This book addresses what we believe is the most basic challenge facing the profession of social work—ensuring the effectiveness of social work practice. This complex and multifaceted task has two primary dimensions: (1) ensuring the availability of tested knowledge that is relevant to and can inform effective practice and (2) ensuring that social work practitioners have access to, understand, and properly use that knowledge in their work. This book examines these two dimensions through the concept of practice guidelines.

Practice guidelines, which have been the subject of considerable developmental work in allied professions, are also being discussed with increasing frequency within social work (cf. Howard and Jenson 1999, chapter 5, this volume). In general, across all professions espousing them, practice guidelines are viewed as a means to ensure that practitioner behaviors conform to desirable standards. Explicit adherence to guidelines of desirable practice is intended to promote the effectiveness of practice, reduce variability in implementing best practice, increase the predictability of practice behaviors, and enhance client confidence in treatment as meeting professional standards.

Practice guidelines are meant to assist practitioners in decision making; potentially, they can address any aspect of practice in which decisions and resultant behaviors are likely to vary among practitioners—determining eligibility for service, performing assessment and diagnosis, selecting and implementing interventions, and evaluating treatment results, for example. In this volume we focus on practice guidelines for selecting and implementing interventions. Our working definition of practice guidelines is that they are a set of systematically compiled and organized statements of empirically tested knowledge and procedures to help practitioners select and implement interventions that are most effective and appropriate for attaining the desired outcomes. We believe that this definition is applicable to all the contributions in this volume.
Practice guidelines that meet this definition serve as an indispensable tool for confronting the two basic challenges of social work practice—enhancing practitioner use of tested and appropriate knowledge and encouraging further knowledge development that is attuned to and addresses the needs of practice. These two themes are further developed in the following chapters. The volume concludes with a singular focus on the knowledge needed for effective practice and an attempt to evolve and suggest the format and substance of a research agenda to guide further development and use of practice guidelines.

PREMISES UNDERLYING OUR APPROACH TO SOCIAL WORK PRACTICE

This volume, its content, and its organization are rooted in a number of premises that we see as basic and necessary for responsible social work practice. Although some are widely espoused among social workers, we realize that they may not be universally endorsed—in substance or in emphasis. These premises are so basic to practice that they merit full discussion. But because their analysis and the advocacy of their pros and cons appear throughout the social work literature, we will mention here only those principles that are most germane to explicating the assumptive framework of our approach (Rosen 1993).

First, like most professional endeavors, social work practice is utilitarian and goal directed, with improvement in the clients’ welfare being its ultimate purpose. That is, social work practice must be justified by the pursuit of worthwhile goals for its clientele. Accordingly, the primary criterion for undertaking service and for selecting practice methods should be evidence of their potential to achieve the desired goals for clients. Second, since social work is a profession with a public mandate, its sanction to practice is conditioned on a number of expectations (which are also shared by other professions). The expectations most pertinent to this discussion are the following:

1. Social work practice is not random but is guided by a body of knowledge and skills that are discernible and transmittable and that facilitate attainment of its socially worthwhile and publicly sanctioned goals.

2. Social work is responsible for maintaining the institutions necessary to update its knowledge base, to train its practitioners, and to oversee the proper and ethical discharge of its services.

3. Practicing as part of a publicly sanctioned profession, social workers must be accountable—to clients, to peers, and to a variety of sanctioning bodies. Accountability is most rudimentarily expressed by a commitment to and a responsibility for demonstrating that practice is effective and efficient.
Demonstrating the effectiveness of practice requires *evidence* that service goals have been achieved and that goal attainment was causally linked to the activities (programs, methods) undertaken to reach the goals. Demonstrating efficient practice also requires evidence that service goals are attained with the least possible cost—in time, money, effort, and client suffering. Thus, in order for social work practice to be accountable it must be subject to scrutiny according to acceptable evidentiary standards.

4. A fourth basic premise is that professional knowledge in general, and knowledge that guides intervention in particular, must be tested and supported by empirical evidence obtained and evaluated according to prevailing scientific standards. Such standards must include, at the minimum, an explicit and systematic procedure for defining, gathering, and analyzing relevant evidence.

