Research Article

Dissemination and use of the professional standards of practice for psychologists, social workers, and counselors in spinal cord injury rehabilitation

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Abstract: Objective: To determine the level of awareness and utilization of the Professional Standards of Practice for Psychologists, Social Workers, and Counselors in Spinal Cord Injury Rehabilitation, 4th Edition (*The Standards*) by members of professional organizations representing psychologists, social workers, and licensed professional counselors (PSWC) working in spinal cord injury (SCI) rehabilitation.

Participants: Respondents belonged to members of professional organizations representing PSWC working in SCI rehabilitation, which included ASCIP (76%), APA's Division 22 (37%), ASIA (23%), USA (14%), PVA (12%), AVAPL (11%) and CRCC (3%).

Method: Responses to an online questionnaire were solicited via email.

Results: 63% of those that responded were aware of *The Standards*. Of those, (79%) had read all or a portion of *The Standards*. Colleagues were the most common source of awareness, followed by email announcements.

Conclusions: *The Standards* are being used (in order of frequency) to improve clinical work, improve treatment efficacy, orientation of new staff, confirm current practice, education, advocacy, and other ways.

Keywords: Guidelines for spinal cord injury practice, Spinal cord injury guidelines, Rehabilitation guidelines, Professional standards of practice, Professional practice guidelines, Practice guidelines, Standards of practice

Background

Professional practice guidelines are developed and published by numerous government agencies and professional associations to provide guidance to practitioners and institutions on best practices, yet research has found that these guidelines are seldom used.^{1,2} The authors of the 2016 edition of Professional Standards of Practice for Psychologists, Social Workers, and Counselors (PSWC) in SCI Rehabilitation (*The Standards*)³ took several steps to increase the likelihood that *The Standards* would be known and utilized. This study reports findings from a survey of professionals for whom *The Standards* were developed and their closest allied professionals.

Behavioral and social science rehabilitation providers (e.g. psychologists, social workers, and licensed professional counselors) of spinal cord injury (SCI) rehabilitation identify contemporary issues that inform and potentially challenge treatment planning. Scope of practice also encompasses the assessment and treatment of a person with a disability's overall psychological well-being.⁴ Social and rehabilitation psychologists have also conceptualized the ways in which ecologically syntonous living contributes to quality of life.⁵⁻⁷ The World Health Organization (WHO) now recognizes common systemic and environmental barriers that can impact a person with disability's level of functioning: assistance and support, infrastructure, transportation, information and communication, education, vocational services, and attitudes and biases.⁸ SCI psychologists, social workers, and licensed professional counselors help persons with

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SCI identify and address barriers to maximize functioning across a host of settings and circumstances. Alongside a team of clinicians (e.g. speech therapists, medical providers, physical therapists, occupational therapists, recreational therapists, and nurses) and a network of support (e.g. caregivers and family members), PSWC providers are an integral component of SCI rehabilitation. Practice standards foster identity development and establish the role of PSWC in SCI rehabilitation settings. *The Standards* embodies a consensus on the breadth and best delivery of services offered by psychology, social work, and counseling (PSWC) staff to all individuals with spinal cord injury.³ Nonetheless, the authors of the 4th edition became aware that many current SCI PSWC were unaware of prior editions, and neither online media nor new print copies remained available. Consequently, steps were taken to enhance dissemination and adoption of the 4th edition.

Moulding, Silagy & Weller⁹ developed a framework for dissemination of practice standards based on social and behavioral science theories. They recommended assessment of clinicians' readiness to adopt guidelines into practice, identification of barriers to change and identification of the level at which interventions should be targeted. Wandersman *et al.*¹⁰ reviewed the literature on dissemination of standards and recommended active communication between all stakeholders as essential for standards to be utilized in practice.

