COMPETENCE AND KNOWLEDGE IN SOCIAL WORK

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Social work education is designed to prepare you to be competent social work practitioners. What does it mean to be competent?

One meaning is being effective—skillful at helping individuals, families, communities, and societies to achieve their goals.

Another meaning is mastering the traditions of social work—the language, concepts, values, and practices of the profession as they have evolved over the course of its history. And in part what social work education—what your two years here at Columbia—will be about is developing a connection with the history of this noble profession. This will take place not so much through a study of the history as through your study of social work methods and your work in social work settings and with social work supervisors who themselves are rooted in traditions that go back to the 19th century.

In theory, these two concepts of competence should be linked. Mastery of the methods of social work should produce good outcomes. But in recent years researchers, policymakers, and funders have raised sharp questions about whether traditional practices in fact produce good outcomes. They want proof that our practices are effective.

This should not be surprising given the diversity of social work methods. For example, there are clinical social workers who swear by psychodynamic approaches and social workers who foreswear such approaches as more or less useless. There are community activists who swear by slow processes of building communities and activists who think that's a waste of time—that we need major social upheavals to bring about the tectonic shifts that really make a difference in people's lives.

In today's lecture, I will explore what it means to be competent. I will:

- Note some disputes about the nature and source of social work knowledge

- Discuss different points of view about "evidence-based" practices

- Note some forms of social work research that are useful

- Discuss epidemiological research and determination of need.

Disputes about the Nature and Sources of Social Work Knowledge

Disputes about the nature of human knowledge go back at least to the ancient Greeks. Is knowledge divinely given, a matter of divine revelation? Is knowledge a product of reason? Can you think your way to the truth? Is knowledge a product of experience and careful observation? Is knowledge a product of science or an outgrowth of tradition? Is knowledge inextricably linked with value or are the realms of empirical and moral knowledge distinct?

Answers to questions of this kind are part of the field of "epistemology." And within the profession of social work, there are a variety of epistemologies, i.e., a variety of theories of knowledge, and a variety of views about the kind of knowledge social workers need to be competent.

Some social workers believe that social work knowledge is an outgrowth of reflective practical experience, that it evolves over time, that it is not highly theoretical, and that it is passed from one generation of social workers to the next, with each generation adding its own wisdom.

Some social workers believe that social work knowledge at its best is a product of scientific research. But among those who see social work knowledge as a product of research, there are vast disagreements about what sort of research—quantitative, qualitative, naturalistic, controlled, etc.?

Some social workers think that social research is too narrow and too far removed from the work in the real world to be of very much use. Researchers, they claim, are more devoted to their research methodologies and to the criteria they have to meet to get research grants than they are to producing useful knowledge.

In contrast, some social workers believe that social work practice should be built on research findings—should consist of what are currently called "evidence-based practices (EBPs)."

Some social workers believe that evidence-based practices are too limited to be the basis of social work practice or believe that relying on them distorts social work practice to the detriment of its clients.

Some social workers believe that there is no specific *social work* knowledge and that social workers use knowledge from a broad range of sources such as psychology, sociology, anthropology, medicine, and law. The goal, these

eclectic social workers believe, is to have useful, practical knowledge no matter where it comes from.

Some social workers believe that there must be social work knowledge *per se* so as to focus on concerns specific to social work and so as to give credibility to social work as a profession.

Some social workers believe that social work knowledge is a reflection of social work values.

Some social workers believe that social work knowledge is faith-based.

Some social workers believe that what passes for knowledge in social work is really an expression of the perspectives of a particular culture. These "postmodernists" believe that all sorts of hidden metaphysical, moral, and factual assumptions are embedded in the claims of social work and are never challenged because they are never noticed. They believe that what is called "social work" knowledge is not really knowledge at all.

And some social workers believe that what passes for knowledge is really an expression of the power structure of our society and that it is constructed unconsciously to perpetuate the oppression of people of color, people who are poor, and women.

I'm afraid I do not have the time today to help you sort through these points of view. Instead, I will take up a couple of key issues, specifically the arguments about types of research and about evidence-based practices.

