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**Empirically Supported Practice or Evidence-Based Interventions?  
A Review of the Last Fifty Years**

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*Abstract:* The movement to utilize evidence-based practices within the social work profession began in the late 1950's. Initially known as the empirical practice movement, today it is called evidence based or research based practice. Improved understandings of foundations of social work practice as well as advances in research methods and technology have contributed to the flourishing of this movement. However, critics argue that this movement incorporates deterministic and often rigid practices. Are these efforts genuinely aimed at improving empirically based practices or is social work simply continuing its mission to justify itself as a profession? Who decides what is evidence based practice and who are the stakeholders? Where do practitioners and their rich history of practice wisdom fit in the scheme of things? This article explores the history and rationale of this movement, discusses pressures to utilize evidence-based practice, and examines whom actually benefits. While there is suggestion of forces beyond best practices that are contributing to this movement, it appears that the social work profession

remains mired in its quest to prove itself a profession, perhaps at the expense of the values that have been the foundation of the profession since its inception.

Social work is a unique profession with its own values, ethics, goals and areas of expertise. “Distinguished from anthropology, psychology, sociology, and other disciplines by its focus on induced change” (Fraser, 2004, p.210). The essence of social work research is the study of intervention and the development of systematic change strategies (Kirk & Reid, 2003; Fraser, 2004; Thyer, 2007). How to quantify induced change while maintaining a system open to varying strategies remains an obstacle in the implementation of evidence based practice. As early as 1917 Mary Richmond’s *Social Diagnosis* described practice as a scientific process that was to begin with the gathering of facts, followed by hypothesis, which was verified by evidence to determine diagnosis and course of action. The emergence of the empirical practice movement occurred during the 1950’s, as social workers searched for identity within the professional community.

**The 1950’s:** By the late 1950’s social workers had integrated psychoanalytic theory into social work practice and begun to rely on a medical model of treatment and DSM driven diagnoses. The focus of practice became problem centered, not action or solution focused. In 1958, Eaton identified the pressure stakeholders brought to the profession. Researchers, academics, and practitioners began to question the place of art, intuition, and practice wisdom within scientific paradigms. In an effort to capture practice wisdom and client/worker interactions, the profession continued to question epistemological frameworks, scientific methods, and means of measurement and meanings of constructs. Identifying the impending problems intrinsic to the empirical practice movement, Greenwood (1955) reminded researchers “casework practice theory was not developed through planned experiment but instead constructed out of practitioners rich insights derived from experience” (p.28). Here begins the dichotomy between practice wisdom and science that continues today.

**The 1960’s:** The 1960’s saw a shift within the profession from individual work towards addressing social factors as evidenced by significant increases in large social programs. Researchers recognition of methodological issues, poor measurement tools and unreliable data lead to the conclusion that the basis of scientific inquiry within social work was flawed and therefore outcomes could not be considered valid (Fisher, 1973; Goldstein, 2007). Perlman (1964) challenged the profession to be conscious of translating intervention constructs into practice that met the needs of the client versus the needs of research methods. She writes of mistrust from practitioners who increasingly experienced researchers attempts to dictate practice, versus practitioners influencing research. Perhaps in an effort at mediation, Perlman (1964) reminded us that “art is based on science and there is no evidence that science is death to art” (p.54).

**The 1970’s:** According to Briar & Miller (1971) there was a veritable explosion of new concepts and theories within the field of casework in the 1970’s. Schools of social work introduced curricula focusing on empirical practice and program evaluation. Both single case design and program analysis contributed to the integration of teaching social work students to evaluate practice. However, the profession struggled to distinguish foundation theory from practice theory and had difficulty in describing and explaining the complexities of personality. Moreover, there was the inability to successfully operationalize social work process and define outcomes (Siporin 1975; Turner, 1974). Post Modernism emerged to contribute to our understanding of knowledge and science was viewed as limited in time and context.

During this time, evidence was building regarding the efficacy of cognitive models of treatment with improved measurement of outcomes. Reid’s task-centered approach, rejecting of

the medical/disease metaphor, was grounded in a person-in-situation approach, and was process-oriented, focusing on solving specific problems as identified by the client. "A strength of this approach is that research monitoring is an integral part of the design and serves as a basis for progressive modifications of the model" (Reid & Epstein, 1972, p.217). Most important to note is the allowance for progressive modification. This was not a static process that resulted in specific interventions but a process that allowed for modification. Task-centered practice was a major contributor to the development of intervention research.

Further influencing the movement towards empirical practice and evidence-based interventions, a number of social programs from the 60's were evaluated and found to have poor outcomes. Funding sources began to look for means of accountability within programs. As problems appeared to become more complex for clients, practitioners faced increased government regulation and accountability, cost effectiveness evaluations, and third party reimbursement requirements. A conservative sociopolitical environment that questioned practice had a stake in seeing specific evidence-based interventions flourish as a means of standardizing program outcomes and controlling spending.

**The 1980's:** Published in 1981 the conclusions of the NASW meeting in Chicago included further definition and conceptualization of a framework for practice. New paradigms that were process oriented and client situation centered, including social constructionism and the heuristic approach, emerged (Witkin, 1991; Heinemann-Pieper, 1989). The heuristic process of trial and error with the discovery of alternatives, embraced the values of social workers commitment to addressing the needs of individual clients as the person in environment. Further, social constructionism - based on the concept that reality is constructed through language and human discourse, in relation to a particular culture or time in history - shed doubt as to whether evidence-based interventions developed by the constructs created today, under current social conditions, would be relevant tomorrow. These paradigms illustrate the importance of the person in environment, which is ever changing, and underscores how the values and meanings connected to the constructs developed today must be open to interpretation and modification.

