

## **Episode 18 - Dr. Bruce Thyer: Looking at Evidence-Based Practice: How Did We Get Here?**

[00:00:08] Welcome to the living proof the podcast series of the University at Buffalo School of Social Work at W.W. W. that social work that Buffalo that year celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. The University of Buffalo School of Social Work is celebrating 75 years of transforming lives and communities. We would like to invite you to be part of this celebration. Please visit our website [www.socialwork.buffalo.edu](http://www.socialwork.buffalo.edu) to see a full list of events marking our seventy fifth year leading up to the gala celebration. I'm your host Adjoa Robinson. Today's podcast features a lecture by Dr. Bruce Thyer. Dr. Thyer as a professor and former dean of the School of Social Work at the Florida State University professor fire has written or co authored over 300 articles books and book chapters in areas such as evidence based practice evaluation and clinical practice. He is the founding editor of The Journal research on social work practice and has served on over two dozen editorial boards. Dr. fire is first and foremost a practitioner was clinical licensure and over 35 years of experience. Professor fires research interests focused on improving the evidentiary foundations of social work and improving the clinical services social workers provide. In this podcast Professor Thiaroye presents a lecture that traces the roots of the evidence based practice process grounding it in the best tradition of clinical social work from the early development of scientific social work to empirically supported treatments.

[00:02:03] Now here is Professor Bruce Thyer on The topic of evidence based practice as a formal term and phrase is relatively new. Having originated in the early 1990s outside of social work but the principles behind evidence based practice have been with our discipline from the very beginnings of the profession going back as far as the late 1400's. You saw the move towards the secularization of social services and charity work which primarily was a function of religious based groups going back even as far as the establishment of Toynbee Hall the Soman house in London in the 1960s and 70s that was actually a social missionary outreach a faculty and students at the University of Oxford in the UK. Jane Adams came to 20 Hall met the parties involved there and from there she was led to establish Holehouse in Chicago very much religiously influenced initiative. The whole settlement house initiative had its origins in religion. You look at Mary Richman in her early works Social Diagnosis and social case where she makes extensive reference to the origins of social work within religious charitable movements but as folks like Richmond and Adams and other distinguished predecessors in our field try to establish the professionalization of the discipline they emphasize more of the secular nature of benevolence and of the coordination of social benefits and downplay the religious aspects of it. And one of the ways they try to emphasize the professionalization of social work was the link more closely not with religion but with science as you know the field of social work.

[00:04:00] Like all scientifically oriented disciplines is strongly linked to the philosophy of science called positivism and that's subject to a lot of misinterpretations what it basically means is a positive contend that human phenomena can be investigated and analyzed using the same methods of inquiry that are found to be useful in the natural in the physical sciences and that human phenomena is not by itself somehow different than the phenomena we see in all the rest of the world even subjective things how people feel what they believe and so forth the positives beliefs can be profitably studied using mainstream scientific methods. Please don't confuse positivism with a derivative philosophy of science called logical positivism which really is not widely subscribed to all positivism itself though remains the dominant scientific paradigm philosophy of science within both conventional science and modern day social work. As they try to emphasize the scientific and

positivistic foundations of the profession you can go back to 80 and 80s all through the early part of the 20th century finding that are academic and professional predecessors constantly made this link that we've got to make science. I'm sorry. Got to make social work more scientifically based in fact that was one of the foundations of the Charity Organization Society which Buffaloe was intimately involved in in making giving more organized and scientifically oriented. The whole social survey movement in Boston I'm sorry in Pittsburgh and other major cities like Chicago was based upon this idea as well. So the linkage between science and social work is really nothing new. It's always been with us in our field. In the 1970s we had a couple of publications that came out that really gave the profession pause.

