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# The Future of Evidence in Evidence-based Practice

## Who Will Answer the Call for Clinical Relevance?

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### Abstract

- *Summary:* This article considers factors important to the broad-scale adoption of an evidence-based approach to social work practice (EBP). Elements of the EBP framework, and particularly directions for future research, are examined in terms of a number of criticisms voiced in the literature.
- *Findings:* Scholars in social work and allied disciplines have emphasized the implications of evidential hierarchies, and particularly the questionable clinical relevance of randomized controlled trials. While offering important considerations, arguments in opposition of EBP can be misconceived. Evidence-based practice is not merely a 'best practice' orientation, but a heuristic framework intended to foster explicit and accountable decisional capacities. Where EBP is limited highlights empirical questions that remain unanswered. Future directions for the approach will require the participation of both practitioners and researchers.
- *Applications:* The article delineates the role of operationalized clinical decision-making, local clinical research, and the unique utilities of evaluation methodologies in building knowledge for a more clinically relevant evidence-base for social work practice.

**Keywords** clinical social work practice empirically supported treatment epistemology evaluation research evidence-based practice knowledge use

## Introduction

The history of debate surrounding the role of research in social work practice reflects the profession's continued attempt to negotiate the elements of both

'art' and 'science' in clinical intervention. The dialogue has centered on empirically grounded intervention planning and includes the assumption held by proponents that further research utilization will result in more efficient social services (e.g. Gibbs and Gambrill, 1999, 2002). The primary model of research and practice integration, evidence-based practice (EBP), only continues to move further into the spotlight. Practice guided by current knowledge on an identified condition is not only a potential time- and cost-saving effort, but also an ethical standard under-emphasized by many practitioners (Gambrill, 2003). With advancing available technologies and funding constraints addressed through managed accountability systems, the future of social work practice, however, may not involve the flexibility that is present today (Mullen and Streiner, 2004).

EBP originated in medicine and is often associated with the efforts of the UK's Evidence-Based Medicine Working Group (see Sackett et al., 1997a). Its proliferation can now be felt in all facets of the health and social service industry. The past decade has seen many developments that offer a wealth of resources to evidence-based practitioners. In social work and allied disciplines, the availability of high quality effectiveness studies, controlled trials, and meta-analyses continues to expand. The American Psychological Association's 1995 Task Force on the Promotion and Dissemination of Psychological Procedures has identified empirically supported interventions for the majority of adult and childhood mental health conditions. Reid and Fortune (2003) have further specified a number of treatments uniquely germane to social work. At present, there are databases, organizations, and professional journals devoted solely to clinical intervention informed by research. Yet, studies on knowledge use in direct practice continue to suggest limitations in the consultation of external evidence (Rosen, 1994; Rosen et al., 1995; Sheldon and Chilvers, 2002).

The role of research in social work practice is an issue hardly at consensus. Related dialogue dates back to the profession's formative beginnings in the 1920s. Criticism of the research agenda is often located within larger issues of legitimacy (Karger, 1983) and efficiency (Howe, 1994). EBP's empiricist underpinnings indeed align it with a more standardized approach to human service delivery: the aim is to bring greater credibility, accountability, and rigor to social work practice. Many of these assumptions become controversial in the context of an ideology that emphasizes the indefinable qualities of the work (Rosen, 1994). It is the current state of social services that crystallizes the need to move our thinking outside of the ideological and into the practical. This article considers factors important to the broad-scale adoption of an evidence-based approach to social work practice. Elements of the framework, and particularly directions for future research, are examined in terms of a number of criticisms voiced in the literature.

## Background

### Key Definitions

Sackett and colleagues have defined evidence-based medicine as the ‘conscientious, explicit and judicious use of the current best evidence in making decisions about the care of individual patients’ (1996: 71). ‘Conscientious’ speaks to consistent research utilization as an aspect of the professional role. An informed stance in a given service area enables the social worker to provide services characterized by explication. Planning becomes transparent, open to debate, and readily accountable (Reynolds, 2000). Rosen (1994, 2003) has for some time underscored the importance of a decisional stance that is explicit and systematic as a demarcating line between the professional and non-professional helper. Sackett and colleagues (1996) further emphasize the clinician’s expertise in the judicious consumption of evidence. The result is a framework for practice that attempts a systematic integration of informal and formal knowledge for clinical decision-making.

