspectives (Ryding et al., 2018; Ryding & Wernersson, 2019). Some researchers argue that this change has led to a decrease in both appreciation of and resources for "less measurable" elements in social work (e.g., Ingram et al., 2014; Ponnert & Svensson, 2016). With the role of episteme (knowing to/what), techne (knowing how) and phronesis (knowing why) in mind (Aristotle, 1967), there are reasons to believe that both research and experience are important sources for professional learning and knowledge development. Therefore, this study investigated social workers' perspectives about both research and experience in relation to professional learning and knowledge-development. The following research questions guided the present study:

- 1) What are social workers' perspectives about professional learning and development?
- 2) How has learning and working with FCU affected social workers in their everyday practice?

## **Method**

### **Participants and Procedure**

The empirical material emanates from a larger data collection conducted in 2016 from focus groups with family support social workers. The collaboration partner for this research project is CFP-CMH. In 2016, FCU was only offered in one city in Sweden, and only in seven out of its 10 districts. The selection criteria were therefore made up to be the Social Services' resource-units within these seven districts. Out of the 12 focus groups, five consisted of practitioners with training and practical experience with FCU. These five groups are the focus for this study. All participants

belonged to pre-existing workgroups at their respective workplace and shared the same kind of work.

To recruit participants, the resource unit managers in the seven selected city districts were contacted to obtain information about their family support social workers. The practitioners were contacted individually by e-mail after the researcher received information from the managers, providing them with information and a consent letter. In total, 30 practitioners with training and work experience with FCU were invited to participate. In the end, 19 decided to take part, forming five focus groups varying in size from three to five participants each. Some target participants were unreachable, or their work or personal situations did not allow time for them to join. The focus group discussions lasted between 75 to 102 minutes (in total 7 hours, 34 minutes). Further information about the participants is displayed in Table 1.

Table 1. *Focus Group Participants (n=19)*

Number of focus groups [n]	5
Gender [n (%)]	
Female	18 (94.7%)
Male	1 (5.3%)
Age [years]	
Range	34–62
Mean (SD)	47.58 (7.87)
Work experience [years]	
Range	7.5–40
Mean (SD)	19.97 (8.69)

All participants were engaged in family support. Before the focus groups began, participants were asked to fill out a form with some background questions, covering both years of work experience and a specification of what models/methods they were trained in. All except one participant responded (see Table 2). Many participants shared the same methods/models. Besides FCU, practitioners were trained in models/methods such as Marte Meo (a communication-method and interaction treatment), Multisystemic Therapy (MST), and solution-based casework. No information about caseload size or characteristics of the presenting problems were available.

Table 2. *Focus Group Details*

Focus Group	# of Participants	Mean [years]		# Models/Methods Reported by Participant
		Age	Work Exp.	
1	5	40.2	12.9	4, 3, 8, 6, 0
2	5	50.6	24.8	8, 6, 5, 4, 6
3	3	54.7	28.7	5, 4, 2
4	3	52	26.7	5, 2, 8
5	3	41.3	18.3	2, 2, 2

\* 1 male participant

Because the project was financed by CFP-CMH, it was important to maintain a neutral attitude towards FCU as a model and the work of CFP-CMH. The goal of the researcher was to not be affected nor affect the participants in any direction (i.e., favoring or degrading). The co-workers at CFP-CMH and their knowledge of which FCU-trained practitioners participated in the study was also considered. The names or details of the participants were not revealed either to the practitioners' managers or the

co-workers at CFP-CMH. Nevertheless, it is possible that co-workers at CFP-CMH learned about some of the participants' involvement in the study. Three out of five focus groups were conducted at the office of CFP-CMH in conjunction with FCU supervision. The practitioners themselves suggested the location for the focus groups. Some of the participants also received training in FCU in conjunction with a randomized control trial of FCU and iComet in Sweden (e.g., Björnsdotter, 2014; Ghaderi et al., 2018). As a consequence, these practitioners were provided with more time for learning and working with the model (50% of their working hours were dedicated to FCU during the research project). Differences in time and resources in relation to learning and practicing the model may have influenced the participants' experience and discussions about FCU.

