

*Using Evidence in*

Social  
Work  
Practice

## ALSO AVAILABLE FROM LYCEUM BOOKS, INC.

INTRODUCTION TO SOCIAL WORK: THE PEOPLE'S PROFESSION, 2E,  
*by Ira Colby and Sophia Dziegielewski*

SOCIAL POLICY ANALYSIS AND PRACTICE,  
*by Thomas M. Meenaghan, Keith M. Kilty, and John G. McNutt*

CASE MANAGEMENT: AN INTRODUCTION TO CONCEPTS AND SKILLS, 2E,  
*by Arthur Frankel and Sheldon Gelman*

SOCIAL WORK WITH FAMILIES: CONTENT AND PROCESS,  
*by Robert Constable and Daniel B. Lee*

NAVIGATING HUMAN SERVICE ORGANIZATIONS,  
*by Margaret Gibelman*

ENDINGS IN CLINICAL PRACTICE: EFFECTIVE CLOSURE IN DIVERSE SETTINGS,  
*by Joseph Walsh*

RAISE UP A CHILD,  
*by Edith V. P. Hudley, Wendy Haight, and Peggy Miller*

ADVOCACY, ACTIVISM, AND THE INTERNET,  
*by Steven F. Hick and John G. McNutt*

GENERALIST PRACTICE IN LARGER SETTINGS: KNOWLEDGE AND  
SKILL CONCEPTS,  
*by Thomas M. Meenaghan and W. Eugene Gibbons*

TEAMWORK IN MULTIPROFESSIONAL CARE,  
*by Malcolm Payne, foreword by Thomas M. Meenaghan*

MODERN SOCIAL WORK THEORY: A CRITICAL INTRODUCTION, 2E,  
*by Malcolm Payne, foreword by Stephen C. Anderson*

CROSS-CULTURAL PRACTICE: SOCIAL WORK WITH DIVERSE POPULATIONS,  
*by Karen V. Harper and Jim Lantz*

WORKING WITH CHILDREN AND THEIR FAMILIES, 3E,  
*by Martin Herbert and Karen V. Harper-Dorton*

SCHOOL SOCIAL WORK: PRACTICE, POLICY, AND  
RESEARCH PERSPECTIVES, 5E,  
*by Robert Constable, Shirley McDonald, and John P. Flynn*

*Using Evidence in*

# Social Work Practice

*Behavioral Perspectives*

*EDITED BY*

Harold E. Briggs  
*Portland State University*

*and*

Tina L. Rzepnicki  
*University of Chicago*

LYCEUM

BOOKS, INC.

5758 South Blackstone Avenue  
Chicago, Illinois 60637

© Lyceum Books, Inc., 2004

Published by

LYCEUM BOOKS, INC.  
5758 S. Blackstone Ave.  
Chicago, Illinois 60637  
(773) 643-1902 (phone)  
(773) 643-1903 (fax)  
lyceum@lyceumbooks.com  
<http://www.lyceumbooks.com>

All rights reserved under International and Pan-American Copyright Conventions. No part of the publication may be reproduced, stored in a retrieval system, copied, or transmitted in any form or by any means without written permission from the publisher.

Library of Congress Cataloging-in-Publication Data

Using evidence in social work practice : behavioral perspectives /  
[edited] by Harold E. Briggs and Tina L. Rzepnicki  
p. cm.

Includes bibliographical references.

ISBN 0-925065-44-7

1. Social service—Decision making. 2. Critical thinking. 3. Social  
service—Evaluation. I. Briggs, Harold E. II. Rzepnicki, Tina L.

HV41.U73 2004

361.3'2—dc22

2004001722

# CONTENTS

---

Foreword, by Ben Friedman	vii
Introduction: Using Evidence in Your Practice <i>Tina L. Rzepnicki and Harold E. Briggs</i>	ix
<b>Part 1 Perspectives</b>	<b>1</b>
1 Contributions of Critical Thinking and Evidence-Based Practice to the Fulfillment of the Ethical Obligations of Professionals <i>Eileen Gambrill</i>	3
2 Theory-Driven versus Theory-Free Research in Empirical Social Work Practice <i>Jeanne C. Marsh</i>	20
3 The Contribution of Operant Theory to Social Work Practice and Research <i>William J. Reid</i>	36
4 Ecobehavioral Social Work <i>Mark A. Mattaini and Sarah K. Moore</i>	55
5 Science and Evidence-Based Social Work Practice <i>Bruce A. Thyer</i>	74
<b>Part 2 Applications</b>	<b>91</b>
6 Some Guidelines for Selecting Behavioral Intervention Programs for Children with Autism <i>Lynn E. McClannaban and Patricia J. Krantz</i>	92
7 Evidence-Based Practice with Antisocial and Delinquent Youth: The Key Role of Family and Multisystemic Intervention <i>Susan B. Stern</i>	104
8 Patterns of Juvenile Male Sexual Aggression: An Operant Approach to Understanding and Intervening Effectively <i>Steven C. Wolf</i>	128
9 Behavioral Family Treatment in Japan: Design and Development of a Parent Training Program <i>Matsujiro Shibano</i>	145
10 Adherence to HIV Therapies: Can Applied Behavior Analysis Help? <i>Nathan L. Linsk and Christopher G. Mitchell</i>	160
11 Behavioral Programming and Staff Development in Adult Day Care <i>Glenn R. Green and Earlie M. Washington</i>	171
12 Providing Appropriate Care in Advanced Dementia <i>Patricia Hanraban, Daniel J. Luchins, Kathleen Murphy, Gail Patrick, Greg Sachs, and Gavin Hougham</i>	190
13 Behavioral Interventions for Severe and Persistent Mental Disorders <i>Stephen E. Wong, David A. Wilder, Keven Schock, and Cris Clay</i>	210