The social work literature on EBP has borrowed heavily from the Evidence-Based Medicine Working Group. This includes the suggested steps of EBP best outlined by Gibbs and Gambrill (2002): (1) transforming assessment data to specific empirically answerable questions, (2) engaging in a search of the relevant literature, (3) evaluating the obtained literature for quality and utility, (4) considering unique client needs and preferences, (5) delivering the empirically informed intervention, and (6) evaluating the outcome. Proponents of EBP have typically emphasized the first four steps, which refer only to planning whether at the outset of treatment or when limitations in the intervention course are identified. Although practice questions may run the gamut of treatment concerns including etiology, risk assessment, and prognosis, the focus here is on mode of treatment. The current work pertains primarily to step three: that is, the strengths, limitations, and clinical implications of evaluation knowledge with respect to evidence-based social work practice.

### Epistemological Foundations

‘In philosophy, epistemology concerns the nature, limits, and origins of knowledge’ (Slife and Williams, 1995: 66). It is a dialogue that attempts to define the process of knowing, both individual and collective. EBP is most often associated with the philosophical underpinnings of positivism, but this connection can be misconceived. The term positivism encompasses varying positions on the necessities of scientific development. There are also many principles that, while still influential, are no longer held as realities of the social sciences. Logical positivism, also termed logical empiricism, assumes that objective knowledge is attainable and most usefully derived from sensory experience. Many directives contained within the approach are now considered methodological approximations in service of the ideals to which they aspire (Sheldon, 1978). What exists today is perhaps a realistic alternative that accepts its own limitations (Fischer,

1993). This is not always evident in writings that continue to associate the influence of scientific principles with the extremities of early positivist thought (Wakefield, 1995).

The majority of writers who argue the limitations of EBP based on epistemology emphasize the value of contextual or critical philosophies of science. These epistemological 'alternatives' are often represented as the underdogs of the dominant stance. Relative to other helping disciplines, contextual and critical philosophies are perhaps more clearly aligned with the core ideology of social work. Discussion of empiricism as it serves modernist intentions (Howe, 1994) reflect an important voice for the profession. However, while particular tenets of scientific philosophies may be in opposition, their functions are by no means mutually exclusive. It is here that the research-to-practice debate begins to chase its tail. The intent to identify, or, for that matter, refute, a single philosophy serves nothing but the author's intellect. The issue for debate is research, its differential methods, functions, and limitations, and the development of a common framework for its utilization.

Of central importance to social work is a more explicit epistemological stance. This stance would involve awareness of the potentials and limits of science and the function of each philosophical orientation within the knowledge pursuit. Empiricism and its associated methods provide foundation data on generalities critical to the informed delivery of social work services. Interpretive science will answer different questions, that is, not those aimed at commonality, but at uniqueness. Similarly, critical science employs a range of methods, but within an ideological frame of participant empowerment and scientist reflexivity that is particularly salient to the social justice pursuit of social work. The task at hand is to understand how these orientations function both uniquely and collectively in the development of knowledge to guide direct practice.

## **Knowledge in Evidence-based Practice**

### **The Hierarchy of Evidence**

An explicit assumption of EBP is that research can be placed in hierarchal order according to quality of methodology and, implicitly, clinical utility. The aim is to provide an operative heuristic for evaluating practice literature. Smith (1987, 2002) argues that this is a system unsuitable to the needs of social work because of its alignment with the principles of the physical sciences. Smith's argument speaks to the conundrum of EBP – how do we balance the needs of both scientific rigor and practice applicability? The EBP hierarchy endorses designs deemed 'gold standard' for guiding a range of practice concerns including intervention choice. Rankings prioritize those that meet current standards for establishing internal validity such as randomization, experimental control, treatment manualization, and sufficient follow-up (Reynolds, 2000). These characteristics evoke objections from practitioners

because of their inconsistency with the clinical reality that is coupled with an ultimately normative function of findings.

According to American Psychological Association guidelines, randomized controlled trials (RCTs) are favored, with efficacy determined through independent replication (Chambless and Hollon, 1998). This level of study is most appropriate for questions aimed at minimizing the uncertainty in claims and maximizing the general predictability of outcomes (Gambrell, 1995). The efficacy trial, its empiricist underpinnings, and the types of treatments most often deemed efficacious (i.e. behavioral) attract concerns from practitioners not only about a loss of autonomy, but also that such recommendations are misinformed. These positions are particularly evident in social work, a profession that has historically aligned itself with its ideological, rather than scientific, base. As Chambless and Hollon (1998) recognize, the RCT is merely one step in establishing empirical support for a given practice intervention. Effectiveness research, capturing more of the nuances of the service context, then provides important implementation details lost to the RCT.