5. Finally, human behavior, individually and in the aggregate, as well as the process of behavior change, is complex and multi-determined. Hence, interventions cannot be viewed as or expected to be uniformly applicable or universally effective. Their effectiveness is likely to vary in relation to the outcomes that are pursued, to the problem and other client characteristics, and to factors of the helping and in vivo situation.

**LACUNAE IN PRACTICE AND RESEARCH**

Unfortunately, the correspondence between these basic premises and day-to-day, real-world practice cannot be assumed. Indeed, the gap between some of the premises and the realities of practice is considerable. We believe, however, that through the development and use of practice guidelines the gap can be appreciably narrowed. In this section we note instances in which practice, as well as efforts to develop practice knowledge, diverges from some of these premises.

Social work has long vacillated between approaches to practice that are intuitive, relying on implicit considerations, and those that advocate greater explicitness of and transparency for the rationales that guide practice decisions (cf. Rosen, Proctor, and Livne 1985; Rosen 1993; Zeira and Rosen 2000). Particularly as they pertain to the process of clinical treatment, the implicit and ad hoc nature of practice decisions has been defended and even extolled (Kondrat 1992). Such an orientation to practice necessarily compromises the standards of accountability and evidence, as well as rendering practice non-amenable to systematic evaluation and study (Rosen 1994).

Another departure from the basic premises of practice, which is likely reinforced by a nonsystematic and implicit approach to decision making, is
the extremely low utilization in practice of the products of research—and hence of interventions whose effectiveness has been empirically tested (Rosen 1994; Rosen et al. 1995). Not only is there little actual utilization of research products in practice, but studies have also found little practitioner exposure to practice-relevant research, as well as reluctance to use systematic approaches to practice, such as single-system designs (Cheatham 1987; Fischer 1993; Kirk and Penka 1992; Richey, Blythe, and Berlin 1987).

Compounding these trends has been social work’s relative neglect of undertaking the kind of research that aims to develop and test the effectiveness of interventions. As we found in a recent survey of research studies published in social work journals, research focusing on development and testing of interventions to influence and change human conditions has been meager compared with research devoted to description and explanation of existing conditions (Rosen, Proctor, and Staudt 1999). These findings reinforce the by-now-prevalent calls for social work to intensify its efforts and investment in intervention research (Austin 1999; Fortune 1999; Fortune and Proctor 2001; Schilling 1997; Task Force on Social Work Research 1991).

Research devoted to development and testing of effective interventions has also been justly criticized for insufficiently taking into consideration and investigating possible moderators of effectiveness, such as different conditions and settings of practice and diverse characteristics of client populations. Interventions tested under selective or optimal conditions (efficacy studies) are not similarly or necessarily effective when applied to different populations under a variety of service conditions (Chambless and Hollon 1998; Newman and Tejeda 1996; Seligman 1996). There is undoubtedly a need to intensify and improve basic intervention research and efficacy studies using randomized clinical trials (RCT), but further research is also needed to test the effectiveness of interventions across different clienteles and settings, and with more appropriate designs (see Fraser, chapter 2, this volume).

The extent to which practice uses research is undoubtedly related to the availability of research that is relevant to and capable of guiding interventions. Nonutilization, however, cannot be attributed simply to the relatively low volume of relevant research. Results of intervention research relevant to guiding practice are available both from within and from outside social work (Nathan and Gorman 1998; Reid and Fortune, chapter 4, this volume; Reid and Hanrahan 1982; Thyer and Wodarski 1998). Additionally, an interdisciplinary effort spearheaded by the Campbell Collaboration (Campbell Collaboration Steering Committee 2001) is conducting and compiling systematic reviews of research on intervention with the potential of informing practitioner decision making.
Assuming the availability of at least a modicum of relevant research on intervention, proponents of evidence-based practice (EBP) advocate its use in practice decisions, supplemented as necessary by nonresearch evidence. Practicing according to EBP tenets requires, in addition to adherence to the premises of responsible professional practice as described above, espousal of a critical attitude regarding practice decisions, involvement of and commitment to clients, and other practice attributes (Gambrill 1999, chapter 3, this volume). We concur with the objectives and premises underlying EBP, but we believe that it places too heavy a burden on practitioners, exceeding their capacity to systematically process and judiciously integrate research results from disparate studies (or critical reviews) and to then apply those results to treatment decisions for individual clients (Gigerenzer and Goldstein 1996; Janis and Mann 1977; Tversky and Kahneman 1974; Wilson and Brekke 1994). We think that in order to base decisions for individual clients on the best available evidence, practitioners must also be equipped with a means of organizing, synthesizing, and judiciously using empirically based probabilistic evidence to guide practice decisions. We view practice guidelines, as we conceive their function and structure (see Proctor and Rosen, chapter 6, this volume), as a requisite tool for implementing evidence-based practice.