Gorton *et al.*² recommended that to promote adoption of practice standards in the field, "they should be presented in a variety of formats with an emphasis on short, concise summaries and frequent reminders." Cabana *et al.*¹ identified seven common barriers to the adoption of practice standards by physicians: attitudes (lack of agreement), lack of self-efficacy, low outcome expectancy, simple inertia of prior practice, external forces, awareness that standards exist and familiarity with their specifics. Russell *et al.*³ designed development and dissemination of *The Standards* with these barriers in mind. To promote agreement, authors were drawn from each of the three disciplines covered by the standards. Drafts were distributed to 18 organizations and institutions responsible for professional training and development, direct provision of services, oversight of professionals and rehabilitation facilities and representing persons with SCI, as well as members at large of The Academy of SCI Professionals (ASCIP). Subsequent drafts were sent to ASCIP's PSWC section board members and the ASCIP board of directors for approval.³

The Standards includes recommendations for professional education and supervised experience as well as ongoing consultation to overcome barriers to self-

efficacy. Expected outcomes are presented and professionals are encouraged to research efficacy of the various practices promoted in *The Standards*. The five remaining expected barriers were addressed collectively. A final draft was submitted to the *Journal of Spinal Cord Medicine* for stylistic revisions (improving clarity) and an agreement was made with the journal to make copies of *The Standards* available for download to anyone free of charge beginning in December 2015 (before its print publication in 2016). The authors of *The Standards* presented them at professional conferences (ASCIP¹¹ and ASIA¹²) and a free webinar – hosted and advertised by ASCIP.¹³ Gorton *et al.* also thought purposeful utilization of social forces could influence practitioners' use of standards.² *The Standards* themselves promote their inclusion in the education and orientation of PSWC trainees and new staff.

Research across other fields, such as medicine, has found that practice guidelines have the potential of being an effective vessel to influence evidenced based treatment,¹⁴ decrease expenses,¹⁵ reduce hospitalizations,¹⁶ increase clinical outcomes,¹⁷ and affect public policy.¹⁷ To these authors' knowledge, this is the first study of its kind to survey the utilization of practice standards within the behavioral and social sciences field of rehabilitation. Despite the potential benefits of practice standards, previous research has identified and underscored the difficulty of practice standards reaching and being used by their intended audiences, across various professions.^{1,2} It is hypothesized that the strategies used by the 4th edition authors to circumvent the pre-identified barriers to circulation improved *The Standards* overall reach, in comparison to previous editions. The efficacy of the aforementioned hypothesis will be measured by this study's findings through reported readership, awareness, and application of *The Standards*.

Methods

To assess the level of dissemination of *The Standards* as well as current and planned utilization of the its contents, a link to Survey Monkey questionnaire with 13 multiple choice items and one open-ended question was sent via email to the members of the Academy of Spinal Cord Injury Professionals (ASCIP) and to a representative from each of the following organizations for distribution to their members: American Spinal Injury Association (ASIA), Association of Veteran Affairs Psychologist Leaders (AVAPL), Commission on Rehabilitation Counselor Certification (CRCC), Paralyzed Veterans of America (PVA), Rehabilitation Psychology (Division 22 of the American Psychological Association), Veterans Affairs Spinal

Cord Injury (VA SCI) social work list serve, and United Spinal Association. The questionnaire was developed by the ASCIP PSWC Clinical Practice Committee. Questions were created to gather demographic information of the respondents' involvement in work with the SCI population and membership in professional organizations, how they came to be aware of *The Standards*, as well as current and expected future utilization of *The Standards*. (See Appendix 1 for a copy of the questionnaire). The last question was open-ended and allowed respondents to leave a comment, suggestion, or experience they have had with *The Standards*. (See Appendix 2 for a copy of the open-ended responses). In a communication with the IRB from the third author's institution, this study was classified as being exempt and therefore was not required to go through the IRB review process. This study was exempt based on the following characteristics: the activity only involved a survey; it did not involve children; and the identities of the respondents were never recorded.

Data analysis was conducted via Microsoft Excel 2016 to count responses and provide averages of each endorsed response. The open-ended question was entered as free text to provide qualitative analysis. Respondents were free to answer as many items as they chose; responding to one item did not require a follow-up response or to abstain from responding. As listed in the results below, not all respondents answered every item. As no identifying information was collected on survey responses in a manner that maintained each respondent's answers, it was not possible to review which items were completed or skipped by each individual.

Results

Ninety-five responses to the questionnaire were received via email. However, not all respondents answered each survey item. Percentages of endorsed responses were provided for each item given the total number of responses received. The number of respondents for each survey question will be noted within the text or in parentheses in order to allow for appropriate interpretation.