### **Interviews**

In order to gain an improved understanding of social workers' use and experience with both reflection and an evidence-based model, focus group interviews were conducted. Focus groups' capacity to incorporate a breadth of experiences and perspectives, group discussions, as well as complementary and argumentative interaction (Kitzinger, 1994) made them a good choice as a method for this study. The interactive character of focus groups makes it possible to achieve a more nuanced picture of the topic discussed compared to individual interviews. Similarly, group discussions allow for participants to ask each other questions as well as offer explanations of certain statements and opinions (Kitzinger, 1994; Morgan, 1996).

The focus groups were guided by open questions about reflection, professional learning and development, and FCU. Each focus group began with the participants being asked to describe their respective work. The researcher serving as moderator, interfered as little as possible in the discussion, maintained an open climate, and did not allow participants to digress from the subject (e.g., Cohen et al., 2007). At the end of each focus group, the participants were offered the opportunity to add any comments or ask questions. The fact that the participants in each focus group knew each other might be one reason for the transparency that seemed to prevail. The Swedish Research Council's (2017, 2019) ethical rules and regulations for conducting research in Sweden were followed in this study.

### **Analysis**

A thematic and question-driven analysis according to Braun and Clarke's (2006) recommendations were used to analyze the data. The analysis process can be described as recursive rather than linear, involving a back-and forth movement between data to capture the essence of the participants' discussions and statements. The audio-files were first transcribed into text format using the software Express Scribe (NCH Software, 2016). While listening to the files, the researcher transcribed what the participants were saying word-for-word. The process was done in a slow and careful manner to ensure the transcriptions' consistency with the audio-files. If difficulties arose with hearing or understanding the participants, the speed of the playback was reduced or files played back until an accurate understanding was reached. Afterwards, the text-files were copied and saved into a Word-document one for each of the five focus groups. After completing the transcriptions, they were carefully read through, noting important content as well as ideas for possible interpretations.

The next step in the analysis was completed using the software MAXQDA (Verbi GmbH, 2016). The program facilitated the coding-procedure by enabling further coding and analysis and the organizing of the material into categories. To avoid random results, the analysis involved an ongoing correction and adjustment of identified codes, categories, and themes. The analysis can be described as abductive in that a movement between theory and data characterized the process, thus making it neither atheoretical nor theory-driven. An abductive approach implies the presence of theory throughout the whole research-process (Timmermans & Tavory, 2012). By comparing results to previous research findings, the purpose of an abductive approach was to reach a more nuanced view, possibly facilitating new theoretical insights of use for future research (see Timmermans & Tavory, 2012).

Codes were organized into different themes. Both codes and themes were given names, which were adjusted to ensure accuracy with the specific content. The Swedish transcripts were used throughout the analysis. After gathering codes into themes, English labels were used. A professional proofreader was later consulted for assuring language accuracy and assisting in translating the quotes that are presented. The transcripts were thoroughly reviewed to assure accuracy.

Prior experience with conducting thematic analysis together with continuous discussions on content, procedure, and results with a colleague contributed to the study's rigor and trustworthiness. To avoid bias, a thorough and careful analysis, repeatedly moving between the unit of analysis, the research questions, and theory was adopted. The analysis example provided (Appendix) is another way of demonstrating the analysis adequacy. The fact that several focus groups were conducted at various workplaces is also a strength that both tests and confirms previously shared information (e.g., Sayer, 2010). Quotes from the focus groups are used to illustrate the themes.

## Findings

The analysis resulted in three themes: learning by doing, practical impact, and empowering (see Table 2). Theme 2 had two subthemes. When quoting, focus group is abbreviated FG, followed by its specific number. Wording was occasionally changed to facilitate the reader's understanding. The participants are referred to either as "they" or "the participants," and the service user either as "the client" or "the family." When participants talk about "theoretical learning" or "theoretical knowledge" they are referring to sources other than purely practical experiences, such as input from books, scientific articles, and the research/evidence in FCU.