**PRACTICE GUIDELINES AND THE PRACTITIONER**

Our position is that practice guidelines for social work intervention, particularly those having the features that we advocate and consider to be essential (see Proctor and Rosen, chapter 6, this volume), can enhance the correspondence between practice and the basic premises that underlie it. In particular, we believe that practice guidelines for intervention will aid practitioners in overcoming some of the hurdles that are inherent in everyday practice and will contribute to more responsible and empirically supported practice decisions. But a number of dilemmas need to be considered.

By their very nature, practice guidelines aim to increase the predictability of practice around a set of standardized “best practices” and reduce the variability between practitioners in departing from such practices. That intent brings to the fore a fundamental assumption that underlies the use of guidelines—and perhaps the use of all professional knowledge: In spite of its diversity and complexity, human behavior has significant commonalities, and interventions can have applicability across clients and situations. Thus, empirically supported principles warrant cautious generalization to clients and situations other than those that were directly studied. This assumption notwithstanding, we recognize that practice situations also have idiosyncratic
elements and that in order to be maximally effective with different individuals and conditions, interventions need to be developed and tested for relevant groupings of clients and situations and carefully applied accordingly.

We acknowledge the uniqueness of individuals and of practice situations, but we disagree with extant particularistic notions of practice that view treatment as not amenable to appropriate use of preformulated interventive principles (Kondrat 1992). In that, we differ from such views as those of Witkin and Harrison, who, in a purportedly dispassionate discussion of EBP and the concept of evidence, argue the fallibility of all evidence for capturing the true existential meaning of practice, particularly the experiences of clients from diverse groups (Witkin and Harrison 2001). Although they state that preformulated interventions may be appropriate for problems that “are believed to exist stably across time and context,” they proceed to reject such a possibility “for a world characterized by shifting, multiple identities and relational constructions, in which an ‘outcome’ is at most the beginning of something else” (Witkin and Harrison 2001:294). Such characterizations of the realities of social work practice—highlighting the transitory, unique, and ephemeral in human behavior—serve only to place it outside the realm of responsible professional practice as we outlined it above.

Our position is that beyond their unique characteristics, individuals, problems, situations, and their associated behaviors can be distinguished along certain treatment-relevant dimensions or variables (e.g., age, ethnic origin, personality type, health status, service auspices). Individuals and situations with similar placement on a given dimension have some common characteristics and may be grouped by such. Development of practice guidelines must capitalize on such group-specific commonalities, for they permit formulation of better-targeted interventions than those based only on the more universal commonalities of human behavior. Description and understanding of commonalities and variability of behavior, within and across groupings, are important elements in the knowledge base of professions. This base of descriptive and explanatory knowledge must in turn be used for the development and testing of interventions that are effective for attaining the desired outcomes of service (Rosen, Proctor, and Staudt 1999). Thus, interventive knowledge should be based on both the universal and the group-specific commonalities in human behavior.