When asked if the respondent provides direct rehabilitation treatment to individuals with SCI, 24 people responded and of those, 83% stated they did provide direct care. Of the 95 responses to the questions on organizational membership, 76% ($n = 72$) were members of ASCIP. Seventy ASCIP respondents also included their section of membership, with the largest number of respondents (36%) being in the PSWC, followed by TLC and APS (24% each) and SCIN (16%).

ASCIP ($n = 25$) identified most closely with the following categories: PSWC (80%); APS (8%); SCIN (4%); and other (8%) (Figures 1 and 2). 57 respondents were also members of other organizations including Rehabilitation Psychology (47%), ASIA (30%), United Spinal Association (18%), PVA (16%), AVAPL (14%), and CRCC (4%).

Sixty three percent of 95 respondents stated they were aware of written standards for PSWC in SCI Rehabilitation. Of those who were aware and specified which version they were aware of ($n = 61$), 72% of them did not become aware until after the third revision which was completed in 2005 (Figure 3). The vast majority of respondents (48 of 61) stated that s/he has read at least part of any version of *The Standards* and

Figure 1. Percentages of respondent current ASCIP section membership ($n = 70$).

Figure 2. Percentages of ASCIP section that best describes respondents' current position ($n = 25$).

Figure 3 .#Percentages of when respondents reported they first became aware of *The Standards* (n = 61).

59% of the 61 respondents were aware of the most recent fourth revision of *The Standards* which were completed in 2015 and published in 2016.

Figure 4 highlights the method by which respondents became aware of *The Standards* (any edition) and specifically, of the most recent fourth revision of *The Standards*. The most frequently reported method of learning about *The Standards* (48% of 61 respondents) was through a colleague, followed respectively by ASCIP conference (28%), ASCIP email announcement (25%), ASCIP website (20%), and other (16%). Respondents were also asked about how they came to learn of this most recent edition of *The Standards*, as this may have differed from how they came to learn about previous editions of *The Standards*. In comparison, 44% of those responding ($n = 34$) became aware

of the most recent 4th edition of *The Standards* through email, followed by colleague (41%), ASCIP conference (21%), other including seeing the publication in JSCM (21%), ASCIP website (15%), and ASCIP weekly newsletter (15%).

Respondents were asked to share both how *The Standards* have been helpful to them in the past and how they might be helpful in the future (Figure 5). Of the 57 individuals who answered the question about past utilization of *The Standards*, the top three endorsed responses were using them as confirmation that the correct services were being offered (54%), as part of the education of a student or mentee (39%), and as a resource to improve practice (37%). Along the same lines, the most common responses with regard to future use ($n = 88$) were identified as part of the

Figure 4. Percentages of how respondents reported they became aware of *The Standards*.

Figure 5 .#Percentages of how respondents reported they use *The Standards* currently as well as anticipated future use.

education of a student or mentee (60%), as confirmation that the right services were being offered (59%) and as a resource to improve clinical work (56%).

Conclusion

The majority of respondents were aware of *The Standards*. Word of mouth and an email sent from ASCIP to its members were the most helpful in raising awareness about the latest version. The most frequent use of *The Standards* is to confirm delivery of appropriate services, followed by use for the education of a trainee or mentee and a resource to improve clinical work. These findings are important to the field of behavioral and social science rehabilitation, because they identify the utility of *The Standards* and suggest that providers both need and want a clinical reference to support their practice. Data reflected most people became aware of *The Standards*, 3rd edition, therefore dissemination strategies used for the 4th edition did not increase the level of provider awareness from 3rd to 4th versions. This suggests that in order to increase providers' awareness of *The Standards*, the authors of the next edition might consider alternative and/or additional methods of dissemination in the future.

Consistent with Gordon's (*op cit.*) recommendation, one respondent encouraged ASCIP to present a shorter "at a glance" bulleted version of recommendations and roles depicted in *The Standards*. Future uses for *The Standards* were anticipated in many areas, including being a source of ideas to make treatment setting/environment services better, during orientation for new employees, addressing staffing issues with administration, and using it as an advocacy tool. Future studies examining the utilization of subsequent editions, might seek out those providers within the

field, who prefer not to use or adhere to practice standards and assess their reasons why (e.g. personal preference and institutional barriers).