<b>Part 3 Selected Issues</b>	<b>231</b>
14 Staff Development in Mental Health <i>Stanley G. McCracken and Patrick W. Corrigan</i>	232
15 The Evidence-Based Practitioner: Assessing the Cultural Responsiveness of Research <i>Christine Marlow</i>	257
16 Informed Consent and Practice Evaluation: Making the Decision to Participate Meaningful <i>Tina L. Rzepnicki</i>	273
17 Psychosocial Assessment of Teenage Parents: Lessons Learned in Its Application to Child Welfare <i>Karen S. Budd</i>	291
18 Program Evaluation: Arduous, Impossible, and Political <i>Donald M. Baer</i>	310
19 Evaluating Science-Based Practice with Single Systems <i>Harold E. Briggs, William Feyerherm, and Wallace Gingerich</i>	323
Contributors	343
Index	345

## FOREWORD

---

The chapters in this book comprise findings from original research, arguments from theoretical papers, and thoughts on the current and future directions of social work practice. They were written by colleagues and former students of Professor Elsie M. Pinkston to commemorate her retirement from the University of Chicago School of Social Service Administration (SSA). During her twenty-nine years at the University of Chicago, Elsie demonstrated in her research and teaching the themes reflected in this book—an evidence-based approach to learning and discovery, adherence to reliable scientific methods, and the pursuit of socially relevant applications to extend practitioner knowledge within a cogent and consistent theoretical framework. The range of topics considered in this book parallels Elsie's varied interests and spans the developmental spectrum, from parent training to work with the elderly, and touches on a wide array of social issues.

Elsie's career began at the University of Kansas, where she earned undergraduate and advanced degrees in human development and child psychology from the Department of Human Development and Family Life. She was awarded fellowships from the National Institute of Mental Health and the National Institute of Child Health and Human Development in support of her research on the effectiveness of parent training procedures. After earning her doctorate in 1973, she joined the SSA faculty as cochair of the new Behavior Analysis Sequence and was instrumental in developing new fieldwork sites in mental health, school, and gerontology settings. This early focus on setting an innovative direction for training and service characterizes her career contributions to the field of clinical social work practice.

Elsie divided her time between teaching at the master's and doctoral levels and applied clinical research with families, children, and the elderly. Her contributions to the development of the SSA curriculum in direct practice focused on expanding the applications of behavioral treatment methods to specialized populations and using empirical methods to assess treatment effectiveness. Her research, supported by various federal, state, and private grants and often pursued in collaboration with doctoral students, resulted in several significant publications. She is the primary author of two books. The first, *Effective Social Work Practice*, demonstrates the integration of behavioral methods with social work applications. The second, *Care of the Elderly: A Family Approach*, outlines innovative techniques of working with the elderly. She is also coeditor of *Environment and Behavior*; and her collaborative service with the Office of the Inspector General of the Illinois Department of Children and Family Services resulted in the development of an ethics manual, *Ethical Child Welfare Practice, Volume 1: Clinical Issues*, published by the Child Welfare League of America. Elsie's recent research involves an evaluation of the system variables and the ensuing consequences involved in using "sexual aggression" as a category for treatment of children who are wards of the state.

Elsie's care toward, respect for, and nurturing of her students cannot be directly conveyed by these chapters, which were developed independently as examples of scholarship at the invitation of the editors. She has been an informal mentor for countless doctoral students and a direct supervisor for more than thirty doctoral dissertations. This volume as a whole stands as a testament to the inspiration she has given to those who have gone on to become accomplished social work professionals.

On April 4, 2003, SSA hosted a public research symposium, "Bridging the Gap between Research and Practice," in honor of Elsie's retirement. Many of the contributors to this book joined SSA faculty members and other social work professionals in a discussion of the implications of the work presented here on current and future social work practices. It is our hope that these chapters will extend Elsie's vision and inspire continuing debate and progress in the field of social work.

*Ben Friedman*

## INTRODUCTION

---

# USING EVIDENCE IN YOUR PRACTICE

*Tina L. Rzepnicki and  
Harold E. Briggs*

This book focuses on the art and science of using evidence to help people change. It provides a framework for considering the relationship of ethics, evidence, and theory to behavioral social work practice, a discussion of some of the technical aspects of implementation, and illustrations of evidence-based behavioral practice in a range of settings and with a variety of client problems. As an anthology, it is not meant to be comprehensive. Instead, the chapters in part 1 raise questions and provoke discussion about ethics, the nature of evidence, and the role of theory. The chapters in part 2 serve as models for developing practice to address particular problems and client populations on the basis of empirical evidence and behavioral theory. The chapters in part 3 raise practical issues in implementation.

Compiling these chapters has given me cause to remember my time as a graduate student; I was a little nervous about what I was plunging into but very excited about having the opportunity to learn about the field and profession of social work in a challenging academic environment with world-class professors.<sup>1</sup> I tried to remember, as best I could (it was a long time ago), what my initial reasons were for wanting a master's degree in social work. In fact, the memory is quite vivid because my reason for seeking a professional education continues to be one of my driving goals today as an educator and a researcher.