Table 3. *Themes and Subthemes*

- 
- |    |  |
|----|--|
| 1. | Learning by doing                                  |
| 2. | Practical impact                                   |
|    | 2.1. The power and role of evidence                |
|    | 2.2. Learning enabled by experience and reflection |
| 3. | Empowering   |
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### Theme 1. Learning by Doing

The participants discussed professional learning and development both in general terms and also in relation to FCU. It became evident that they thought FCU, for many reasons, advanced them professionally. Participants said that learning the model laid

the groundwork for later practical work: much basic knowledge was gained, both about the model and parenting strategies. Later, when working with the FCU practically, further experience and knowledge was gained, contributing to professional development. FCU was described as a concrete model, meaning that it is very clear and distinct. One participant said:

*It is quite concrete. Clear. Sort of, the assessment, clear, the sessions, clear, their purpose, the rationale, I mean, the choice of sessions is, most of the time, not that difficult, based on needs and so on. So, it's, well yes, it's really good.*  
(FG3)

According to the participants, the model's focus is on *how* to do things and how to continue the client-related work from a specific point treatment-wise.

Similarly, the participants said that the use of videotaped observations is a source of positive development in enabling self-observation and validation of their behavior. Constant and critical observation of themselves is not always easy, but was deemed helpful since it facilitates an awareness of both development needs and opportunities. Participants watched how they acted, spoke, as well as their facial expressions and body-language, and described this enhanced self-awareness as a learning process. The video-taped observations also offered an opportunity to see one's own progress by comparing earlier videos with more current ones.

The parents' feedback was another reason the model was considered to advance professional development. The feedback-session (after the assessment) was one example in which they felt that the parents' thoughts and ideas regarding the information provided, their experience of the situation, and responses and questions about the treatment-situation contributed greatly. One participant said:

*After another 10-12 weeks, you have an additional meeting with the parents when they can give something back, where you can learn something yourself, and then it's also about questions, what questions they are asking. "If we are to start all over again, what would be good, what could we do differently," and they provide various suggestions, like meeting a little bit more often, or the way you are talking is a bit complicated, you could, then you must learn how to express yourself in a different way, to find the right terminology for the one [client] you are meeting. That I think is a learning experience. I cannot use Family Check-Up terms if I meet a family that has never heard about it before, "what do I know, proactive parenting... what, what is that?" Thus, to be able to simplify things, it is also a learning experience.* (FG4)

Participants reported that learning from experience is important when working with FCU. During the training phase, they gained a foundation of knowledge about the model and associated research. The training does not, however, provide the skills of *delivering* the model to the client (i.e., the practical application). Rather, knowledge comes with experience, implying practical use is needed to fully learn the model. The practical "doing" is what leads to actual learning and becoming competent and skilled. High demands during the training facilitated this "doing," which involved, among other things, applying the model and delivering video-taped observations to the FCU-supervisors, which the participants considered to contribute to professional learning. However, to enable learning from experience while working with FCU, some experimenting and thinking "outside the box" was required, implying the need to

challenge oneself. Learning FCU entailed moving beyond previous routines, changing behaviors, and learning new things and ways of meeting people. To enable learning from experience and to develop professionally, reflection, both individually and with others, was described as important.

## **Theme 2. Practical Impact**

The focus group discussions highlighted an opinion of FCU as affecting practice in a more significant way compared to other models/methods. The model's concreteness was one reason for this opinion. The participants reported that the model was very clear and provided content as well as equipment and tools for use in practice, resulting in a positive practical impact. Another example of the positive impact of FCU on practice was the assessment, which provides extensive information about the client. Because it provided much information about the client in a short amount of time, the assessment was described as a useful "short-cut" compared to Social Services' investigations. In terms of time, the participants argued that FCU is more efficient in the workplace compared to other models. Additionally, they argued that their provider role changed when working with FCU, placing a lot of emphasis on the parents' own abilities.

Another type of impact of FCU was increased structure, developed communication-skills, and an awareness of the influence one's own attitudes may have on the client (i.e., judgmental vs. neutral). Participants also mentioned that working extensively with FCU can develop into a common work approach. Some of the focus group participants were trained in FCU in conjunction with a research project on the model a few years ago. Because of this training, participants were provided with much more time for learning and working with the model than others who had not been part of this research project. This involvement contributed to making FCU a part of both their work and of themselves as individuals. In one focus group (1), the participants talked about a colleague of theirs who was described as highly knowledgeable about and dedicated to the model:

*Compared to XX, whom we all think is, is doing this [FCU] fantastically good, we have seen her movies and so on. But, she had a longer training, she got the opportunity to become FCU, to be FCU and find a way to do it. .... But, I know she said that she has been struggling with it, to make it hers, to find words when using it, and I don't know if I am prepared for that.*

Another practical impact that was discussed was FCU's time-consuming character, which the participants considered somewhat problematic in relation to everyday practice. Participants claimed much time was needed for preparing the work, for completing the model's various elements and the work in between, which, due to the prevailing organization of practice, required quite an effort on the part of the practitioner. If too little time is provided for working with FCU, having several "FCU-families" simultaneously was described as difficult. Participants also related that lack of time made it difficult to properly learn the model. However, proper knowledge about the model was simultaneously considered necessary for its practical use. Some participants discussed how certain parts of the model were used less often, simply due to lack of knowledge. Lack of time and limited use was argued to constitute an obstacle for learning more about these parts and trying them out with clients.