To apply that knowledge appropriately and be ultimately helpful to the individual client, practitioners need first to determine a client’s (often intersecting) memberships in the relevant groupings (the tasks of assessment and diagnosis). The next step is to select and apply critically the best-fitting preformulated (standardized) interventions for these groupings, always recognizing
the client’s uniqueness beyond the established commonalities, in a manner that is amenable to correction and adjustment on the basis of feedback from evaluation. The rationale and some of the procedures of single-system designs (SSD) (Bloom, Fischer, and Orme 1995), as well as those embodied in systematic planned practice (SPP) (Rosen 1992; Rosen et al. 1993) are examples of means for aiding practitioners in application of standardized knowledge while particularizing the individual client. In fact, the conception of practice guidelines advanced in this volume (Proctor and Rosen, chapter 6, this volume) may be viewed as an integration of evaluation principles from SSD and systematic practice of SPP in applying evidence-based practice to an individual client (Rosen 2002). Hence, it is our position that practice guidelines, to be useful to practitioners, must help in selection and proper use of preformulated interventions, as well as guide practitioners through a recursive, self-correcting process that addresses the unique situation of the particular client.

Practitioners have expressed considerable resistance to practice guidelines, as well as to other forms of systematic and explicit practice. Much of their resistance to guidelines in particular may derive from the fear that they lead to “cookbook” or formulary-driven practice, with few degrees of freedom left for practitioner discretion and judgment, and for individualizing clients. As the preceding discussion should indicate, however, we see many degrees of freedom for practice to vary within the context of guidelines, albeit with explicit and well-defined choice junctures. That is, use of practice guidelines can help practitioners cope with the uncertainty inherent in making practice decisions in a more explicit and structured manner, rather than through a largely intuitive and unsystematic process. With guidelines, the practitioner is not only aware of specific decisions that must be made at certain points of the treatment process but also is provided with the information and tools needed to support making these decisions. Regardless of the extent to which practice decisions are supported by standardized guidelines, however, practitioners still face the task of particularizing and creatively meeting the needs of the individual client. As will become clear from our conception of practice guidelines (Proctor and Rosen, chapter 6, this volume), the use of guidelines necessitates, rather than supplants, the need for creativity and innovation, and the exercise of professional judgment and practice wisdom.

Approaches to EBP recognize that available empirical evidence is often lacking and practitioners must critically exercise considerable choice and creativity in combining knowledge from theory, research, and personally acquired practice wisdom to address client needs properly (Gambrill 1999 and chapter 3, this volume). This is true also when using guidelines for most practice tasks, such as assessment, deciding on the outcomes to pursue, and
selecting and implementing interventions. Guidelines do not preclude creativity, use of theory, or capitalizing on practitioners’ wisdom and experience. Rather, guidelines call forth all these qualities and harness them in a more systematic and critical manner for the benefit of the individual client. Proper use of practice guidelines requires and encourages the practitioner to adopt an active, critical, and innovative stance.

As will be discernible from contributions to this volume, guidelines are not cure-alls for the uncertainty that characterizes practice, nor can guideline statements be construed as dictums. Although their primary function is to help select pretested interventions that have been found effective, guidelines also serve as a means for acknowledging and dealing with the uncertainty that is inherent in making practice decisions. Containing statements about what is known, practice guidelines also qualify and point to the gaps in that knowledge, signaling caution to practitioners on the one hand and contributing to the generation of needed research for further reductions in uncertainty on the other (Proctor and Rosen, chapter 6, this volume). Importantly, in addition to aiding in making decisions and taking action, practice guidelines help to demystify the process of practice and thereby encourage further systematic efforts to reduce its uncertainty. But practice guidelines are only as good as the knowledge that undergirds their formulation. If they are not to mislead, they should not be offered prematurely or without a relatively solid evidentiary basis. We hope that this volume will enhance the development of such a basis.

FUNCTION OF GUIDELINES FOR THE SOCIAL WORK PROFESSION

In the preceding section we outlined some of the presumed advantages of practice guidelines for practitioners, while also acknowledging possible reservations for their use. Because of the advantages for both practitioners and clients that we see as inherent in guidelines, we consider their use to be essential from a profession-wide perspective. As a publicly sanctioned profession, social work has the responsibility to develop, organize, and elucidate its practice knowledge. Whenever possible, such knowledge must include empirically tested formulations of substantive standards that can be applied discriminately to guide its members in successfully addressing the varying demands of practice. Without such standards, practice may be viewed by the public as—and might actually be—largely dependent on the individual worker, with clients having no clear protection from incompetence, arbitrariness, and malpractice (Myers and Thyer 1997; Thyer 1995). Knowledge consisting
of empirically tested substantive standards for practice must be applied, of
course, in a manner that is consistent with a professional code of ethics that
is value-derived and universal in application (Rosen 1994). Practice guidelines,
or standards of best practice to which the profession is committed, are thus
inherent in the very essence of a responsible and accountable profession. How
social work has survived—and perhaps thrived—these many years without
such a tool is a question to ponder.