Prior to enrolling in graduate school, I worked for several years at the House of the Good Shepherd, a residential treatment center in Chicago for abused, neglected, and dependent teenage girls. The job came with a lot of responsibility. I had a caseload of twenty girls. My charge was to help them get along better in their placement, at school, and with their families. I wanted to do well by them, but, having majored in sociology as an undergraduate, I had taken on professional social work duties without the requisite credentials and with very little knowledge or skills. I was constantly frustrated by not knowing if I was really being helpful to my clients; even when they said I was, I was doubtful. And although I recognized that the impact of my work was rarely dramatic, I simply did not have the skills to know if small but important changes were occurring in my clients' lives.

The House of the Good Shepherd had two consultants, both of whom were

---

1. This vignette reflects the experience of the first author.

very dynamic individuals with impressive reputations. One was a psychiatrist who brought a strong psychoanalytic perspective to the table and wrote prescriptions for the girls. The other was a behavioral psychologist who encouraged the use of behavioral contracts and the rearrangement of environmental contingencies. I had no basis on which to select the guidance of one over that of the other. And because their theoretical frameworks were so different, it was nearly impossible to integrate their advice.

I visited the library and the bookstores searching for material that would teach me how to do my job more effectively, without really knowing or even questioning whether the theories and strategies I found were scientifically sound or not. I believed that the books and articles written by experts would certainly clarify the best ways of proceeding. But, in truth, I really had no way to evaluate the knowledge contained in those publications.

My frustrations led me to graduate school with an explicit set of goals in mind: to be exposed to current knowledge relevant to social work; to learn ways of thinking that would enable me to use this knowledge wisely (effectively) in professional decision making; and, most important, to learn how to assess the value of information by evaluating its relevance, integrity, and usefulness. These goals may be different from yours, but they are primary objectives of professional education. They represent elements of critical thinking. They are also core elements of evidence-based practice, and their application will help you become a competent professional.

## **PANNING FOR GOLD**

Neil Browne and Stuart Keeley, in their book *Asking the Right Questions: A Guide to Critical Thinking* (2001), apply two noteworthy metaphors to describe approaches to learning. The first is a sponge metaphor, which represents the process of absorbing as much information as possible, without judging its worth. This is a rather passive approach based on the assumption that the more information you acquire, the more capable you are of understanding its complexities. A disadvantage is that there is no method for deciding which information and opinions to believe and which to reject. The sponge approach requires good concentration and memory. Although the approach is useful in the initial stages of knowledge acquisition, eventually one needs a way to sort information. The second metaphor they use is “panning for gold.” The panning-for-gold approach to learning is much more active than the sponge approach. It involves some level of interaction between the speaker and the listener (or the author and the reader). It requires ways to figure out what information is gold and what is gravel. Panning strategies include asking the right questions to identify deficiencies in the information. As Browne and Keeley state, “The two approaches complement each other. To pan for intellectual gold, there must be something in your pan to evaluate. To evaluate arguments, you must possess knowledge” (p. 4).

This book is meant to highlight the importance of knowing how to “pan for gold,” emphasizing the use of critical thinking skills for evaluating and using

knowledge for practice. The chapters, written by prominent social work scholars and practitioners, embrace four principles related to this emphasis:

1. Critical thinking is essential to your development as a social work professional.
2. Social work practice should be guided by the best available evidence.
3. Social work practitioners have an obligation to monitor client progress.
4. Social work practitioners build their own practice models based on their experience and the experience of others.

### **CRITICAL THINKING FOR THE SOCIAL WORK PROFESSIONAL**

In chapter 1, Eileen Gambrill states, “Critical thinking involves the careful appraisal of beliefs and actions to arrive at well-reasoned ones that maximize the likelihood of helping clients and avoiding harm. . . . It requires clarity of expression, critical appraisal of evidence and reasons, and consideration of well-argued alternative points of view” (p. 3). Two basic assumptions of critical thinking are that not all knowledge is equally useful and that even knowledge that has a firm empirical basis is tentative and subject to revision. If we attempt to engage in helping on the basis of bad information, our judgments about client needs and interventions will be wrong and our actions ineffective or, worse, harmful. We need critical-thinking skills to sort through what is useful knowledge and what is not. Skepticism, which stands squarely between gullibility at one extreme and cynicism at the other, is essential to the thinking process.

In the world of social science knowledge, and in social work education in particular, searching for right answers causes students a great deal of frustration. When dealing with questions of human behavior, particularly the causes of behavior, key variables and relationships among them are so complex that it is difficult to apply rigorous standards of evidence. In fact, we usually cannot do more than make intelligent guesses. In most instances our answers will be probabilistic—they will lack the degree of certainty that would provide comfort and increase confidence that we are on the right track in understanding and predicting behavior or events (Browne & Keeley, 2001).

As you are introduced to various theories, you will be wise to become familiar with the level of empirical support for each, as well as the limits and the overall integrity of that support, and to remember the tentativeness of knowledge generally. This will aid in keeping you vigilant, reduce your temptation to become overly confident, and encourage you to seek out multiple sources of information, as well as conflicting views, in order to make reasonable choices for yourself. Eight guiding questions to ask as you invoke critical thinking (adapted from Browne & Keeley, 2001) are

1. What is the issue or claim being made, in simple and direct language?
2. Are there any ambiguities or a lack of clarity in the claim?

3. What are the underlying value and theory assumptions?
4. Is there indication of any misleading beliefs or faulty reasoning?
5. How good is the evidence presented?
6. Is any important information missing?
7. Is consideration given to alternative explanations?
8. Are the conclusions reasonable?