**The 1990's:** In the 1990's the increase in the number of practice methods that were the subject of research studies added fuel to the debate centering on the development of criteria to define empirically supported methods. Thyer & Meyers (1998) maintained that evidence-based practice was the right of the client to receive the most effective treatment available. However, the differences between empirically supported practice with progressive modification and prescribed evidence-based interventions had not been clearly communicated to the practice community. Evidence-based interventions became manualized and distributed as empirically sound practice efforts. Practitioners were demoralized by the appearance of practice manuals and lack of consideration for practice wisdom. They questioned whether "accepted" evidence-based interventions included self-determination of clients and asked who ultimately determines what interventions qualify as evidence-based? They recognized that if the current trend continued, it would be people who do the least clinical work that make these decisions (Raw, 1998; Wachtel, 1987). Raw criticized efforts at creating specific provisions for the utilization of evidence-based practices viewing these proposals as "a major disservice to practicing social workers and to the profession that would attempt to solve the very controversial problem of the relationship between clinical research and clinical practice by administrative and political edict" (p. 81).

**The 2000's:** Politics and money are the main driving forces in a capitalistic society. Financial benefits are seen in the pockets of those who hold publication rights of manuals and funding agents who may applaud and reward one type of practice but exclude and withdraw

funds from another. Howard, McMillen, & Pollio (2007) have acknowledged that “evidence-based practice (EBP) is responsive to many of the external pressures to which social work practitioners are increasingly subjected” (p.235). The social work profession must be cognizant of political climate, question the motives behind the push for “evidence-based”, and be educated about differences in empirically supported practice versus evidence-based interventions.

Thyer (2007) maintained that the adoption of evidence based process learning within schools of social work would bring clinical social work “into the mainstream of the helping professions as opposed to continuing to occupy a position that has been described as marginalized” (p.31). Is the purpose of teaching in schools of social work to legitimize the profession or to encourage critical thinking, exposing students to the full and rich knowledge base available to the social work professional? Goldstein (2007) is cautious about how the academic community can provide education that will encompass and embrace an evidence based paradigm concluding that there is a danger in becoming narrow and limited in what we teach students should schools make such a commitment.

Social work researchers coming from academic settings lead the movement in empirical based practice. Critics object that understanding of the therapeutic relationship; the social worker as change agent and the intricacies of the person in situation can only be discovered in clinical settings. Schools of social work have faculty that have not been in the field in over a decade. Rosen (2003) states that “factors inherent in the practice situation render much of EBP incompatible with its routine application in practice and researchers have tended to place the burden of utilization on practitioners, thus contributing to further and unnecessary alienation between researchers and practitioners” (p.197). While fieldwork could possibly provide a link between academics and practitioners, it is unrealistic to expect that agency clinicians will be able to tackle this task.

Jensen (2005) stated, “We are in the midst of a revolution of sorts, best characterized by the growing attention paid to principles of evidence-based practice” (p.3). History shows that social work has responded to the practical needs of people relative to their situation, known as the person in environment. This is a moment-to-moment, problem-solving process. The definition of need varies in terms of the perceptions of the people and of society, as evidenced by social movements and public concerns. Have we forgotten the basic premises of social work practice that is committed to the client’s best interests, that encompasses value-guided practice, directed by individualized goals? In a complex and heterogeneous society values cannot be assumed by any one body of knowledge to be complete or absolute and “the premise that social work practice is goal directed proscribes any a priori adherence by practitioners to a particular course of action or method of intervention” (Rosen, 2003, p.198).

**Conclusion:** As early as 1958, Eaton illuminated the contrast between the art of social work practice and the science of academics. The split between those who call for inclusion of practice wisdom and process oriented studies versus those who support deterministic and prescribed treatment formulas continue. Committed to the developmental process of practice interventions, the central force of Shulman’s mediating model (1968), Schwartz’s (1977) interactionist approach as well as Germain and Gitterman’s (1980) Life Model all highlight the interactions between the social worker, the client, and the environment. It is this interaction, this relationship, in situation, that has remained elusive in researchers efforts to develop evidence-based interventions.

Should we succeed in capturing the intricacies of social work practice how can this be translated to the clinical arena? There is tremendous misunderstanding within the practice

community about the differences between empirically supported practice and evidence-based interventions. Perhaps it is time that schools of social work step out of the box and into the treatment arena to better understand the demands of our clients and society today, making the effort to bridge the gap between academics and practitioners.

Lastly, why do authors such as Howard, McMillen, & Pollio (2007) still feel that “a greater role for scientific evidence in practice decision making would undoubtedly increase the effectiveness and enhance the credibility of the profession” (p.235)? Is the social work profession, after 50 years, still concerned about credibility within the professional community? Is the profession not recognized for its strength as an agent of change and valuable contributions to the well being of individuals, groups, families and society? Is “evidence-based” practice the answer to this quest for legitimacy? If we are true to our mission then “such a mission allows no room for swearing allegiance to a particular helping method or theory until it can be proven better than any other, in any situation” (Weissman, 1983, p.1), and our quest for evidence based practice as proof of legitimacy is futile.

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