EBP 3.0

KNOWLEDGE, VALUES, AND SKILLS IN SOCIAL WORK PRACTICE

Rethinking Evidence-Based Practice

A. KA TAT TSANG

FACTOR-INWENTASH FACULTY OF SOCIAL WORK

UNIVERSITY OF TORONTO

曾家達

February 2009

There are all kinds of sources of our knowledge but none has authority

Karl Popper

Ontology and Epistemology
The Ground of Our Being and Knowing

本體論　新實證主義

多元認識論

- Social Work as a profession driven by values, supported by knowledge claims, and socially sanctioned

- Social work as a product of history: Politics, culture, characters, organization, institutions, body of experience, knowledge and values

- Being-in-the-world (*Dasein*): The human subject and the life-world

- Transitivity and inter-subjectivity

- Certainty, uncertainty, and probability

- Neo-pragmatism and epistemological pluralism

- Teleological and site-specific

Competent and Ethical Practice

德效實務 名實 知識政治

- Making informed practice decision: The best odds of achieving positive outcome *with* and *for* the client
- Ethical practice: Avoid harmful or ineffective intervention,
- Respecting client subjectivity and agency
- Validity of knowledge claims: Correspondence between an idea, a belief, or a claim and empirical experience. Avoid unsubstantiated or exaggerated claims.
- Public accountability
- Political economy of knowledge: Power and resources

EBP 1.0

第一代

科技範式

- Of means and ends: EBP as a means to establish competent and ethical practice (CEP)
- Positivist assumptions and the technology paradigm
- Transitivity and instrumental reason:
  - Practitioner as subject and client as object
  - Worker does something *to* clients, causing predictable change
  - "Evidence" focuses on the instrument (treatment) used instead of the participating subjects (worker and client)
  - The client's role and input dissolved in conceptualization and research design (e.g., randomization) and rendered invisible

醫藥模式

對症下藥？

- Medical model
  - Selective borrowing of a limited part of the medical model
  - Drug metaphor: Linear causality, active ingredient, standard pharmacokinetics (mechanism of change)
  - How about the surgery metaphor? The human factor, embodied skills and performance, science and art
  - Human and social realities as different by nature and constitution
  - Varying relevance to different forms of social work practice: e.g., clinical practice, remedial services, activism, policy, international development

Considering the Evidence
## The Case of Psychotherapy

藥品比喻 隨機控制實驗

- The drug metaphor: RCT as the golden standard
- The CAIRO Assumption: The clinician applies an intervention to recipient, causing desired outcome
- *Assumed* causality: There can be an attribution problem: The type of treatment (<15% of variance) versus other factors such as therapeutic alliance (30%)
- When treatment X works well with 60% of Y cases, should we give it to everyone with Y?
- The tested drug/treatment does not work in real life: Low external validity widely recognized

Factors Affecting Therapy Outcome

- Extra-Therapeutic Factors 15%
- Therapeutic Alliance 30%
- Client variables 40%
- Technique/Model 15%
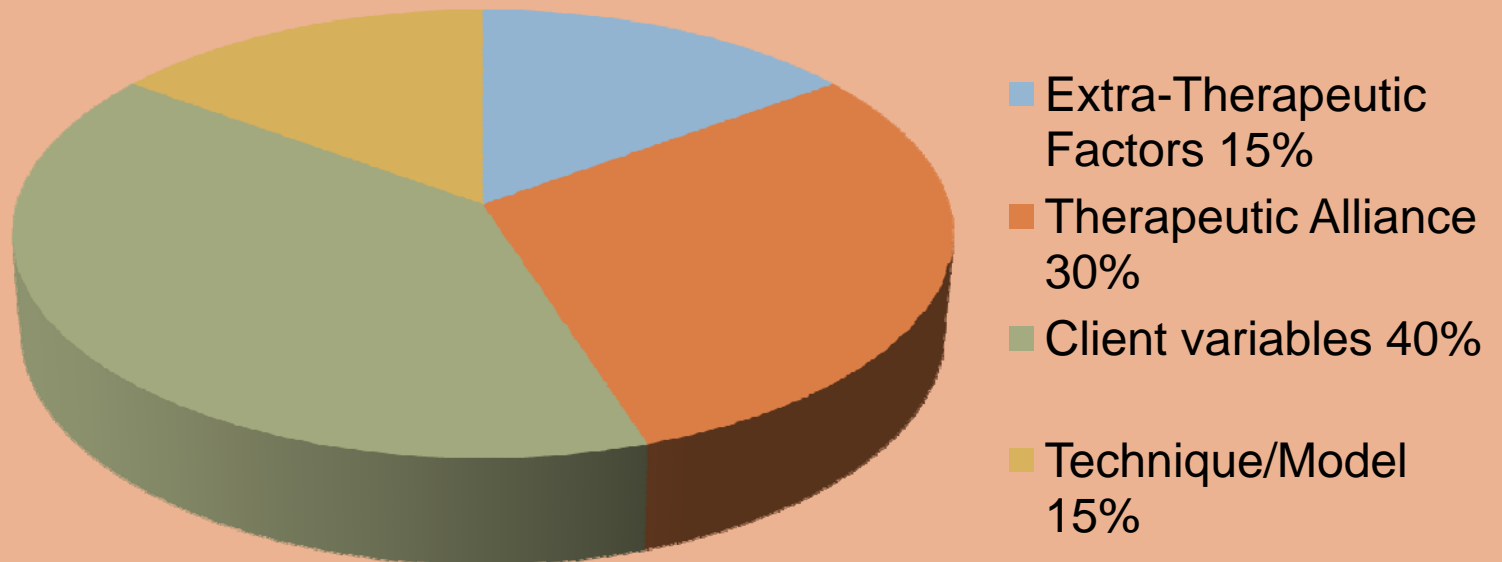
Lambert (1992)