Possession of relevant knowledge and skills should reduce some of your uncertainty about human behavior and how to intervene effectively to reduce problems in living. You are embarking on an educational experience that includes classroom instruction meant to increase your understanding of the contributions of the biological and social sciences to the broad field of social work. You are also learning to apply this knowledge through the development of professional skills in your fieldwork. Even though formal theories and supporting research are not perfect or complete, they do help fill in missing pieces of a picture, so that you can be more confident in taking particular actions.

Critical thinking is important in another aspect of learning as well. Evidence-based practice, an approach that is gaining prominence in social work curricula, depends on critical thinking to identify empirically validated methods for helping clients. Although the term “evidence-based practice” has emerged in social work only in the past five years or so, its principles continue social work’s long tradition in social work of using scientific methods in practice. Although objective criteria for determining whether an approach is empirically validated are lacking, research-based interventions seem to offer some of the best information for selecting intervention strategies (Witkin, 1991; Klein & Bloom, 1995, cited in Reid, 2002). Critical thinking will help you assess the quality of information you obtain not only from the literature but also from your clients directly. Critical thinking will help you choose the best information sources to inform your practice decision making, whether you are problem solving with clients, managing staff, or designing new programs.

As a professional social worker, use of critical thinking skills will increase the likelihood that you will stay current with the developing knowledge base and be able to avoid ineffective or harmful practices. This is precisely why an education that gives you merely a handy toolbox is not good enough for a professional lifetime of use. Some social work techniques and strategies currently in use will soon become obsolete because of the rapidly developing scientific foundation of practice. If a toolbox were all that was required for competent practice, then in-service training, not professional education, would address your learning needs. Graduation is not the time to put away good habits of the mind. Indeed, it is a launching into the very arena in which you will need them most. After you complete your education, there are likely to be many continuing-education opportunities available to you. In the workplace, you may be inundated with new information and feel pressured to conform to agency culture and norms. You may be understand-

ably reluctant to question too much at the outset, but you can use that time to assess the extent to which thoughtful employees and well-informed practice are valued. Seek out resources that support you in your work: the library, colleagues whose analytic skills can be called on to supplement your own, and professional organizations that promote well-informed practice. But also seek out professional literature and colleagues whose perspectives conflict with yours, for they can help you challenge your customary views and preferred approaches.

To summarize, critical thinking is an essential part of your professional development. It requires asking the right questions to determine, for you, the value of what you see and hear in the classroom and in the field. Obviously, you will not be able to scrutinize fully every piece of information thrown your way. You will have to decide which pieces are worth the effort and which will have the biggest consequences if they are incorrect. In any case, recognize that you will make errors but that you can learn from them. Identify what you do not know but need to learn that is relevant to your coursework and field experience. Go after that knowledge aggressively on your own and look for opportunities to pan for gold wherever and whenever you can. We hope that this book will give you some nuggets to ponder.

## **USING EVIDENCE TO GUIDE SOCIAL WORK PRACTICE**

All social workers form a perspective about the clients and systems they serve. That perspective includes a definition of problems in need of resolution, desirable outcomes, and ways to proceed with intervention. The targets of practice (selected problems and goals) open the door for the practitioner to use theory that explains them as a guide for intervention planning and as the focus for evaluating change. Ideally, the target serves as a thread that binds theories of human behavior to intervention method and evaluation schemes as if they were joined as links in a chain. Theory provides the conceptual blueprint of what needs attention, what can be done about it, and how the practitioner will know when the situation has been resolved.

Practitioners who work in theory-based practices and have techniques that are not derived from empirical findings or accompanied by scientific methods are faced with a significant challenge. When practitioners do not document their intervention process using reliable and valid methods of assessment, including tracking procedures, they do not have a database to inform case decision making or to determine outcomes. Knowledge that can be derived from their experience cannot be easily discerned and then added to a knowledge base for continued use. It becomes impossible to know which strategies are helpful and which should be discarded. If practitioners cannot demonstrate that what they do is beneficial to clients, then they will not be able to replicate their success when helping other clients.

Evidence-based social work practice has been described in this way: “Placing the client’s benefits first, evidence-based practitioners adopt a process of

lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence” (Gibbs, 2003, p. 6). Taking appropriate action guided by evidence includes ensuring that data on intervention and case progress are systematically collected and used to make decisions on whether to continue, revise, or discontinue the problem-solving effort. Important practice principles identified by Reid (2002) include informing clients “about the evidence supporting interventions so that they can make informed decisions about the kind of services they will choose to receive” and replacing the practitioner’s authority “with openly shared knowledge about the efficacy of the interventions at the practitioner’s disposal” (p. 12). As can be seen from these conceptualizations, an evidence-based approach integrates three aspects of practice: the client’s preferences, the practitioner’s individual expertise, and the best external evidence available (Gibbs, 2003; Sackett, Strauss, Richardson, Rosenberg, & Haynes, 2000). Their importance is reflected in the National Association of Social Workers’ Code of Ethics (National Association of Social Workers, 1999). Specific sections of the code that apply (Gibbs, 2003, p. 16) are

- “Social workers’ primary responsibility is to promote the well-being of clients” (section 1.01).
- “Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals [with notable exceptions regarding harm to self and to others]” (section 1.02: Self-Determination).
- “Social workers practice within their areas of competence and develop and enhance their professional expertise” (section 1.04: Competence).
- “Social workers should critically examine and keep current with emerging knowledge relevant to social work and fully use evaluation and research evidence in their professional practice” (section 5.02: Evaluation and Research).