### Theme 2.1. The Power and Role of Evidence

The role, and according to some of the participants, power and centrality, of research/evidence in the treatment situation was described in the focus groups. Some participants argued that FCU, as an evidence-based model, provided a sense of security to them as practitioners, because they had confidence they were not basing their work on merely their own opinions. Connecting their work to research, the participants argued, meant “doing” something with the parents: “then, they also become secure and calm, this is sort of, well yes, you really get security, or quality assurance for it all [the treatment/work]” (FG5). The following reasoning occurred in FG2:

*It [using research] gives a kind of weight, rather than saying “my neighbor knows...” (laughter)*

*Yes, so it is. To highlight the research [behind] is much more rewarding than only emphasizing what I think.*

*Absolutely! It’s not just thinking this or that, it is in fact researched.*

Although participants reported research as adding a sense of security to the treatment-situation, the importance of drawing on proven experience was also emphasized. The participants still appreciated and considered experience, intuition, and prior and practical knowledge as well as reflective capacity to be an important complement to the model.

Participants highlighted how gaining sufficient research-based knowledge was important for ensuring quality. In relation to this, some participants emphasized the importance and need of “knowing” the knowledge (i.e., to be knowledgeable about its meaning). The participants also highlighted the need to know *why* certain kinds of research are used and referred to in a specific session or situation (e.g., in *Everyday Parenting*). Without such knowledge it is difficult, as a provider, to explain the research’s purpose and use in relation to the session/situation. Using research about which they were not knowledgeable, or mentioning it because they “have to,” as some participants described occurred during the training phase, was seen as awkward. In two focus groups the participants reported that such an approach could transform the client-related situation into teaching, in which the practitioner informs the client about the research. Some of the participants described how the model builds on statements like “according to research...” or “research says...”, phrases that you also had to say during training in order to “pass” [they said this accompanied with laughter]. In FG 1, the participants discussed how this kind of “demand” might cause a mental lockout, due to lack of sufficient knowledge and experience, or make you feel like an actor saying things according to a script.

In FG 3, method fidelity (i.e., treatment adherence to key elements of the model/program) was also mentioned. One participant mentioned how she sometimes felt fidelity was neglected: “You use a little of this and a little of that, however, my opinion is that too much of that is dangerous. .... You cannot use it in a quick way, material like that.” Another participant in the same focus group did, however, hold a slightly different opinion:

*But I think it’s good if you have different methods, you can take a small part here and maybe a small part of FCU and a small part of Marte Meo [a communication-method and interaction treatment], different parts that you*

*work with and go through, based on the specific family. What you feel is most rewarding.*

No further accounts, apart from the possible “picking and mixing” of various models/methods, was discussed in relation to method fidelity.

### **Theme. 2.2. Learning – Enabled by Experience and Reflection**

In relation to FCU’s concrete impact on practice and the potential role of research/evidence in client-related work, participants reported that the process of “making it yours” was necessary. The participants considered reflection to be a key component of “owning” the practice of FCU. Reflection implies a process in which the practitioner thinks through the new learning or content, reflects upon what is happening in the session, and how each person is responding. Reflection and learning were, at times, even equated to one another, highlighting the importance of inner dialogue, discussing whether one can learn without reflection, and/or whether one can reflect and *not* learn.