Examining the Gold Standard

試金石　實證與現實

Experiment (RCT)	Real Life
Categories (e.g., BPD, CBT, abused children)	Particular characteristics, needs, and circumstances(CNC)
Well-defined issue	Multiple issues, ambiguous
Homogenous clients	Diverse, heterogenous
Limited dimensions: Linear contingency	Complexity, multidimensions, multiple contingencies
What works?	How it works, with whom, under what circumstances, and when? Who defines the desired outcome?
Transitive technology	Inter-subjective interaction
Matching: if A, then B	Moment-by-moment contingencies
Failure cases: Statistical outliers	Actual clients who do not get better with treatment of choice – more of the same?

Remember what I said about the medical model and surgery?

You can't do cognitive therapy from a manual any more than you can do surgery from a manual.

Aaron T. Beck *New York Times*

(Cited in Duncan & Scott 2006, p. 140)

Objection to Objectification
Isn't This an Ethical Issue?

服務使用者的主體性

- Defining the desired outcome
  - Who? Funder, insurance companies, practitioner, client, public?
  - What? Subjective, objective, political, economic definitions
- The client is not a passive recipient of intervention, but an active agent, a subject who uses service with purpose, bringing in specific characteristics, needs (purpose), and circumstances
- Intervention outcome is a product of interaction/co-construction between practitioner and client (evidence: therapeutic alliance)

Beyond the RCT Debate

多元現實

多項應變

- Meeting the challenges of practice reality
  - Complexity
  - Diversity
  - Unfamiliarity: Practice often goes before evidence has been developed
- Knowing what to do when: Process and outcome:
  - Not just a one-off decision, but moment by moment decision and action
  - Understanding the mechanism and processes of change
- Equifinality, integration, and multiple contingencies management (MCM)

from EBP 1.0 to EBP 2.0

實證為本實務第二代

- 2nd Generation EBP: Reflexive professionalism (Otto, Polutta, & Zeigler, 2009)
- Beyond the technology paradigm: Affirming the humanistic foundation of social work
- Combination of causal explanation (*Erklären*) and empathic/interpretive understanding (*Verstehen*)
- Recognizes complexity of human conditions
- Respects the subjectivity of the client
- Inter-subjective idea of social justice
- Recognizes unique characteristics and contexts

Evidence in Social Work Practice

有何證據？

- that something has occurred (e.g., child abuse)
- that something does exist (e.g., schizophrenic disorder, trauma)
- that an idea/construct is useful (e.g., schizophrenic disorder, discourse)
- that something generally works in similar situations (e.g., Cognitive Therapy for depression)
- that something is working in *this* particular situation – practice-based-evidence (PBE), process markers, sub-outcomes

Knowledge in Social Work Practice

有何證據？

- Certainty is rare, what we know is mostly probabilistic
- Most of what we know is contingent (upon context, client characteristics, needs/goals, circumstances)
- Cognitive knowledge
  - Theoretical knowledge (varying empirical support)
  - Factual knowledge (scientific, social, and material)
  - Practice knowledge (including evidence of efficacy, change processes)
- Embodied skills: Sensitivity, judgment, proficiency, body-mind condition, performance
- History, experience, and memory (personal/collective)