Effective utilization of the EBP framework will require guidelines connecting a range of social work treatment questions with the appropriate methodologies to address them. The emphasis on experimental methodology does not offer the forum for agreement among 'scientists' and 'practitioners'. Yet, formal standards regarding the optimal role of research in direct practice are clearly warranted. A level of compromise may involve placing a greater value on, thus a clearer delineation of, the function of quasi-experimental methods in both practice and knowledge-building. This presents a unique opportunity to the profession. As workers of the frontline, social workers are in the position to engage in research that captures the needs of the direct practitioner.

The merit of a particular approach to inquiry is relative to the topic in question, but also of importance is the method's relevance to the goals of the profession. EBP, and related movements in social work, have been described as a matter of legitimacy (Saleebey, 1979) and as an attempt to affiliate with the scientific foundations of medicine (Witkin and Harrison, 2001). So what of legitimacy; how is it defined and is it a goal? Future directions in evidence-based social work should additionally include a more clearly defined role for experimental methodology, not only in guiding practice decisions, but also in scholarship. Without further advancement in the empirical arena, social work will continue to borrow a large portion of its knowledge for practice from other disciplines (Schinke, 1994). Such a reality relegates the profession only if leadership in this area is not the goal. Current standards emphasizing the controlled clinical trial will be unlikely to fall out of favor, and will thus guide funding for intervention evaluation. If social workers desire a clearer representation of the profession's practice models, a degree of expertise in this area will be required.

## The Applicability of Evidence

Related to how research methodologies are qualified are concerns about the implications of a formative role for research in direct practice. The knowledge base for a condition or practice area may be limited in conclusiveness (Stricker, 2003) or clinical applicability (Goldfried and Wolfe, 1998). Lack of convergence of findings is the reality of uncertainty in the field of social science research. Given this caveat, the push for EBP is occurring when enough conclusive claims can be made about effective models of treatment (e.g. Reid and Fortune, 2003). Perhaps the more frequently cited limitation is insufficient clinical applicability to ground an evidence-based approach to social work practice. As social work is both impacted by and responsive to changing context, the reductionistic qualities of the favored methods in the EBP hierarchy are often cited as invalid. Raynor (1984) writes of the shifting forces that influence the nature of social service delivery and result in often competing directives. Treatment decisions are not only driven by the needs of the individual, but also constrained by available resources. This is the essence of social work; it is a reality that is perhaps especially pertinent to this helping discipline.

In the face of constraining social priorities, the profession ethically mandates its practitioners to 'base practice on recognized knowledge, including empirically based knowledge, relevant to social work and social work ethics' ([United States] National Association of Social Workers, 1999: 22). The UK has a similar expectation that social workers 'maintain and expand their competence in order to provide quality service and accountable practice, appraising new approaches and methodologies in order to extend their expertise' (British Association of Social Workers, 2003: 8). Within the realms of uncertainty, uniqueness, and contextual influence there are elements of a medical, or even scientific, model of care that social workers are expected to ascribe to. There are real and wholly appropriate obligations assigned to social workers as specialized providers of mental health and social services that EBP attempts to systematize.

While the merits of particular methodologies will continue to be a matter of debate, a more immediate concern is the absence of a valid and applicable framework for guiding practice decisions. Few will dispute that there must be elements of both flexibility and regimen in the treatment of psychological and social difficulties. As such, evaluation findings are intended to act as guidelines, and not precise directives (Finney, 2000). What remains lacking is an operationalized decisional strategy. The EBP framework has historically had little direction to offer in terms of the actual delivery of an evidence-based model. Efforts to implement a systematic approach to evidence utilization in social work will reveal complications that have to date been only conceptually examined. Social work practitioners are particularly suited to conduct studies that fill such gaps in the intervention knowledge base. In the future of evidence-based social work, evidential and decisional frameworks to be used as an aspect of EBP offer a level of systemization historically wanting in the profession.