When discussing the learning process, a view of learning as a two-fold process emerged, relating to knowledge as either being based in *theory*, in the shape of a comprehensive explanation, or *experience*. As one participant shared:

*One learning [type] is purely formal, learning new theories and so on, that is when it becomes learning, and the other is more of an approach, I mean work attitude and approach. That is also the challenging part of learning I think, to change or learn new ways to respond to people, humans. And to put it in some theoretical context or vice versa. To have those connections, that you get a certain understanding for “ok, this is what is happening,” that maybe I have, in the back of my head that what she [the client] is describing is coercive processes and I have a theoretical connection [scientifically based explanation] for just that, without having to mention it all the time, to have understanding, I mean, in me that, and then a connection between theory and practice is important I think, which also is being practiced and be devoted to that. (FG4)*

To have a theoretical foundation as a practitioner was considered important and described as a starting point when dealing with practical situations, yet requiring reflective ability. One example mentioned was the handling of a client’s specific problem, about which the social worker was thinking: “What is it that I’m seeing here, based upon what I [previously] have read?” (FG1). However, for connecting theory to a practical situation and putting into words what one is doing and vice versa, reflection was again emphasized.

Thus, learning was described as occurring in different ways and with varying sources. For learning to occur, however, respondents reported that a connection to “something else” was needed, especially a connection to experiences as a learning source. One participant said: “it’s not just the actual being there (i.e., experiencing the situation), but rather, reflection is definitely necessary for that which you have experienced to generate in learning...” (FG2).

Similar to the importance of the need to “know” the knowledge/evidence used in the model, the need for feeling both knowledgeable, competent, and confident in using FCU practically was emphasized by the participants:

*I need to know the sessions [everyday parenting-sessions, parent management training (PMT) in FCU], otherwise it's very difficult to convey to the parents what I am talking about. I mean they go hand in hand, you need to know, you really need to know, otherwise it becomes very difficult to... it will not be good when you explain, like in the beginning, it gets a little tricky when you don't know what you are talking about, you see that now. (FG5)*

For gaining confidence about a certain model or way of working, practical application and gained experience were considered to be of primary importance.

### **Theme 3. Empowering**

During the discussions, it became evident that working with FCU implies a challenge not only for service providers in their professional roles, but also for the parents involved. Participants reported that they became more encouraging in their professional role as a result of implementing FCU. Working with FCU includes reinforcing families for positive behaviors, asking reflective questions, continuously making connections between actions observed and parenting, but most importantly, no longer thinking that “someone else should do it” (FG5). The participants compared this client-centered approach to previous experiences and situations in which it was easy as a professional to hand over the responsibility for helping a client to someone else (e.g., welfare officer or to child psychiatrist). The participants therefore argued for FCU to include a challenge in their professional role, not seeking the solution elsewhere. Nevertheless, FCU was described as a supportive way to help the parent(s) help their child, without having to add another intervention or professional.

Empowering parents provided the practitioners a sense of security in their professional role and helped them to continue work with the client no matter the parents' emotions or reactions. This meant that they, as professionals, were able to tell the parents that they are in the right place and that they will get help and to stay calm in that decision. This approach also helped them, as social workers, to show the parents that they have confidence in their ability. This was argued to affect the parents' (often positively), providing parents faith in themselves and helping them realize their importance. Taken together, FCU was described as professionally challenging, in turn leading to professional development.

## **Discussion**

The results of this study describe how FCU, as an evidence-based model in family support social work, can promote professional learning and development. The study's participants described how learning the model provided solid ground for later work. However, the hands-on “doing” it, was where professional learning and development occurred. Both training and practical experience are important for acquiring research-based knowledge and experience-based knowledge (also known as *theoretical* and *practical* knowledge). Complex practices like social work require different forms of knowledge, including a more theoretical dimension and the practical use of new skills (e.g., Avby, 2018; Julkunen & Korhonen, 2011; Soydan, 2015).

Implementation literature shows that development of professionals' competence and confidence in a model is dependent on factors like training, coaching, and performance assessment, referred to as *competency drivers* (Bertram et al., 2015). The

infrastructure and success of the implementation process also contributes to professionals' competence and confidence. For promoting the practical "doing" or application of models, coaching is important since it can be both professionally encouraging and challenging. The function of coaching for preventing a fallback into previous ways of working should also be mentioned (Bertram et al., 2015). The need for coaching and support aligns with the participants' descriptions of moving outside your comfort-zone for learning and working with FCU. Furthermore, the practical "doing" is required for developing ability, emphasizing the multifaceted character of the learning process, and requiring different prerequisites and environments. This multifaceted characteristic aligns with Kolb's (2015) experiential learning theory, in which learning is depicted as a recursive process, containing reflection, sense-making of experiences, testing new solutions to situations, and adjusting future behavior.