Types of research

Science did not emerge as the dominant form of knowledge in the human world until roughly the 17th century when Newton invented a form of mathematics (calculus) that made it possible to create formulas that could predict the movement of physical objects. From that starting point, the sciences related to material things gathered momentum—in part through increased powers of observation and experimentation but largely through the increased power of quantification and of mathematics. Science thus came to be identified with a process of quantification that could produce accurate and useful predictions.

During the Enlightenment period, the hope emerged that there could be a science of human affairs that would produce a precise understanding of human beings and a social and political technology that ultimately would result in human perfection.

Throughout the 19th century "positivists" worked to develop scientific knowledge of human matters. But at the same time, other thinkers insisted that human beings cannot be subjects of quantified formulas to predict their behavior because human beings make choices. Simply stated, atoms and planets do not have motives or make choices; human beings do.

A debate between those who believe in quantified research about human affairs and those who believe that human life is too idiosyncratically personal to be captured by numbers has continued in various forms for more than a century. In *The Philosophical Foundations of Social Work*,[1] Frederick Reamer notes that these issues have become important, and sometimes vituperative, matters of debate among social workers who have become devotees of different forms of research. He points to quantitative researchers who insist that social sciences need the precision of the physical sciences. They have been heartened by the 20th-century shift in the physical sciences from a quest for invariable deterministic principles to an expectation of finding only statistical regularities. Statistical findings are not to be scorned, they believe.

Other researchers—whom Reamer labels qualitative, naturalistic, heuristic (i.e. drawn from personal lived experience), and hermeneutical (i.e., reflecting the application of humanitarian perception to human experience)—attack quantitative research for its narrowness, its failure to produce information about life and work in the real world, and its irrelevance to practice. They seek information from the field using a variety of less precise research methods and are, of course, criticized by quantitative researchers for their lack of rigor and precision.

Even though some of these non-quantitative forms of research draw from lived experience, practitioners often complain that, like quantitative research, they are too narrow and distant from the real world of social work. Organized research of all types is, that is to say, subject to charges that they lose the richness of the variety of human life and motivation. To capture that richness we need, it is argued, to bring a humane sensibility into the field rather than abstract theories and questionable statistics.

Reamer, quite correctly it seems to me, finds these mutual accusations unnecessary and unwarranted. Of course, some quantitative research is so narrow and limited that it has no practical value, but there is some that is extremely useful. And yes, there is some qualitative research that is so fuzzy that it is at best suggestive and needs harder research to test its presumed insights, but there is also qualitative research that provides sound guidance to social work practice and the development of public policy. Yes, some "heuristic" research is so dependent on personal lived experience that it is really not generalizable, but some reflection on personal experience provides understanding of populations of people with similar life experience.

And some "hermeneutical" efforts to apply humanistic insights to practice and policy development are romantic claptrap, but some are truly insightful.

Reamer concludes, "Although significant differences of opinion persist about the most viable model for social work research, it is clear that the vast majority of social work scholars now prefer an approach that relies systematically on a variety of data collection tools, sources, and methods of analysis and interpretation."

He calls this approach to social work "epistemological pluralism", and he clearly is optimistic that we can build more and more social work knowledge through the use of diverse research methods.

He ends, however by noting, " …practical limits on social workers' knowledge-generating ability are likely to endure. … our knowledge about etiology and the effectiveness of social work intervention is, at best, partial …imperfect knowledge."

Where does that leave those of us who are doing social work, who are working with troubled people now, who are trying to forge social changes now?

Evidence-Based Practices

Many researchers and an increasing number of governmental agencies, foundations, and philanthropists who fund social work would be likely to answer, "Yes, much may be unknown at this point in history, but plenty is known, and we are more than a little disturbed that practitioners don't use much of the knowledge researchers have developed."

In fact, there is a widespread impression among researchers and funders that the nostrums of traditional social work practice, and medicine as well, are merely a reflection of consensus among practitioners rather than a reflection of their actual effectiveness. They believe that social workers, and others in helping professions, persist in the use of practices that are not effective for the majority of people who need help and that social workers and other helping professionals even persist in practices that research has called into question.

For example, in the aftermath of the terrorist acts of 9/11/2001, there was a widespread belief that survivors of the attacks should be given critical incident debriefing to help them deal with the immediate emotional distress of the disaster. However, there was already evidence from research on this method not only raising doubts about its effectiveness but also suggesting that people who get critical incident debriefing may be more likely to develop post-traumatic stress disorder than those who do not. Research available at

the time also indicated that an intervention called "emotional first aid" might be more effective than critical incident debriefing in the immediate aftermath of a disaster. Clearly, this is a case in which more attention should have been paid to research findings.