## **An Art or a Science?**

EBP proposes that social work practice decisions be guided by available and valid evidence pertaining to presenting complaint and effective treatment options. A decidedly medical model of care, it is considered in contrast with the uncertainty, thus artistry, involved in the helping role. There will always be a degree of artistry inherent in clinical intervention, and there will likewise never be perfection in scientific prediction. However, the extent and types of variation that occur in the delivery of an evidence-based intervention are empirical questions worthy of study, not an either-or reality. Grounds for clinical decision-making must move beyond intuition, gut, and theoretical preference (Gambrill, 1999). It is appropriate to expect a formal role for research and evaluation in the treatment process. If not, are we to assume that social work practice is so amorphous that such an endeavor is unsuitable? The social work literature provides a number of models of practice and research integration. Such frameworks act only as organizing schemes, and will not hinder the moment-by-moment artistry involved in the therapeutic process. Rosen (2003) emphasizes the notion of explicit points of reference that guide clinical decision-making as a capacity that distinguishes the trained professional from the natural helper. Transparency and an ability to justify practice decisions are consistent with the worker's role as a provider accorded expertise and specialized skill.

## **The Next Directions for Evidence in Evidence-based Practice**

Labeling research-guided clinical practice as rote, mechanistic, and in opposition to core social work values is, very simply, inaccurate. Central themes in EBP are hardly new; they reflect an orientation to be possessed by any provider of professional services. Specifically, notions of transparency, systemization, and accountability are familiar calls that entered the forefront of the social work literature with Fischer's (1973) evaluation of social casework and earlier in psychology with the proliferation of the scientist-practitioner model. The goal is not to standardize clinical practice to the extent that social workers merely deliver an intervention empirically tied to a specific diagnostic category. In other words, a 'best practice' approach would likely meet with many of the pitfalls that pervade the literature. Rather, EBP is the most recent attempt to integrate research into practice, resulting in a more systematic approach to intervention planning.

Arguments posed against an evidence-based direction for social work offer insight into factors potentially impeding its broad-scale utilization. Concerns as to the limited clinical applicability of RCTs underscore the need for further effectiveness research. This is particularly true for dissemination questions, that is, in agency settings emphasizing interventions with well-established empirical support. Further, process research can delineate core treatment elements and

ultimately clarify the degree of adaptability that exists for a given intervention or class of interventions. Process research can additionally inform decisional heuristic devices. However, the RCT and its accompanying methods for achieving internal validity should maintain a central role. It is social work that must embrace this methodology more completely if the interventions developed by its practitioners are ever to gain larger-scale acceptance. Gains achieved through the noted directions in evaluation research will ground a more clinically relevant evidence-base for practice. The science in practice will arise not only out of systematic use of the literature to guide practice decisions, but also through the use of explicit decisional frameworks. Successful application of EBP thus involves implications for both clinicians and researchers.

### **Clinical Implications**

A range of strategies for intervention planning exists within the practice community, but an appropriate expectation is for such approaches to be transparent, accountable, and replicable. While ethical considerations have achieved a central role in social work decision-making, the empirical literature has never arrived as a consistent reference point in direct practice. In a study of knowledge use, Rosen (1994) identified a more frequent reliance on value assertions over research-based knowledge in the formulation of intervention plans. In their qualitative work, Shaw and Shaw (1997) found social workers reluctant to take responsibility for positive or negative outcomes in treatment, favoring more ambiguous conceptions of the work as beyond definition. Such reflections characterize the culture of social work, which on a number of levels defies explanation, but not to the extent that practice decisions cannot be justified.

The clinical community holds a wealth of knowledge as to potential factors that mediate intervention course. To begin a conceptual dialogue in this area would provide vital information as to the necessities of applied EBP. The degree of similarity and difference between the EBP framework and direct practitioner decision-making remains relatively unknown. Through single case analysis and, perhaps, content review of treatment plans, clinicians can become more explicitly familiar with exactly how decisions are made. A core set of reference points can be identified and ultimately examined for utility across clinical contexts. For EBP, this includes the following areas: presenting complaint and intended outcome, relevant empirical evidence, unique client needs, agency or contextual constraints, and clinician competence and theoretical style. Beutler (2000) advocates an explicit decisional system, but one of technical eclecticism and empirically supported principles. Here, technical eclecticism refers to one approach to psychotherapy integration where differentially employed strategies, rather than overarching theories of pathology, provide the framework for intervention delivery (see Norcross and Goldfried, 1992). Rosen (2003) offers a different approach, advocating the 'judicious' implementation of evidence-based models. The emphasis in the applied EBP literature is clearly on flexibility, but one that raises a number of empirical questions to be considered.