The participants' discussions about *how* professional learning and knowledge can be acquired supports the idea of various forms of knowledge (e.g., Aristotle, 1967). Being trained in FCU can thus be argued to provide the knowing to/what (episteme). The knowing how (techne), or ability, can, on the other hand, be enabled through the practical application of the model. The participants described how the implementation phase of FCU involves FCU-specific supervision including the use of video-taped observations: recorded sessions of the clinician's practical work with the model. Reviewing the sessions with the FCU-supervisor was argued to enable professional learning and development. The latter, more independent work with the model further deepens the knowing how. Knowing why (phronesis) could be argued to be present during all stages, yet, deepened when practitioners become increasingly skilled and experienced.

Aligned with individual motivation and engagement, the combination of various knowledge sources as well as approaches and techniques for learning and utilizing EBP, and for promoting fidelity and effectiveness, is highlighted in previous research (e.g., Bertram et al., 2015; Lyon et al., 2011; Webster-Stratton et al., 2014). The participants' discussion about how they move between different knowledge-sources has similarities with the process of *inference*, as described by Dewey (1997/1910). Research-based knowledge can be seen as representing the universal, and the logical inference, while practical experiences, or experience-based knowledge, can be thought of as representing the specific, individual observation (see Dewey, 1997/1910). Based on this understanding, results from RCT's can be understood as representing the universal, i.e., evidence about "what works," while practical actions, enabled through such results and modified by the practitioner in conjunction with the specifics of the client, can be argued to represent the specific. Moving between these sources of knowledge aids the professional in reaching a solution to the specific problem. The use and integration of various forms of knowledge in complex practices, like social work, is often emphasized - also in relation to EBP - with a range of knowledge-sources being useful for informing practice (e.g., Barker & Linsley, 2016; Gibbs, 2003a, in Mullen et al., 2005; Sichling & O'Brien, 2019). A reflective and open-minded individual, aware of the importance of continuous learning, that moves between routines and new ways of approaching and dealing with situations is also highlighted as important (e.g., Dewey, 1997/1910; Kolb, 2015; Westlund, 1997, in Denvall, 2001).

The results of this study illustrate that research evidence is powerful in the treatment situation, providing security to both practitioners and clients. Being evidence-based was thought of as quality assurance, providing increased "weight" to

the treatment. The participants emphasized the need to be knowledgeable about the research they were to use. Without sufficient knowledge, a feeling of artificiality might appear if they are to say certain things only because they “must” (e.g., for demonstrating fidelity). Without sufficient knowledge, a professional might only reach the stage of episteme - being knowledgeable of the know to/what – however, without reaching the stage of knowing how or why (Aristotle, 1967; Dewey, 1997/1910). Although research and evidence provides a sense of legitimacy, there is still a need for reflection, critical thinking and common sense, abilities both included and emphasized in more detailed definitions and descriptions of EBP (e.g., Gibbs, 2003a, in Mullen et al., 2005; Mullen et al., 2005).

In addition to being a concrete model, FCU was described by study participants as having a tangible impact on practice. Based on their statements, learning FCU can affect the practitioners in various ways. Its concreteness was one obvious reason: FCU eases their work as practitioners, while simultaneously helping the client, but only if there was enough time to work with it. The concrete structure of FCU increased the structure of their work, not only in relation to the FCU work but also to work in general. FCU was, however, described as time-consuming and participants emphasized the difficulty of having several FCU families simultaneously. Its time-consuming character should not, however, automatically be regarded as negative. Some of its more time-consuming aspects were the amount of time needed for preparing the work, for completing various elements and tasks in the model, as well as for the work “in between.” Based on the participants’ statements, the prerequisites for learning the model can be considered dependent on what Bertram and colleagues (2015) calls implementation drivers, comprising *competency*, *leadership* and *organization*.