The deliberate use of practice guidelines, their ongoing evaluation, and
continuous work to improve their effectiveness will materially contribute to
the development and refinement of the profession’s knowledge base and its
stature as a profession based on scientifically derived and tested knowledge.
Efficient use of practice guidelines requires that they be coherently organized
for ready access and retrieval. The merits of organizing guidelines according
to classifications or taxonomies of the targets of intervention—the outcomes
to be achieved—are further addressed in following chapters (see Proctor and
Rosen; Kirk; and Mattaini—chapters 6, 8, and 9, respectively, this volume).
Development of such taxonomies in tandem with guidelines for intervention
will have added benefits for social work. They could serve to portray the
products that social work intervention can produce, signaling and highlighting
its potential contributions as an independent profession among other
human helping professions (Rosen, Proctor, and Staudt 2003).

As one of the helping professions in our society, however, social work need
not ignore, and in fact should be engaged in, formulating and articulating its
points of contact and its role in relation to the other human helping profes-
sions (see Aronoff and Bailey, chapter 15, this volume). An obvious and most
important concern in that context is whether, and to what extent, social work
should utilize, rely upon, and collaborate with other professions in the research
and compilation of a scientific knowledge base to guide its practice (see also
Thyer, chapter 7, this volume). The commonality of the subject matter of social
work—human behavior and transactions in the social environment (Mattaini,
chapter 9, this volume)—with other human helping professions, as well as with
that of the behavioral and social sciences, is obvious. Hence, much of the
knowledge developed within these disciplines is potentially relevant and valu-
able to social work as well. Nonetheless, social work has an inescapable respon-
sibility to ascertain that its practitioners’ knowledge base and repertoire of
potent interventions fully address the service needs of its own diverse clienteles.

The development and compilation of social work’s knowledge should be as
economical and efficient as possible—utilizing, reformulating, testing, and col-
laborating in all relevant research, irrespective of disciplinary origin. But it is
amply clear to us that social work’s knowledge needs cannot be fully satisfied
by the mere transportation of empirical studies and practice guidelines from
other fields. Social work’s service-delivery settings, professional functions,
clientele and their service goals also require knowledge that is not usually
addressed by other professions. Even for social workers in mental health, a
field that we share with other professions, extant intervention knowledge
and guidelines developed by psychiatry and psychology have limited applic-
ability, since those professions are relatively silent with respect to certain
domains, like prevention, family and caregiver, and community-based aspects
of care—the domains of most social work mental health treatment, as well as
with respect to their applicability to diverse client populations. Social work
practice must be guided by knowledge about the differential effectiveness of
interventions for clients of various ethnic, minority, and cultural groups,
who receive services for a variety of conditions and in a variety of settings.

Accordingly, social work needs its own research agenda for developing
practice guidelines, not to preclude utilization of developments and collabor-
ation with initiatives in allied fields. Without an organized and public
research agenda, social work’s progress toward meeting its needs for practice
guidelines will lag behind the needs of practice (see Proctor and Rosen, chap-
ter 6, this volume). A research agenda that is adopted and enunciated by the
profession can stimulate, organize, and advance the conduct of intervention
studies. Further, it can focus researchers’ attention on such issues as how
findings can be accumulated, synthesized, disseminated, and utilized in
actual practice.