Practitioners are uniquely appropriate to inform specific knowledge needs for a more clinically relevant EBP. Unanswered clinical questions, limitations in available research, and particularly the difficulties involved in delivering evidence-based models are issues that arise within the community setting. Stricker (1997) writes of the 'local clinical scientist', where clinical work is characterized by the inquisitiveness and skepticism of the researcher. A useful connection of research and practice will only occur through reciprocal exchange (Randall, 2002). Historically, the suggested flow of information has been from research to practice. The current state of the intervention knowledge base actually calls not for broad generalizations, but for specific determinations regarding implementation. The role of the clinical community is not only to outline decisional anchor points, but also to engage in research validating these points for broader utilization. Questions of implementation and decision-making are the central issues of concern for future evidence in EBP.

### **Research Implications**

Despite criticisms, the current state of the intervention knowledge base in social work and allied disciplines can inform a more efficient and ethical clinical practice. The literature reviewed offers useful insight while also reflecting the character of scholarly discourse. Currently, however, continued debate without constructive action will not serve the profession or the needs of service receivers. Social work must ensure that questions uniquely relevant to the profession are explored, and at a level that engenders a leadership role in its areas of specialization. Questions as to general response to a specific social work intervention are best answered by larger-scale experimental research. The client experience of that intervention is answered qualitatively, but each represents an important dimension of evaluation knowledge (Reynolds, 2000). Each additionally holds the capacity to usefully inform the future directions of the other.

**Qualitative research** Qualitative research provides rich and nuanced knowledge as to the experiences of individuals. It is a method particularly useful for hypothesis formulation and theory building. Chwalisz (2003) emphasizes the role of qualitative research in expanding our understanding of treatment generalizability, particularly with underrepresented populations. Given what little we know about the process of change in psychotherapy, client experiences with particular models can inform our notions of specific and non-specific factors. In addition, what of the experiences of clinicians: how is change conceptualized and how are decisions made? The rush for systemization might compromise important details, and qualitative research can therefore continue to inform new priorities in evaluation research.

**The randomized controlled trial** The RCT offers foundation evidence on the efficacy of specific intervention models. Whether due to economic constraint,

limitations in training, or ideological opposition, the field of social work has historically engaged in comparatively little experimental research. This is a place with significant room for growth within the profession. Not only could social work gain a firmer footing in the experimental arena, but also how these endeavors fit the needs of direct practitioners remains to be examined. Arguments in opposition to RCTs can be characterized by what Gambrill (1995) terms 'all-or-nothing thinking'. The most frequently cited concerns as to their limited clinical relevance relate to client and treatment variables restricted in the interest of maximizing scientific rigor (Chwalisz, 2003; Silverman, 1996; Smith, 2002). These areas include inclusion and exclusion criteria, time limitations, manualization, and outcome measurement. The differences that materialize between treatments delivered in trials in contrast with the community setting are questions worthy of further exploration; they are not grounds for discarding the utility of the RCT. A thorough review of controlled trials in a given service area will reveal not that these efforts are inapplicable, but where dissemination studies are warranted.

**Effectiveness research** Effectiveness research answers questions about the usefulness of particular treatments in 'real world' settings. Intervention with particular sub-populations, comorbidity questions, and matching factors are areas of concern best explored within the broad class of the effectiveness study. Social workers are perhaps more at home with this type of research. Social work is a helping discipline with comparatively less of a medical orientation and is perhaps most keenly interested in exceptions to norms rather than general laws of behavior change. How specific issues such as multi-cultural competence or constraining contextual factors impact the dissemination of empirically supported treatments are only two potential directions for future study. Goldfried and Wolfe (1998) additionally question the utility of researching theoretically pure treatments. As a number of clinicians are very likely assimilative integrationists (see Messer, 1992), blending a number of techniques into a guiding theoretical frame, we know little as to how these methods compare to a manualized intervention. Effectiveness research has much knowledge to offer EBP, with the capacity to address questions as to model applicability across particular client groups, comparative outcomes in manualized versus flexibly applied interventions, and a range of additional dissemination concerns.

**Meta-analysis** Meta-analysis allows for the quantitative summary of a large number of often disparate evaluation outcomes. It is a standard method of research synthesis in medicine, but social work has only begun to embrace this methodology. Its statistical procedures have also increased in sophistication, resulting in developments that have strengthened the validity of findings while addressing methodological controversies historically surrounding the approach (see Lipsey and Wilson, 2001). This includes the suggested examination of outcome moderators on three primary levels: client effects, therapist/treatment

effects, and design effects. Moderator analysis goes beyond ‘what works?’ to the seminal question of psychotherapy research – ‘under what conditions and for whom?’ Here, meta-analysis provides a bridge between the RCT and the more nuanced concerns of effectiveness, single system, and process analyses. Moreover, issues related to the applicability of evidence such as clinical representativeness, measurement reactivity, and publication status are fast becoming standard moderators to be examined in the meta-analytic endeavor.