Study limitations

Though the means of assessment used for this survey offered participants an easily accessible, non-labour-intensive reporting tool, its self-report design posed a limitation to the results of this study. For example, *The Standards* were published in 2016. A retrospective assessment of how one first learned of *The Standards*, might be flawed by self-report. The results of this study were also limited by a self-selection bias and the respondents choosing which responses they wanted to answer. Additionally, more descriptive data related to the respondents' demographics (personal and professional) might have made the results more robust, thus offering clarifying data for future editions (content and dissemination) of the practice standards. For example, those practitioners that detailed their utilization of *The Standards*, might have offered further insight by sharing their number of years of practice and a breakdown of their workload (*i.e.* percentage of time spent doing clinical, research, administrative, and teaching).

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Conflict of Interest None.

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References

- Cabana MD, Rand CS, Powe NR, Wu AW, Wilson MH, Abboud PA, *et al.* Why don't physicians follow clinical practice guidelines?: a framework for improvement. *JAMA*. 1999;282(15):1458–65.
- Dijkers M. Quality of life after spinal cord injury: a meta analysis of the effects of disablement components. *Spinal Cord*. 1997;35(12):829–40.
- Dunn DS. Teaching about psychosocial aspects of disability. *Teach Psychol*. 2016;43(3):255–62.
- Frank RG, Caplan B, Rosenthal M, editors. Handbook of rehabilitation. 2nd ed. Washington, DC: American Psychological Association; 2010.
- Gorton T, Cranford CO, Golden WE, Walls RC, Pawelak JE. Primary care physicians' response to dissemination of practice guidelines. *Arch Fam Med*. 1995;4(2):135–42.
- Lewin K. A dynamic theory of personality. New York: McGraw-Hill; 1935.
- Madrigal-Bauguss J, Russell HF. Assessing the dissemination and use of the 4th revision of the professional standards for psychologists, social workers, and counselors in SCI rehabilitation [Presentation]. Academy of Spinal Cord Injury Professionals Educational Conference and Expo. Denver. 2017 Sep 3-6.
- Moulding NT, Silagy CA, Weller DP. A framework for effective management of change in clinical practice: dissemination and implementation of clinical practice guidelines. *Qual Health Care*. 1999;8(3):177–83.
- Prat G, Lefèvre M, Nowak E, Tonnelier JM, Renault A, L'Her E, *et al.* Impact of clinical guidelines to improve appropriateness of laboratory tests and chest radiographs. *Intensive Care Med*. 2009;35(6):1047–53.
- Rose J. The Standards for Psychologists, Social Workers and Counselors in SCI Rehabilitation [Webinar]. Academy of Spinal Cord Injury Professionals on demand webinars. 2015 Dec 17. Available from <http://www.cvent.com/events/ascip-on-demand-webinars/custom-21-060b1cab06a745aaaf45771cdec28993.aspx>.
- Russell HF, Richardson EJ, Bombardier CH, Dixon TM, Huston TA, Rose J, *et al.* Professional standards of practice for psychologists, social workers, and counselors in SCI rehabilitation. *J Spinal Cord Med*. 2016;39(2):127–45.
- Russell HF, Richardson EJ, Bombardier CH, Dixon TM, Huston TA, Rose J, *et al.* The professional standards of practice for psychologists, social workers, and counselors in spinal cord injury rehabilitation [Presentation]. Annual American Spinal Injury Association Conference. Albuquerque. 2017 Apr 27–29.
- Sloan FA, Bethel MA, Lee PP, Brown DS, Feinglos MN. Adherence to guidelines and its effects on hospitalizations with complications of type 2 diabetes. *Rev Diabet Stud*. 2004;1(1):29–38.
- Wandersman A, Duffy J, Flaspohler P, Noonan R, Lubell K, Stillman L, *et al.* Bridging the gap between prevention research and practice: the interactive systems framework for dissemination and implementation. *Am J Community Psychol*. 2008;41(3–4):171–81.
- Wolff M, Bower DJ, Marbella AM, Casanova JE. US family physicians' experiences with practice guidelines. *Fam Med*. 1998;30(2):117–21.
- Wolf SH, Grol R, Hutchinson A, Eccles M, Grimshaw J. Clinical guidelines: potential benefits, limitations, and harms of clinical guidelines. *Br Med J*. 1999;318(7182):527–30.
- World Health Organization. World Report on Disability. Malta: World Health Organization; 2011. 350p. http://www.who.int/disabilities/world_report/2011/report.pdf

