Social Work *in Mental Health*

AN EVIDENCE-BASED APPROACH

Bruce A. Thyer and John S. Wodarski, *Editors*

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An Evidence-Based Approach

Edited by
Bruce A. Thyer
and
John S. Wodarski

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Laura Lynn Myers and Lois Ann Wodarski.

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PREFACE

About a decade ago we edited the two-volume *Handbook of Empirical Social Work Practice* (Thyer & Wodarski, 1998; Wodarski & Thyer, 1998). These two volumes were explicitly dedicated to providing comprehensive reviews of the existing quality research that addressed empirically based approaches to the assessment and psychosocial treatment of a variety of mental disorders and other problems experienced by clients often seen by social workers. At that time (the late 1990s), the term *evidence-based practice* (EBP) had barely entered the social work lexicon, being apparently introduced to our field in a landmark paper by Eileen Gambrill (1999) and a less well-known but compelling article by social worker Geraldine Macdonald (1998). There have been remarkable developments since that time, leading us to prepare the present book more clearly aligned with this new perspective.

We recently conducted a literature search of the PsycINFO database, using the terms "social work" and "evidence-based practice" as keywords. We found only 3 hits in 1999, 3 in 2000, 14 in 2001, 22 in 2002, 20 in 2003, 46(!) in 2004, 32 in 2005, and 18 as of mid-July 2006. This indicates that the field of evidence-based social work has grown markedly in less than half a decade, so much so that in 2004 one of us (JSW) cofounded the *Journal of Evidence-Based Social Work* to help further promote the field. Moreover a number of social work books on the topic of EBP have appeared, for example, Corcoran (2000, 2003), Cournoyer (2004), Gibbs (2003), O'Hare (2005), Pritchard (2006), Roberts and Yeager (2004, 2006), Smith (2004), Sommerfeld and Herzog (2005), Springer, McNeece, and Arnold (2003), Thyer and Kazi (2004), and Wodarski and Dziegielewski (2002). The interest in EBP shows no signs of abating.

Although it would be incorrect to label EBP as old wine in new bottles, it clearly had several professional precursors both within and outside of the field of social work. For example, a number of authors have long argued that social workers could profitably integrate simple research methods into their practice to help in empirically evaluating their outcomes (e.g., Wodarski, 1981, 1997). Others have stressed the role of critical thinking skills and the systematic appraisal of research evidence to judge the credibility and validity of claims made relating to the effectiveness of social work treatments (e.g., Gambrill, 1990, 2005). Another predecessor was the assertion that social workers are ethically obliged to offer their clients social work interventions with the greatest degree of empirical support, as first-choice treatments, prior to offering treatments with weaker levels of support, assuming the intervention was otherwise a suitable match for the client and

situation (e.g., Myers & Thyer, 1997; Thyer, 1995). The emergence of a sufficient body of scientific research to credibly support claims that a given intervention was helpful to clients with particular problems, and indeed that certain treatments were actually superior to others in this regard (see Hibbs & Jensen, 2005; Nathan & Gorman, 2002), was another essential foundation. A further supportive development was the rapid growth of empirically based practice guidelines for various disorders in the health care field, including mental health. This received attention in the field of social work through a special issue of the journal *Research on Social Work Practice* (Howard & Jensen, 1999) and a thorough book-length treatment by Rosen and Proctor (2003).

One prestigious program, the George Warren Brown School of Social Work at Washington University, has explicitly adopted evidence-based practice as the central framework of its didactic MSW curriculum and field instruction (Edmonds, Rochman, Megivern, Howard, & Williams, 2006; Howard, McMillen, & Pollio, 2003). Other programs appear to be moving in a similar direction. For example, the Department of Social Policy and Social Work at the University of Oxford in the United Kingdom now offers the MA and doctorate (DPhil) in evidence-based interventions. Of course, the soil of social work was well prepared to receive this confluence of developments, because from the very beginnings of our field we have prided ourselves on being more than friendly visitors with kind hearts and a handout. For example, social work was defined as

> *all voluntary efforts to extend benefits which are made in response to a need, are concerned with social relationships, and avail themselves of* scientific knowledge and methods. (*Cheney, 1926, p. 24,* emphasis added)

Further,

> *Employment of* scientifically approved and tested techniques *will ensure the profession the confidence and respect of clients and the public, for increasingly the social casework process will operate more certainly for known and desired ends in the area of social adjustment.* (*Strode, 1940, p. 142,* emphasis added)

As will be seen in the first chapter, these sentiments and many others like them are defining features of genuinely *professional* social work services.