**Single-unit analysis** Within the realm of knowledge need in the future of EBP, approaches to single-unit analysis can explore questions of implementation in empirically guided treatment. It is possible to operationalize clinical decision-making through the qualitative or mixed methods case study. Assessment foci and rationale for shifts in therapeutic emphasis can begin to delineate themes in a practitioner’s attentiveness to particular client and treatment variables. Case study analysis can further inform the paucity of data available on applied EBP. Here, the EBP decisional framework serves as the structure for data collection, where the strengths and limitations of the framework’s utility at each step can then be identified. Additionally, the single system B-Design offers one approach to researching the delivery of empirically supported treatments. In this method, a range of specified outcomes is measured at multiple time points over the course of the intervention. Approaches to single-unit analysis can thus address clinical decision-making, EBP utilization, and model-specific dissemination questions as well as providing a means of tracking intervention course. This latter function is an ideological positioning inherent to applied EBP.

**Process research** Future directions in process research may hold the greatest potential to inform knowledge needs in a more clinically relevant EBP. Process research examines moment-by-moment therapeutic interactions with the goal of identifying both specific strategies and common processes that mediate outcomes in psychotherapy. It further examines client changes, or ‘proximal outcomes’, that are predictive of overall goal attainment. Although a costly, labor-intensive, and time-consuming endeavor, process research can begin to fill gaps in our knowledge of the application of evidence-based treatments. Matching factors, necessary treatment ingredients, critical strategic differences, and common treatment processes are areas of investigation that can shed light on the degree of flexibility present in applied EBP. The future of evidence in evidence-based practice must involve empirically grounded algorithms for specific models that will result in greater, yet informed, practitioner flexibility. Equally important will be sensitivity research that addresses how the process of change differs by client sub-population, diagnostic category, or therapist–client match. The effective application of EBP requires process research not only into the similarities and differences in empirically supported treatments, but also into specific change mechanisms that mediate overall symptom reduction.

Clarity in psychotherapy *process* will bring social work closer to an empirically informed technical eclecticism, where established techniques are differentially applied based on decisional frameworks such as EBP. This can additionally occur within generalist forms of psychotherapy or in the flexible delivery of evidence-based models. Smith (1987) warns that outcome research without attention to process will not provide fruitful results, particularly with respect to the elements beyond technique that may be more central mediators of change. Stricker (1997) further notes directions in the practice and theoretical communities that reflect a growing acknowledgement that varying intervention models may be more similar than different. Such movements include the merger of cognitive and behavioral treatments and the common factors approach. Less than striking differences in the outcomes of theoretically opposed models of treatment indeed question the roles of etiological theory, specific factors, and diagnosis-specific treatments in psychotherapy. Granted, all treatments are not equal: some are even harmful while others may be grossly inappropriate for a particular condition. Yet, we still have a relatively limited understanding as to *how* interventions actually facilitate change. This is the future of evidence-based practice: a future characterized not merely by empirically supported models of psychotherapy, but by grounded decisional devices that target specific change mechanisms related to overall outcomes. Within this future lies the connection of science and art; a place where a true reciprocity can occur between scientists and practitioners.

## Conclusion

The history of debate on the role of science in direct practice has fostered a number of positive developments en route to integration. Currently, a wealth of resources exists in terms of effective models of treatment as well as useful frameworks for practice decision-making. The future of EBP should include a more developed decisional framework, but one that is informed by the clinical community. We still know very little about how decisions are made in naturalistic social work settings. It is the role of practitioners to further our notions of clinical decision-making through operationalized decisional models and case analyses of applied EBP. It is then the role of researchers to utilize such scholarship in formulating priority directions for future evaluation research.

Arguments on the limitations of EBP have provided sound recommendations for the intervention knowledge base. Our knowledge needs, however, are no longer general, but specific. The immediate future must involve a greater emphasis on dissemination questions as a priority within both the research and practice communities. Local clinical research on the delivery of evidence-based interventions and larger-scale process research on necessary treatment ingredients are two such vital directions. Additionally, meta-analysis can provide summaries for evidence-based social work and clarify knowledge gaps in a particular service area. While the 'great divide' continues, there is sufficient

social impetus for its closing. It is a matter of progress, science, and modernity in any industrialized society. The task of researchers and clinicians is to ensure that quality, flexibility, and innovation do not get lost to vehicles of cost containment and systemization.

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