Appendix 1

Questionnaire

- Are you a current member of ASCIP?
 - Yes
 - No
- Are you a member of any of the following organizations?
 - American Psychological Association (APA) Division 22
 - American Spinal Injury Association (ASIA)
 - Association of Veteran Affairs Psychologist Leaders (AVAPL)
 - Commission on Rehabilitation Counselor Certification (CRCC)
 - Paralyzed Veterans of America (PVA)
 - United Spinal Association
- What section of ASCIP membership do you belong to?
 - PSWC (psychologists, social workers & counselors)
 - TLC (therapists)
 - APS (physicians and researchers)
 - SCIN (nurses)
- What section of ASCIP best describes your current position?
 - PSWC (psychologists, social workers & counselors)
 - TLC (therapists)
 - APS (physicians and researchers)
 - SCIN (nurses)
- Do you work with clients who have a spinal cord injury?
 - Yes
 - No
- Did you know that there are written Standards for Psychologists, Social Workers, and Counselors in SCI Rehabilitation?
 - Yes
 - No
- When did you first become aware that The Standards existed?
 - First version (1990–1994)
 - Second revision (2001–2004)
 - Third revision (2005–2014)
 - Fourth revision (2015/current)
- How did you become aware of The Standards? (check all that apply)
 - ASCIP website
 - ASCIP conference
 - ASCIP email announcement
 - Colleague
 - Other (please specify)
- Have you read all, or even part, of The Standards?
 - Yes
 - No

10. Were you aware that The Standards were revised in 2015?
 - (a) Yes
 - (b) No
11. How did you first become aware of the 2015 revisions? (check all that apply)
 - (a) ASCIP website
 - (b) ASCIP conference
 - (c) ASCIP email announcement
 - (d) Weekly ASCIP newsletter (The Spinal ReCORD)
 - (e) Colleague
 - (f) Other (please specify)
12. How have The Standards already been of use to you? (check all that apply)
 - (a) Ideas to improve my work
 - (b) Ideas to make my treatment setting more effective
 - (c) Confirmation that I'm providing the right services
 - (d) During orientation of a new employee
 - (e) As part of the education of a student or mentee
 - (f) With administration at my work place
 - (g) As an advocacy tool
 - (h) I did not find the document helpful
 - (i) Other (please specify)
13. How do you foresee yourself using The Standards in the future? (check all that apply)
 - (a) As a source of ideas to improve my clinical work
 - (b) As a source of ideas to make my treatment setting/ environment more effective and appropriate
 - (c) As confirmation that I am providing the right services
 - (d) During orientation of a new employee
 - (e) As part of the education of a student or mentee
 - (f) To address staffing issues with administration at my work place
 - (g) As an advocacy tool
 - (h) I do not think it will be helpful.
 - (i) Other (please specify)
14. We encourage you to leave any comments, suggestions, and experiences you have had with the Standards below. [Open text provided]

Appendix 2

Open text comments

- Well written, clear guidelines
- The document is pretty dense. It would help if it was written so that points could be read "at a glance." That also goes for delineation of activities across disciplines. However, overall, very nice work! Thank you!
- So happy AVAPL sent out a message regarding this. I am new to my position and work with SCI rehab. I was not aware of this resource.
- Publicize through NAN, INS, and Div 40
- Awesome!
- As Clinical Specialist CARF Accreditation is part of my role to maintain standards and share with colleagues, psychology & case managers (SW)
- Standards extremely useful for training and functioning as team members
- Thanks for sending this to Div 22! Wish other rehab populations made similar consensus info available.
- Please spread the info outside the initial resources so people are aware.