We acknowledge, however, that at present there are enormous gaps in the empirical knowledge base and that, for many decisions, practitioners will find it “insufficient for guiding practice” (Berlin & Marsh, 1993, p. 15; Marsh, chapter 2, this volume). How, then, can we blend theory and empirical findings to inform practice? There are many social workers who choose to use methods derived from science and practitioners who use science as a part of their community organizing practice (e.g., the works of Friesen and colleagues on family support in children’s mental health (Friesen, 1993)). The chapters in part 2 of this volume present many applications of applied behavior analysis and other scientifically derived interventions that highlight the integration of empirical and theoretical knowledge as a basis for framing practitioner hunches, guesses, and critical perspectives. Given the definition of problem targets, the practitioner develops a set

of hypotheses or hunches that describe what should be done for successful problem reduction or goal attainment. In the best of worlds, practice hunches are derived from a literature review that includes empirical evidence suggesting best practices in order to address a particular issue as well as from a firm understanding of the limits of current knowledge regarding the efficacy and effectiveness of possible solutions. You will have to decide for yourself if evidence-based practice represents a true shift in emphasis or “old wine in new bottles,” as Thyer suggests (chapter 5, this volume).

## **Objections**

Opposition to evidence-based practice has been raised on several grounds, many of which have their origins in its application to medical practice but also have been identified as pertaining to social work. Major objections (italicized) are briefly described below. You are encouraged to seek out additional discussion of these points and consider others that may be raised as you read this book and in your practice.

*Evidence-based practice limits professional autonomy.* Those raising this objection are perhaps reluctant to give up their reliance on traditional authority structures and presumed expertise (e.g., that of a supervisor) in favor of practice informed by the most current social science knowledge (Reynolds, 2000). This leads to the next objection.

*Evidence-based practice relies on a biased and partial version of science that depends heavily on randomized experiments as the only legitimate source of evidence (Reynolds, 2000).* It is widely believed that evidence-based practice is only concerned with randomized clinical trials that do not answer clinical questions and cannot be applied to complex personal, social, and organizational environments in which both clients and practitioners operate (Geddes, 2000; Trinder, 2000). If that were the case, then there would be very little acceptable evidence for use in social work practice. But that perspective does not allow for the rich body of research that makes use of a variety of designs (including qualitative methods) and methodological compromises. It does not recognize the value of single-case methods as most appropriate in developing new interventions and programs. Furthermore, it does not recognize that other, less rigorous research can contribute important insights into practice that are superior to approaches that do not make use of any empirical evidence. Fortune and Reid (1999) refer to this as relying on the “best available knowledge” and Klein and Bloom (1995), the “best available information” (Kirk & Reid, 2002, p. 199).

*Evidence-based practice is nothing new; it merely represents what good practitioners do anyway (Geddes, 2000).* That is, for years social work education has taught practitioners to draw on the professional knowledge base to inform their practice, and, presumably, good practitioners do so. Yet, routine use of social science knowledge does not seem to happen. Why?

Obstacles that Reynolds (2000) mentions include the difficulties that a

practitioner is likely to experience when attempting to identify clinical research questions that are relevant to the client's situation and can inform professional decisions. Although social work education teaches the four domains of inquiry—the cause of the problem, diagnosis/assessment procedures, intervention options, and appropriate outcomes against which specific actions can be tested—practitioners may not be skilled at articulating their specific information needs at a particular decision point. Even if an appropriate question is identified, finding the evidence related to the specific question may be problematic. There are far too many sources of useful information (professional journals, books, and research reports) for the average practitioner to search effectively, especially within strict time constraints. Fortunately, guidelines have been developed to help professionals conduct thorough and efficient computer searches and to assist them in evaluating the quality of the evidence they find (e.g., Gibbs, 2003).

## **THE OBLIGATION TO MONITOR CLIENT PROGRESS**

The main reasons for tracking client progress are to inform case decision making, to demonstrate to stakeholders (e.g., the client and his or her significant others, other authorities in the client's life, the practitioner, supervisors, agency funding sources) the results of problem-solving efforts, and to build knowledge for practice. Strategies to monitor client progress exist on a continuum of informal to formal and rigorous case evaluation. Most practitioners track changes at least informally. Systematic measurements to track progress and guide decision making can help you be a more effective helper by providing less biased indications of progress and feedback to help you know when you need to change your approach and by allowing clients to attribute changes in the problem situation to their own efforts. In addition, the collection of evaluative data from multiple sources potentially provides corroboration, which increases confidence in the results obtained. The practitioner who relies primarily on instincts and subjective judgments is like the lost sea captain in a large vessel, sailing alone in the fog without the proper support of navigation equipment, visual aids, or time to steer the ship free of dangerous waters.

As with any profession, social work's credibility relies on the ability to monitor and regulate the activities of its members. Practitioners have an overarching ethical responsibility to their clients to provide the most effective assessment, treatment, and referral, and this requires an ongoing critical examination of practice. Consistent with the National Association of Social Workers' Code of Ethics (National Association of Social Workers, 1999), "Social workers should monitor and evaluate policies, the implementation of programs, and practice interventions" (section 5.02).