Embodied Skills – Beyond the KA Gap

知行合一　身體力行

- Social work practice involves knowledge, values, and skills
- Assumption of rational application of cognitive knowledge problematic: The knowledge-Action Gap
- Practitioners' reluctance or resistance to use manualized EBP interventions: Engagement with practitioner subjectivity
- The ultimate performance of the practitioner is embodied (action schemas): The learning and development of strategies and skills

EBP 3.0

兼容整合　回應複雜多元現實

- Engages with the challenges of real life
  - complexity,
  - ambiguity, uncertainty,
  - unfamiliarity
- Not only recognizes client agency and subjectivity, values and encourages client participation and input, including in knowledge production and management
- Collaborative goal setting: Political economy of desire and social justice
- Beyond systematic review: Critical appraisal of knowledge claims

EBP 3.0

各師成心　其異如面

- Multiple sources of knowledge: Not only lip-service, actual integration with explicit principles of mobilization, synthesis, and utilization

- No *a priori* privileging of particular method or procedure (e.g., RCT), context-specific and goal-oriented utilization of alternative methods and evidence (e.g., naturalistic design, process research, narrative analysis, cross-cultural research)

EBP 3.0

貫通萬象　殊途同歸

- Proactive and collaborative knowledge management: Production, retention, mobilization, transformation, dissemination, utilization

- Engaged with global realities (e.g., Mode 1 to Mode 2), especially the political economy of knowledge

- Diversity-positive: Engaging with intersecting diversities

- Multiple-contingencies thinking
  - Contingent – not fixed, changing variable
  - From linear causation to conditions of possibility
  - Commensurate with the complexity of lived experience

Multiple Contingencies Thinking

多項應變思維

- Linear categorical decision making versus multiple contingencies thinking
- Contingent upon what?
  - Context: Particular circumstances (e.g., location, culture)
  - Purpose: Intersecting/competing needs, interests, agendas
  - Client and practitioner characteristics
  - Time (historical, personal, chronological, lived, projected)
  - Unit of analysis/level of intervention IPFGOCPT: Intrapersonal, Personal, Family, Group, Organization, Community, Policy, Transnational
  - Domain of change E(MACBE): Environment, motivation, action, cognition, body, emotion

MCM (Multiple Contingencies Management)

多項應變

對應生活世界

- Integrates research evidence, clinical knowledge, and embodied skills

- Knowing and not-knowing: Collaborative exploration, openness, flexibility, and creativity

- Grounded in the rich and complex change processes

- Moment-by-moment reflexive response, considering multiple contingencies – incremental

- Embodied performance: Practitioner as holistic agent, with desire, purpose, thinking, feelings, corporeality, action, and being-in-the-world

Quote from a Skeptic
Was it MyFriend Henry Woo?

Whereas our health is too important to be left to the physicians, knowledge is too important to be left to the professors.

The Political Economy of Knowledge Re-visited

誰在發言？知識政治經濟

- Knowledge production is not to be monopolized by the experts, academics, and researchers
- Participation and input of practitioners and clients should be at the core of social work knowledge production – and funding should be made available
- Who is speaking? Questioning the neo-colonial order and cultural hegemony in the global political economy of knowledge
- Funding, knowledge production, knowledge claims, power and control

緣起：德效實務

Competent and ethical practice and EBP

- CEP not guaranteed by universal application of manualized interventions.
    - Not widely supported by practitioners – what about the clients?
    - Not always helpful (Duncan & Miller, 2006)
- Many forms (levels?) of practitioner competence:
    - Ability to follow manualized intervention reliably
    - Ability to adopt known procedures to new, different practice situations
    - Ability to respond to new or unfamiliar practice situation by bringing in relevant knowledge and skills
    - Ability to articulate knowledge and experience that address practice issues
    - Ability to mobilize and integrate knowledge from the client

Back to Where We Started:
Competent and Ethical Practice

路漫漫而修遠兮
吾將上下而求索

Competent and ethical practice to be enhanced by:

- Transparency of process: Recording, documentation, and ability to provide rationale for professional decisions and action

- Explicit articulation of knowledge base, knowledge production, mobilization, and utilization – this is where practice research evidence is located

- The client's right to knowledge and information: Openness and access

- Support for CEP: supervision, professional development, consultation, client participation

- Practice-oriented research: (e.g., integrated process-outcome research – Tsang, 2000)

MY CONTACT

Email: k.tsang@utoronto.ca

Website: http://kttsang.com/

Other Related Links
http://kttsang.com/about_knowledge/index.html
http://kttsang.com/about_knowledge/Knowledge_SW.pdf