In three focus groups, the participants endorsed FCU as an evidence-based model similar to the description of EBP as a philosophy (Gibbs, 2003a, in Mullen et al., 2005), rather than the mere following of a manual (e.g., EBP as a process or product, Chonody & Teater, 2018). The participants talked about FCU as an approach to work, making it more than simply a model among others. On the contrary, EBP is at times criticized for leading to increased standardization by encouraging practitioners to follow a manual (i.e., a product). There is thus a difference between practitioners as consumers of manuals and guidelines created by others, and the application of an evidence-based approach (Chonody & Teater, 2018; Mullen et al., 2005). In Sweden, EBP is implemented as a result of hierarchy processes and organizational ideas affecting the public sector as a whole. Using EBP for increasing cost-efficiency (i.e., focusing on expenses rather than costs in conjunction with successful treatments; Ponnert & Svensson, 2019), can be regarded as a misuse, at least with the definition of EBP as a philosophy in mind (Gibbs, 2003a, in Mullen et al., 2005). Organizations are, and should, be working towards being cost-effective and, in this case, treating (and helping) as many clients as possible, but not at the price of lowering quality, practitioners’ lack of reflection, or use of proven experience. The problem is thus not the use of EBP per se, but rather, the change of focus in the public sector, leading to a “falsified” or incorrect understanding of EBP, yet also affecting everyday practice as well as practitioners’ and clients’ experiences of EBP (e.g., Munro, 2004; Ponnert & Svensson, 2016).

In conclusion, if there is an implementation framework and a preparedness for later maintenance, EBP can provide a way to improve practice. Based upon two definitions of EBP and its purpose of increasing the quality of services provided, EBP can function

as a quality-driving element in practice. Furthermore, it can enable professional learning and development and provide the possibility of organizational learning (Gibbs, 2003a, in Mullen et al., 2005; Sackett et al., 2000, in Parrish & Oxhandler, 2015). By doing so, EBP can benefit various stakeholders - not only clients and practitioners, but also the organization and, in a longer-term perspective, society at large.

### **Limitations**

This study has some limitations that need to be mentioned. First, the sample originates from only one city. To include practitioners trained and active in FCU from another setting could have provided other viewpoints. Because FCU was only being implemented in one city in Sweden at the time, this was not possible. Conducting three of five focus groups at the office of CFP-CMH could also be regarded as a limitation. Occasionally being the place for the specific FCU-supervision, this was the participants' suggestion. Interviewing the participants in a setting where they normally engage in FCU-related activities could have impacted the discussions about FCU. Certain experiences or events in relation to their FCU-work could, for example, have affected the participants' way of remembering, talking about, or referring to the model as well as the training provided by CFP-CMH. No such impact was, however, obvious at the time. The fact that some of the participants were trained in FCU in conjunction with a research-project on FCU in Sweden, constitutes a third possible limitation. These practitioners were provided with more time for learning and practicing the model, a situation different from the normal procedure of training practitioners in FCU. Their experience might have impacted these practitioners with regards to their thoughts about FCU. Lastly, as a sole author of this article, I was the one conducting the process of data analysis. To analyze data alone might increase the risk of bias. However, a recursive and thorough process of analysis, and with continuous discussions held with one colleague, is argued to add to the study's trustworthiness.

### **Conclusion and Implications**

Consistent with previous studies, the importance of sufficient resources for working with evidence-based models, like FCU, is evident (Bertram et al., 2015; Heiwe et al., 2013; Mauricio et al., 2018; Ryding & Wernersson, 2019). As with the importance of a sufficient knowledgebase for achieving successful implementation and later work with the model, the need for sufficient learning time to master the model cannot be stressed enough. To support the later practical use of models in which the practitioners have been trained, there is need for both preparedness and support. Organizational readiness is important for the actual implementation as well as for the maintenance phase (Ogden et al., 2009). Rather than trying to reduce costs by streamlining practice, agency leadership need to recognize that investing in evidence-based models creates the possibility of professional learning and development. If learning is primarily perceived to take place in formal education (e.g., courses), the ongoing learning made possible in everyday practice (*informal/non-formal learning*, e.g., Eraut, 2000) might be underestimated as a knowledge source.