ORGANIZATION OF THE BOOK

Beyond the introductory and concluding chapters, this volume is organized
thematically into four sections. Starting from the premise that social work
practice should be informed by an empirically supported knowledge base, con-
tributions in part I focus on precursors to and foundations for the develop-
ment of practice guidelines. Mark Fraser introduces the section in chapter 2
with discussion of intervention research in social work from a methodological
perspective. Eileen Gambrill presents in chapter 3 a critical and comprehensive
appraisal of evidence-based practice (EBP) and highlights its unique contri-
butions to social work, including serving as a means for acknowledging the
uncertainty in practice knowledge and moving away from an authority-based
practice model. Chapter 4, by William Reid and Anne Fortune, surveys and
organizes a ten-year accumulation of empirical research devoted to testing
and evaluation of social work intervention programs that can serve as a
foundation for developing practice guidelines.
Part II addresses the need for practice guidelines in social work, as well as their functions, structure, and components. Matthew Howard and Jeffrey Jenson introduce the section in chapter 5 by tracing the development of practice guidelines in medicine and psychology, drawing implications for social work. Enola Proctor and Aaron Rosen (chapter 6) offer a conception of the desirable function and structure of practice guidelines, designed to facilitate the use of empirically tested knowledge in practice and to stimulate the continued development of such knowledge. In chapter 7, Bruce Thyer, who favors the development of practice guidelines yet takes a different course, rejects development of guidelines by or for social work and argues for social work’s participation in an interdisciplinary process of guidelines development, as well as for exclusive reliance on interdisciplinary guidelines.

Concluding part II, chapters 8 and 9, by Stuart Kirk and Mark Mattaini, respectively, critically assess the merits of organizing practice guidelines for intervention using outcome-based target taxonomies, as proposed by Proctor and Rosen in chapter 6. In his analysis Kirk highlights the indispensable roles that knowledge of such factors as client problem and diagnosis play in selection of appropriate interventions, and he advocates that they be considered in tandem with the outcomes to be pursued. Mattaini evaluates critically the appropriateness of anchoring practice guidelines in the targets of intervention in relation to social work’s mission and values. Adopting a transactional perspective, he advocates formulation of outcome-based targets according to interpersonal transactions rather than individual behavior.

One dilemma that social work and other science-based helping professions face is the “idiographic application of normative generalizations” (Rosen 1994:562). In order to be useful in practice, generalizations need to be applicable to situations that are different from the instances (situations, people, and behaviors) from which they were derived. Also, because empirical generalizations usually are based on study of variability in only a subset of the factors involved in a given phenomenon, their applicability to a particular situation is often questionable (Rosen 1994). This dilemma is especially evident in the use of practice guidelines, which are, in essence, generalizations. All three chapters of part III address aspects of this issue. In chapter 10, Lynn Videka discusses methodological issues that bear on means of accounting for factors that moderate generalized formulations of interventions, addressing thereby efficacy and effectiveness study designs. Then, in chapter 11, Luis Zayas focuses on the treatment process, highlighting the need for practice guidelines to address clients’ cultural factors as potent moderator variables that impinge on service accessibility and utilization. And finally (chapter 12), Wilma Peebles-Wilkins and Maryann Amodeo address issues related to guidelines development...
and adoption, particularly from the perspective of quality control in the managed care environment, viewing practice guidelines as means of differentially and appropriately addressing clients’ cultural diversity while still ensuring unbiased quality care through standardization.

Conducting the research and formulating purportedly effective guides for practice are necessary prerequisites, but unfortunately these tasks are not sufficient to ensure the use of intervention guidelines by practitioners. Although this volume’s primary focus is on the activities necessary for developing empirically based practice guidelines, issues related to their eventual utilization in practice must also be addressed. The three chapters that constitute part IV deal with different aspects of this complex issue. Edward Mullen and William Bacon (chapter 13) address challenges to the use of guidelines by practitioners at the agency level, basing their discussion also on a recent survey of practitioners’ attitudes. Jeanne Marsh applies theories of professions to social work professional organizations as legitimating bodies for utilization of guidelines by practitioners (chapter 14). Marsh’s focus is complemented by Nina Aronoff and Darlyne Bailey’s discussion in chapter 15 of the role of social work in an interprofessional environment and its relation to the use of systematized knowledge by practitioners.

The volume concludes with a presentation of our conception of the research activities and scholarly work needed for advancing the development of practice guidelines for social work (chapter 16).

REFERENCES