[00:06:00] And one was 1972 when a professor at Berkeley named Steven Segal published an article in The Journal of Health and Social Behavior where he did a systematic review of all the then available randomised control trials on social work and what he found out is that when you assemble all the evidence together one study after another concluded the social work really wasn't very effective at helping people and in some cases actually was injurious to them. This was a shock but it largely went on Nord because in 1973 Joel Fischer who then was on the faculty at the University of Hawaii published his article called Is case work effective that came out in the NSW flagship journal Social Work. Joel did much the same thing independently as Dr Seagal did. And because Joel's article appeared in social work and it's the mainstream NSW journal it caused a huge flurry of reaction. Some of it was from people like Walter Hudson who said it's a good thing. Fisher did this because he's awakened us to the actively flimsy evidentiary foundations are what we're doing and we really need to be more conscientious about evaluating what we do and to adopt methods intervention that really help people and don't hurt them. There were some other reactions that claimed that phishers methodology was inappropriate or they made personal attacks against him and his motives. But the basic message was sustained and that is as of the middle 1970s. We didn't have a whole lot of evidence that the kinds of things that we did produce meaningful improvements in the lives of people the profession responded to my opinion relatively Dhobley to the challenges of Dr. Siegel's analysis and Fisher's review by setting about to deliberately try and conduct more and higher quality evaluations of existing social work services and also recognizing that many of the practice models that were then prevalent did seem to work very well.

[00:08:06] Try to expand the disciplinarians repertoire of interventions by adopting newer models that seem to have more promise for being empirically supported. Foremost among these of course was the behavioral model. We saw people like Scott Grier in our profession in the late 1970s talk about crisis and social casework as it was then called nowadays largely called clinical social work. And this too was met with a relatively positive reaction by the field and by the middle 1980s there were some new analyses of additional studies that have been published since the fisher and cigar reviews that seem to show that when you look at more circumscribed problems not global things instead of unilingual see look at improving academic performance and approving of school attendance look at reducing recidivism as opposed to juvenile delinquency. Sort of this global construct and use very focused types of interventions highly structured time limited based on sound principles from psychology and sociology and other disciplines that you can bring about meaningful change. Certainly in the short term and in many cases in the long term as the 80s unfolded in the 90s this continued to expand. A big impetus to this was given in 1979 with the publication of a wonderful book called empirical clinical practice that was authored by social workers Rona Levy and Siri Jeyaretnam at the University of Michigan and in their book empirical clinical practice they made two basic claims for their practice model. The first claim is that social workers need to consult the empirical literature when choosing what interventions to provide to their clients. And the second claim was that whenever feasible social work should apply relatively simple single system research design methodology to evaluate the outcomes of her own work.

[00:10:17] There are people that have made these claims before but Gerardine and levy package this

in his wonderful book they call empirical clinical practice that really seemed to hit a responsive chord amongst some members of the profession myself included. I was a doctoral student when this vote came out had a profound influence on me. Throughout the 1980s the profession responded this empirical clinical practice model in various ways. One way is in 1982 the Council of Social Work Education in its accreditation standards mandated for the first time that the content and research courses must include information on how students can evaluate the outcomes of their own practice. This was an important offshoot directly springing from the work of Jayaram Levy. But Professor John Parsky was the one who was instrumental in getting a study to insert this standard into its accreditation materials and that standard has stayed with us to today. To 2008 when you still see something very similar in the new pass document that we have that was a wonderful contribution of Dr. Radonski to work in this language saying that students should be taught to evaluate their own practice and very few people think that that's a contentious issue any longer.

[00:11:41] So we had a flurry of interest in the 1980s of schools beginning to adopt instruction and single system research designs and this is proceeded to such an extent that you probably can't pick up a contemporary social research textbook right now that does not include at least one chapter on using what are variously called single system or single subject research designs which you know or in a theoretical model by which people can appraise the results of routinely any type of intervention it is not. And I repeat this is not a behavioral model. SIEGEL somebody designs have been around for a long long time in very many disciplines and they did not originate with behavioral psychology but they lend themselves very nicely to the kinds of things that social workers do. Because if we expect that our interventions are going to have meaningful impacts in people's lives and can be measured then we can use single subject designs to evaluate those outcomes as the 80s began to unfold and the empirical clinical practice movement generated its own literature or it culminated in a 1994 article by William Reid Published in social service review. We're sort of review the empirical clinical practice initiative and there was general agreement that Gerry Hadden in Levy's principals were right. We do need to consult the empirical literature when we design our interventions to be offered to clients and we should be evaluating the outcomes of our practice. But in the emergence of the early 1990s there were two parallel movements that developed outside of social work that eventually subsumed the clinical practice movement in the first of these movements was called empirically supported treatments slightly different language. This moved out of the American Psychological Association's division 12 the division of clinical psychology as you may know is composed of over 50 divisions division 12 is the vision of people with interests in clinical psychology. There was a section within division 12 that said about themselves two tasks one task was to devise a set of evidentiary criteria that could be legitimately used a designated intervention the psychosocial intervention as having sufficient evidence to claim that it's empirically supported or not.