In line with results from other studies (Avby et al., 2013; Bergmark & Lundström, 2011; Gambrill, 2010; Ryding & Wernersson, 2019), varying opinions about EBP are still evident. The problem, though, lies in the misunderstandings and preconceptions surrounding EBP as a phenomenon. Consequently, the importance of continued efforts to update and renew the meaning and understanding of EBP and its associated models

must be emphasized. This is not an easy task, especially since EBP is occasionally implemented for reasons other than those that benefit the professional and the service user, and its use is often determined by politically-initiated decisions, as is the case in Sweden (Denvall & Johansson, 2012). In line with many other concepts, EBP is both complex and multifaceted and occurs in various fields. Therefore, we should perhaps refrain from trying to find a single, universal definition of EBP. Too much variation though, as between EBP as a philosophy and EBP as a cost-cutting and manual-based way of guiding practitioners, is highly problematic and further implies a misuse of EBP as a concept. The varying experiences of EBP highlights the need to keep on informing and spreading knowledge about various ways of perceiving EBP. Through continued research on various stakeholders' experiences and understandings of EBP, of implementation, training, and the use of evidence-based models, an updated conceptualization of EBP can be reached (e.g., Gray et al., 2015; Stanhope et al., 2011). Such investigations could contribute new insights to future work with evidence-based models.

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### Appendix

Data analysis procedure, according to the recommendations of Braun & Clarke (2006). The examples below were originally in Swedish and later translated into English.

<i>Phase</i>	<i>Description</i>	<i>Example</i>
<i>Transcribing</i>	All transcriptions of what the focus groups said are verbatim, using the software ExpressScribe.	
<i>Reading through</i>	All transcriptions were read through so that I became familiarized with the content. Important content and initial ideas about interpretations and connections were noted.	Example of content noted as important: ‘The work of learning the model has made me feel quite secure as a family therapist, I mean in my role today because I, I can sort of lean back on, it is not just me thinking a lot of things, rather it’s connected to research all the time and it does something with the parents I meet too, because they, they become secure and calm too, this is like, well yes, now you really get security, or quality assurance for all of it. So then it’s also important to know when you need to broaden a little bit because it is not a, all families, it doesn’t work for all families and some parts are like, at least the way I think, are missing in the model, in any case in Everyday Parenting, but there I have added them on my own... But as a family therapist I can also see, you can even watch a video and see your own development, that that has meant so much. How you have gone from being that counsellor to becoming someone that, yes, highlights, or emphasizes what comes from the family instead, that I think is really cool.’
<i>Coding</i>	A second reading of the transcripts followed, using the software MAXQDA, and simultaneously organizing data into initial codes that later were organized into groups of codes (i.e. categories). The codes created identified features of the data with relevance to the aim of the study. Codes were reworked after the initial coding.	The extract above was organized into the following codes: <i>Professionally developing</i> ; <i>“Do it yourself”</i> ; <i>The power of evidence</i> ; <i>FCU-related</i> ; <i>Process and progression</i> ; <i>The importance of learning</i> ; <i>Discretion/intuition/proven experience</i> .  The above-mentioned codes were later, depending on content, organized into common categories: <i>Professional development</i> ; <i>Concrete impact on practice</i> ; <i>FCU-related</i> .
<i>Searching for themes</i>	Final codes were categorized into different, initial themes. Codes relevant to one area of interest were collected under one theme, some with subthemes, with the aim of providing a true description of the data and in relation to the aim of the study.	For example: some of the codes mentioned above were considered to belong together, thus summarized into the tentative theme: <i>Process</i> . Other examples of tentative themes were <i>Episteme</i> , <i>techne and phronesis</i> and <i>To not cease to learn – a mutual responsibility</i> . Codes with a connection to each other were thus collected, in an attempt to describe the findings of the study.
<i>Reworking of themes</i>	Initial themes were reworked to ensure that they highlight the content of the data. Initial theme-names were reworked during the process to ensure their consistency with the data set.	The above-mentioned tentative themes, along with the others, were reviewed and adjusted, both in terms of content and names. Some codes were removed and others added, all depending upon the focus of the specific theme. For example, the tentative themes <i>Process</i> and <i>Episteme</i> , <i>techne and phronesis</i> were merged and finally called <i>Learning by doing</i> . Another example is the tentative theme-names <i>What is learning?</i> And <i>Professional learning and development through FCU</i> , that later resulted in one common theme called <i>Experiential learning</i> .
<i>Findings</i>	The final themes were used to describe the findings of the study. Quotes from the participants are used to further illustrate the content and meaning of each theme.	The final themes were used to describe the participants’ thoughts and discussions about professional learning and development as well as their experiences of learning and working with FCU. The aim of the analysis was to capture the participants’ experiences relating to the topic, however, also connecting it and comparing it to previous research by adopting an abductive approach.