We view this emergence of evidence-based practice with some gratification as it has the promise to create a more helpful and effective cadre of social workers providing services to clients

in need. In the early part of the twentieth century, the Carnegie Foundation for the Advancement of Teaching commissioned Abraham Flexner to undertake a comprehensive review of medical education in the United States and Canada and to make recommendations regarding the improvement of these programs. He found that many medical schools had poorly qualified faculty, with substandard facilities and meager entrance requirements, and included teaching about many fringe or bogus treatments (e.g., homeopathy, naturopathy, chiropractic, magnetic healing). Flexner's (1910) report proved to be enormously influential; as a result of his analysis, marginal medical schools were closed down, academic standards tightened up, and fringe therapies excluded, accompanied by a dramatic increase in science-based instruction. The principles of evidence-based practice have the potential to exert a similar cleansing and leavening influence within social work education. We can but hope.

We are aware of some of the limitations of this model and share some of the concerns articulated by those honest voices truly seeking clarity amid some confusion, those legitimately interested in probing the applications and limits of EBP. We have little patience, however, with postmodernist pseudo-philosophers of science within social work who raise spurious arguments and specious objections based on a second- or third-hand misreading of the primary EBP literature, or the deliberate portrayal of EBP as evil incarnate, secondary to their objections to the better integration of science and social work (see Gibbs & Gambrill, 2002). To those who try to use philosophy and rhetoric to confuse and obfuscate, to further some postmodernist agenda that hinders the true intellectual and scientific development of our field, to those who cling to falsified theories and ineffective or harmful practices, we echo the words of Oliver Cromwell addressing the British Rump Parliament: "You have sat too long for any good you have been doing. Depart I say, and let us have done with you. In the name of God, go!"

We offer the present volume as a resource to social work professionals active in the field of mental health practice. Social workers are the largest group of providers of mental health services in the United States, and EBP is more fully developed in this area than in others. We both note and regret this temporary lacuna and look with anticipation to the continuing expansion of the principles of EBP to other, nonclinical areas of social work practice, up to and including community and policy-oriented practice (see Brownson, Baker, Leet, & Gillespie, 2003; Davies, 2004; Davies, Nutley, & Smith, 2000; Ohmer & Korr, 2006; Wodarski & Thyer, 1998). Organizations such as Social Programs that Work (www.evidencebasedprograms.org), the Coalition for

Evidence-Based Policy (http://coexgov.securesites.net/index.php?keyword=a432fbc34d71c7), the California Evidence-Based Clearinghouse for Child Welfare (www.cachildwelfareclearinghouse.org), the Juvenile Justice Evaluation Center's listing of evidence-based programs (www.jrsa.org/jjec/resources/evidencebased.html), and the British-based Social Care Institute for Excellence (www.scie.org.uk) all represent not-so-embryonic efforts to extrapolate EBP to the world of macrolevel practice and should mute the plaintive objections that EBP has possible applications only to clinical practice, or that social workers with larger-scale interests have little to glean from this new model.

We also share the reservations of some of our colleagues regarding the appropriateness of structuring a book like this around the conceptual framework of the *Diagnostic and Statistical Manual of Mental Disorders*, a.k.a. the *DSM*. It is undeniable that many social work clients display serious and problematic aberrations in behavior and speech and report disturbing thoughts and affective states, yet the legitimacy of construing the etiology of these behaviors as residing in the *mind* of these individuals is often open to question theoretically, philosophically, and empirically. We ourselves are more persuaded of the value of a genuine person-in-environment perspective, which avoids the Cartesian dualism so rampant in contemporary psychiatry that postulates that either a disordered biology or a disordered mind causes folks to act in odd ways. We look forward to the time when this simplistic perspective is done away with in favor of an orientation more clearly related to natural science and absolved of metaphysical elements (see Thyer, 2006; Wodarski, 1977). Meanwhile, does the *DSM* possess serious problems in terms of its reliability and construct validity? Yes, of course. But it nevertheless remains the major conceptual framework by which behavioral disorders are organized, and we believe that structuring the present volume along this widely used nosological system continues to be a useful approach.

We are also keenly aware that a very large number of conditions found in the *DSM* could not be included in this book. This reflects neither our disinterest nor dismissal of these other disorders as trivial or unimportant. It is solely a function of the page limitations inherent in any book, and we regret the omissions.

We extend our sincere gratitude to the contributors to this book, who devoted so much time and talent to the preparation of their chapter. We hope that they, and you the reader, find the end product to be worthwhile.

Bruce A. Thyer, MSW, PhD
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