[00:14:12] Now this was not an easy task. They assembled a large committee people from diverse theoretical orientations and methodological perspectives and they argued and debated for months about what the evidentiary standards should be. But they eventually decided on them and they were published too great a claim by some people and great dissension on the part of others. But the standards were basically pretty straightforward and difficult to argue with unless you thought maybe they were too lax in the standards that existed then were that to be called empirically supported intervention had been supported by at least two well-designed randomised control trials comparing the experimental intervention against either a credible placebo treatment or a credible existing alternative treatment that the interventions had to be based on some type of structured treatment manual that the designs had to be relatively good in terms of having adequate statistical power and credible outcome measures. And there were some lesser standards that could be used for designating intervention as probably efficacious as opposed to empirically supported alternative route which an intervention could be designated as empirically supported would be to have a series of single system research designs involving a minimum total of nine participants. These will be

experimental designs where the intervention was introduced and removed deliberately showing clear functional relationships between the treatment and client response. So you could go the route of the several hours at least two or a series of single subject designs involving a minimum of nine participants. Either one of those routes would designate that intervention with positive results to be empirically supported. So after the APAC division Twelve's communi came up with these criteria.

[00:16:10] They then began to trawl the literature and looked at interventions that are already out there and began to make lists of interventions that could be claimed to be empirically supported according to the standards of the AP developed and they began publishing these lists in the 1990s. And these lists were met with great acclaim on the one hand and dismay on the others because the lists were dominated by behavioural and cognitive behavioral interventions along with a few other things like Assertive Community Treatment for Persons with chronic mental illness or interpersonal psychotherapy developed coincidentally by a social worker named Myrna Weissman develop but they were largely dominated by the behavioral interventions and that was strictly simply because they had a stronger evidentiary foundation. This was accomplished by the middle to late 1990s and it's continued on to this day the work of the division 12 task force continues they're constantly revising their lists and empirically supported treatments and it's proved to have a major influence within American Psychology Today. Although the movement has not been without its critics for example it's based upon the idea that the statistical significance is the criteria used to determine whether something is helpful or not. And that standard that ignores the issue of effect size. So you can have an intervention that exerts a statistically reliable effect but is actually quite weak and is not capable of producing truly meaningful improvements in somebody's life. But it might meet the standards set by the EPA and having two randomized controlled trials that show that it's better than placebo treatment or an existing established intervention. That was one criticism and that's actually a pretty legitimate one.

[00:18:00] So the the AP Aiza division 12 folks sort of rolled along with this in a pursuit that for 15 or more years it's still going on today. But it too has been largely superseded by yet a third initiative. And that too was developed outside of social work and also outside of psychology. And that of course is called evidence based practice. This was developed by a cadre of physicians located in Britain and Canada and in the United States and early 1990s they began talking about evidence based practice and they took a dramatically different tact than did the psychologists evidence based practice is not at all about developing lists of approved treatments. What the evidence based practice is a process of inquiry that's talk to practitioners developed in medicine but has been very rapidly spread throughout all the healthcare disciplines social work psychology nursing dentistry if you were to Google evidence base blank and putting your discipline there you'd find a ton of literature some of it very credible for for many many disciplines besides medicine and you'll certainly find tons of it and I'm sure people will be looking at the numbers of publications that include the phrase evidence based practice within the social work literature over the years. And it's an exponential curve is going on like that. You've been listening to a lecture on the historical roots of evidence based practice and social work by Dr Bruce Thyer. Look for future podcasts featuring a discussion on evidence based practice in social work. Today thanks for listening and tune in again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth Professor and dean at the university and Buffalo School of Social Work. Thanks for listening to our podcast.

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