Why, then, do practitioners resist careful examination of their practices? Often, social workers have little or no professional incentive to examine their practices, and they view requests to do so as intrusive. Reasons for lack of motivation are likely due to collegial mistrust, logistical realities, and philosophical differ-

ences (Galassi & Gersh, 1993; Levy, 1996; Wong, 1996). Use of data requires that practitioners take the time to track patterns of change, make decisions based on the data, and continue to monitor client reactions to intervention. Documentation of these activities increases vulnerability to third-party scrutiny by supervisors, funders, and collateral resources. Additional scrutiny may threaten the practitioner's sense of autonomy.

Participating in knowledge development exposes practitioners and their practices to the scrutiny of their colleagues and clients. To be fair, this may be a scary proposition, but, in fact, it is exactly what social workers ask of their clients. Practitioners develop and nurture trusting relationships with their clients as a matter of course, for without this trust, very little can be accomplished. Practitioners foster this trust by responding to their clients with courtesy, respect, and reassurance; this same kind of trusting relationship needs to be developed between the practitioner and his or her professional colleagues. Through the establishment of supportive work environments, individual practitioners can be encouraged to participate in knowledge development and to expect considered, respectful responses from their colleagues. Mistakes and missteps in practice are viewed as indications of exploration and developing knowledge; if there are no mistakes, no misunderstandings, then there is probably no significant learning going on. Practitioners must learn to value themselves as worthwhile participants in the development of their profession; what they know, what they do, and how they do it constitute the very substance of social work.

Lack of funding and understaffing continually strain scarce resources and create logistical concerns. Chief among these concerns is a lack of adequate time to accomplish necessary tasks. How is a practitioner to fit more work into an already overtaxed schedule? This is a legitimate concern because, with few exceptions, social service providers operate under tight time constraints, and it is difficult for them to imagine adding more tasks. Practitioners may need to rethink how they use their time in practice in order to avoid acting impulsively and with too much subjectivity.

Finally, some practitioners may have philosophical objections to systematic tracking of case progress. They may fear that collecting data eventually leads to forming theories, theories that then contribute principles to more definitive practice models. Some practitioners fear that theory leads to a one-size-fits-all practice approach that carries little meaning at the individual level. Polarizing theory-based and theory-free practice and casting them as adversaries completely dismisses a more useful and more realistic relationship that exists between the two; namely, theory and practice inform and modify each other. The relationship between the two is not linear, not cause and effect, but rather recursive and mutually interactive. Case evaluation is not simply an important component to this recursive activity; it is essential. Marsh significantly extends this discussion in chapter 2, which focuses on the utility and benefits of theory-based practice and research.

As practitioners employ theoretically based practices, the practices become tempered and modified by experience and intuition. This trial and error is not

without merit—experience and intuition are powerful sources of knowledge; nevertheless, practitioners are often confused when sometimes an approach works, yet other times it does not. The crucial point to note here is that often there is no way to know or to understand why this happens. To be sure, much data exist in client files, agency reports, and client information databases, but these data are rarely compiled and analyzed in any comprehensive manner beyond providing statistics for funding sources. In recent years there has been an increased push for agencies to focus on outcomes as a basis for management decisions, but rarely have client outcomes been used to guide supervision or alter practice at the level of direct line staff. This may be because the data collected are not necessarily the data that would best inform intervention activities. The outcomes selected may not be particularly relevant at the individual case level. For example, data collected on out-of-home placement of a child may provide evidence of program failure at an administrative level, if the goal of the program is to keep children safe in their own homes. However, it may not represent a failure for a particular family whose child could be protected only through placement in foster care. Data, systematically collected on key dimensions of a case and its interventions, constitute a potentially rich source of information for program evaluation and for ultimately providing the best services available to individual families.

In general, evaluation efforts focus on phenomena that are observable and thus can be recorded. However, there are phenomena that, although they are not observable, can nonetheless be recorded, compiled, categorized, analyzed, evaluated, and used as a basis for case decision making and program evaluation (e.g., practitioners' and clients' beliefs, attitudes, expectations, and intuitions). Social work practitioners and their clients represent rich sources of data for both client and program evaluation. The information they possess must be collected systematically in order for it to be useful for individual case or program monitoring and development. These data can also become the grist for the mills of theory as helping knowledge.

## **BUILDING PRACTICE MODELS BASED ON EXPERIENCE AND WHAT CAN BE LEARNED FROM OTHERS**

Now we have come full circle. From our experiences in applying critical thinking to theory and empirical evidence, in monitoring and evaluating client progress to get a sense of what, in our own experience, works best for whom, we build knowledge for practice—for ourselves and potentially for others. The National Association of Social Workers' Code of Ethics (National Association of Social Workers, 1999) puts forth the following principle: "Social workers should contribute to the knowledge base of social work and share with colleagues their knowledge related to practice, research, and ethics. Social workers should seek to contribute to the profession's literature and to share their knowledge at professional meetings and conferences" (section 5.01).

The purpose of this particular standard is, at the very least, to encourage the

social work practitioner to systematically build a personal repertoire of skills—a personal model of practice (Mullen, 1994). However, without an *exchange* of these ideas, strategies, and approaches, social work practice risks becoming stagnant, ineffectual, and even dangerous.

Drawing on the work of Rothman and Thomas (1994) and Mullen (1994), one can say that the process of building intervention knowledge involves converting research findings into social interventions for particular clients or target populations. Practitioners can design interventions, develop practice guidelines, and test and refine those guidelines over time in their own practice. Building knowledge for personal use does not require the use of sophisticated research design. In fact, focusing on a single case can provide rich information that is useful for tailoring intervention strategies to clients' needs in a way that group designs do not permit. Several social work scholars have emphasized the utility of pilot testing using single cases or groups as a means of determining whether an intervention is on the right track with respect to the initial stages of building helping knowledge (e.g., Fawcett, Suarez-Balcazar, Balcazar, White, Paine, Blanchard, & Embree, 1994; Kirk & Reid, 2002; Rothman & Tumblin, 1994; Thomas, 1984). Questions to be answered at this early stage of development include, Can the intervention be successfully implemented and, if so, can it achieve desired outcomes? In chapter 9, Shibano provides an illustration of the design and development paradigm applied to a parent-training program in Japan.

Intervention knowledge is also reflected in practice wisdom learned over repeated trials. It can be found in the body of evidence gathered from permanent products, such as information routinely recorded in agency files. It includes data that points to the client's responses to treatment, lessons learned from practice, and unintended consequences observed during intervention, as well as specific design, development, and testing of particular intervention strategies. Thus, intervention knowledge is that class of information that represents what we currently know about how to help. It is the codification, classification, and functional analysis of human systems and their responses to social work intervention.

## **SUMMARY AND CONCLUSION**

This introduction highlighted the importance of knowing how to “pan for gold,” emphasizing the use of critical-thinking skills for evaluating and using knowledge for practice. We addressed four principles related to this emphasis:

1. Critical thinking is essential to your development as a social work professional.
2. Social work practice should be guided by the best available evidence.
3. Social work practitioners have an obligation to monitor client progress.
4. Social work practitioners build their own practice models based on their experience and the experience of others.

Although these principles form a foundation for the rest of the book, it is important to recognize that there are important benefits, as well as challenges, to using evidence in social work practice.

## **Benefits**

Evidence-based practice helps you link what your client wants (regardless of whether your client is an individual, a family, an organization, or a community) with your professional expertise and the best evidence available to inform your work together. It has the potential to enhance your credibility, the therapeutic alliance, and client outcomes (Sackett et al., 2000).

Evidence-based practice is consistent with professional standards of practice as expressed in the National Association of Social Workers' Code of Ethics (National Association of Social Workers, 1997). In chapter 1, Gambrill discusses the ways in which evidence-based practice assists the practitioner in meeting these ethical responsibilities. Thyer (chapter 5) offers suggestions for expanding the Code of Ethics to more directly support evidence-based practice.

Searching for the best available evidence to inform your practice will provide direct exposure to critical thinking and knowledge use. It will shape a critical approach to the investigative process that combines problem analysis, problem solving, and scientific methods. It enables you to generate informed theoretical assumptions and sound operational hypotheses that can guide practice and research alike (Marsh, chapter 2, this volume).

Compared to time-consuming manual searches, electronic searches may actually reduce the amount of time it takes to locate good and useful information without sacrificing quality. In fact, new strategies for more efficient searching may also enhance the quality of the information found (Gibbs, 1991; for electronic search guidelines, see Gibbs, 2003).

Application of critical thinking and research tools enables you to track intervention effectiveness. When you do this, you directly experience well-grounded lessons on the synergy and important links between research and practice and a set of tools for you to use routinely in practice. The tools range from simple tracking mechanisms to more rigorous evaluation methods of single-subject or program-evaluation designs. Practitioners can pick and choose those that are most suitable to their clients and the service environment. In chapter 19, Briggs, Feyerham, and Gingerich discuss the application of single-subject designs in practice.

Use of evidence in practice is a knowledge development process. The best available evidence (including external social science knowledge and professional expertise), as well as client interests and the problem situation, informs selection of particular intervention strategies. Practitioners track intervention strategies and measure relevant outcomes to provide evidence of their effectiveness, rather than relying on claims alone. Use of evidence in these different ways enhances the quality of work by ensuring that data continuously inform practice decisions, which enables the practitioner to revise and refine interventions and maximize

the likelihood of obtaining desired outcomes. This knowledge also contributes to the development of the social worker's personal repertoire of skills and techniques that can be called on in the future and in similar situations.

Finally, using evidence in your practice replaces notions of practice intuition as the primary means for judging outcomes and implementation processes. This is simultaneously a benefit and a challenge.

## **Challenges**

By understanding the barriers to evidence-based practice (see earlier discussion), we can identify some of the challenges social work faces in achieving its widespread adoption. Many chapters in parts 1 and 3 of this volume address these issues in detail. Additional challenges are identified below.

First, social science knowledge must be more readily available and accessible to practitioners. Better dissemination and communication of research findings to practitioners remains a major hurdle, as do organizational barriers.

Motivation to engage in evidence-based practice can be increased through leadership and example, which requires support at supervisory and higher administrative levels. McCracken and Corrigan address this issue in depth in their chapter on staff development in mental health (chapter 14). Let it be said here that practitioners must have sufficient time to engage in the activities required by this approach. Additional resources may be necessary to revise data-collection strategies and documentation forms to better fit with practice needs. Administrative databases may need to be revamped and made more accessible to practitioners to provide information useful for case decision making. Enhanced support may also require resources for additional staff and training.

The development of staff competencies related to evidence-based practice will likely be necessary. In-service training should focus on skills for identifying relevant clinical questions to guide the search for useful evidence, for appraising different research methods and the quality of evidence, and for evaluating one's practice. Some of these competencies are discussed by Green and Washington (chapter 11), McCracken and Corrigan (chapter 14), Rzepnicki (chapter 16), and Briggs et al. (chapter 19). Practitioners would also greatly benefit from the development of computer search skills that can help them quickly access useful information without time-consuming library visits and inefficient, hit or miss manual search strategies.

Teachers of social work practice will need to work with field instructors to gain a better understanding of constraints and figure out ways to adapt empirically supported strategies to the realities of practice. At the same time, as advocates for evidence-based practice methods, they can contribute to the retooling of field instructors to better serve students. This can only happen, of course, if participants are willing to learn from one another in a negotiated process with compromises and adaptation by each along the way. An approach to the accomplishment of a successful partnership is through linking schools of social work

and the administrators and field staff of social service agencies for joint curriculum planning and implementation in both the classroom and field. Such efforts may discourage continued reliance on practice intuition as the popular barometer of practice effectiveness (Gerdes, Edmonds, Haslam, & McCartney, 1996).

Overcoming the structural, skill, and attitudinal challenges to implement evidence-based practice requires the establishment of a culture in which the values and practices discussed here are embraced. Other steps may also be necessary. With that in mind, we hope this book stimulates your thinking about the potential of evidence-based practice to improve the quality of social work interventions and to produce better outcomes for clients.

## REFERENCES

- Berlin, S. B., & Marsh, J. C. (1993). *Informing practice decisions*. New York: Macmillan.
- Browne, N., & Keeley, S. (2001). *Asking the right questions: A guide to critical thinking*. Upper Saddle River, NJ: Prentice Hall.
- Fawcett, S. B., Suarez-Balcazar, Y., Balcazar, F. E., White, G. W., Paine, A. L., Blanchard, K. A., & Embree, M. G. (1994). Conducting intervention research—the design and development process. In J. Rothman & E. J. Thomas (Eds.), *Intervention research: Design and development for human service*. (pp. 25–56). New York: Haworth Press.
- Fortune, A. E., & Reid, W. J. (1999). *Research in social work*, 3rd ed. New York: Columbia University Press.
- Friesen, B. J. (1993). *Advances in child mental health in the 1990's: Curricula for graduate and undergraduate professional education*. Rockville, MD: U.S. Department of Health and Human Services.
- Galassi, J. P., & Gersh, T. L. (1993). Myths, misconceptions, and missed opportunity: Single case designs and counseling psychology. *Journal of Counseling Psychology*, 40(4), 525–531.
- Geddes, J. (2000). Evidence-based practice in mental health. In L. Trinder & S. Reynolds (Eds.), *Evidence-based practice: A critical appraisal* (pp. 66–88). Malden, MA: Blackwell Science.
- Gerdes, K. E., Edmonds, R. M., Haslam, D. R., & McCartney, T. L. (1996). Clinical social work use of practice evaluation procedures. *Research On Social Work Practice*, 6(1), 27–39.
- Gibbs, L. E. (1991). *Scientific reasoning for social workers: Bridging the gap between research and practice*. New York: Macmillan.
- Gibbs, L. E. (2003). *Evidence-based practice for the helping professions*. Pacific Grove, CA: Brooks/Cole-Thomson Learning.
- Kirk, S. A., & Reid, W. J. (2002). *Science and social work: A critical appraisal*. New York: Columbia University Press.
- Klein, W. C., & Bloom, M. (1995). Practice wisdom. *Social Work*, 40(3), 799–807.
- Levy, R. L. (1996). Data analysis problems in single case evaluation: Much ado about nothing. *Research On Social Work Practice*, 6(1), 66–71.
- Mullen, E. J. (1994). Design of social intervention. In J. Rothman & E. J. Thomas (Eds.), *Intervention research: Design and development for human service* (pp. 163–194). New York: Haworth Press.

- National Association of Social Workers. (1997). *Code of ethics*. Silver Spring, MD: NASW Press.
- National Association of Social Workers. (1999). *Code of ethics*. Retrieved on August 12, 2003, from <http://www.socialworkers.org/pubs/code/code.asp>
- Reid, W. J. (2002) Knowledge for direct social work practice: An analysis of trends. *Social Service Review*, 76, 6–33.
- Reynolds, S. (2000). The anatomy of evidence-based practice: Principles and methods. In L. Trinder & S. Reynolds (Eds.), *Evidence-based practice: A critical appraisal*. (pp. 17–34). Malden, MA: Blackwell Science.
- Rothman, J., & Tumblin, A. (1994). Pilot testing and early development of a model of case management intervention. In J. Rothman & E. J. Thomas, (Eds.), *Intervention research: Design and development for human service*. (pp. 215–244). New York: Haworth Press.
- Sackett, D. L., Strauss, S. E., Richardson, W. S., Rosenberg, W., & Haynes, R. B. (2000). *Evidence-based medicine: How to practice and teach EBM*. Edinburgh, UK: Harcourt Publishers Limited.
- Thomas, E. J. (1984). *Designing interventions for the helping professions*. Beverly Hills, CA: Sage.
- Trinder, L. (2000). Evidence-based practice in social work and probation. In L. Trinder & S. Reynolds (Eds.), *Evidence-based practice: A critical appraisal* (pp. 138–162). Malden, MA: Blackwell Science.
- Witkin, S. (1991) Empirical clinical practice: A critical analysis. *Social Work*, 36(2), 158–163.
- Wong, S. E. (1996). Single case evaluation on trial: Broken promise or new scapegoat? *Research On Social Work Practice*, 6(1), 72–76.