Why are there discrepancies between the findings of experience and the findings of research?* One answer is what has been called "clinicians' illusion." It is a bias that arises from limited experience.

For example, clinicians need to be very careful about drawing conclusions about the lives of people with schizophrenia generally because they only see the people who are in trouble. There is reason to believe that many people with schizophrenia are actually leading lives that they find satisfactory and that, therefore, they don't seek help from mental health professionals.

In general, we need to be careful about beliefs about the success of our interventions because our impressions are inevitably formed from our experience with the people we serve. The people who stay on our caseloads are generally people who choose to be there and feel that they get something important from the help we offer. What about all the others? What about the people who called and decided not to come in or were turned away? What about the people who never returned after their first appointment? What about the people who repeatedly don't show up?

If our caseloads are filled with people who are helped by our methods, we tend to believe that our methods would be helpful to other people as well. This is not a reasonable conclusion.

The belief of critics of contemporary practice that practices that do not work are nevertheless used has led to a movement to spread the use of evidence-based practice. It is an important movement, and it offers great promise that we can improve our practice and get better outcomes. But there are problems.

Yes, many of us believe, we need to identify and use evidence-based practices, and we need to stop using practices that are known not to work. We need to work at recognizing clinician bias. And we need to evaluate our practice empirically and systematically rather than impressionistically.

But we cannot rely solely on evidence-based practices if only because so much of what we do has not yet been subject to research.

* There are also discrepancies between the findings of different research studies, particularly between randomized control studies (the most scientific) and those in which other research methods are used.

It is especially troubling that while so much social work is done in urban settings with people who are poor and people of color, almost all evidence-based practices have not been tested in these settings with these populations.

In addition, evidence-based practices are heavily in the province of mental health. There are very few evidence-based practices in such social work practice areas as child welfare, domestic violence, etc.

In general, research does not, and cannot, keep pace with the need for practical knowledge in real-world settings dealing with complex people in complex environments served by complex systems.

Should we renounce the use of practices that lack definitive research support? Should we hold off on the use of promising, innovative practices until their effectiveness has been confirmed? Would it be ethical to withhold services until we can use practices that have been supported by definitive research?

Given the limits of evidence-based practices available at this point in history, I prefer to talk about the importance of using "state-of-the-art" practices, i.e., practices that experts believe are the best that we can do at this moment in history.

This concept is meant to suggest that we should make an effort to determine whether our practices are effective and that we should give up practices that appear to be of limited or no value in favor of those which have either research or expert support.

It is also meant to suggest both the kind of humility we should have about what we know and the hope we should have about the progress of knowledge and the consequent change of the state-of-the-art over time.

And finally, it is meant to call attention to the need to act to help people now. We cannot wait for researchers to tell us how.

This critique of evidence-based practices is extremely mild compared to some other reactions.

For example, in a letter to the editor of *Social Work* called "Wanted: Knowledge and Wisdom," William Meyer said that knowledge of evidence-based practices is too limited to produce good service. "I would also like to know that my social worker had immersed him or herself in the vast clinical literature that has accumulated, been refined, and been passed down over the many decades of clinical social work practice. … It would matter most to me if my social worker demonstrated an ability to listen to me…so that he or

she would know me for the unique individual that I am. Then I would feel assured that my social worker would truly know how to respond to my situation, whether it would be consistent with or seem to contradict evidence-based practice."

Meyer's comments reflect a fairly typical confidence in current clinical knowledge and a widespread sense that evidence-based practices are by the numbers rather than for the person.

Stanley Witkin, speaking for many others, goes far further in his critique of evidence-based practices. In an editorial meant to be balanced and temperate after a vituperative exchange with researchers who support evidence-based practices, he raised many of the concerns I've already noted but then continues on a very interesting political and postmodern tact. He says that sometimes "the most important work is in educating decision makers or those who have control of resources about how irrelevant the best scientific evidence is to the world of people whose experiences brought them into contact with the professionals."

Witkin's view is that people often get mental health services (evidence-based or not) because they are trapped in social circumstances, victims of poverty, oppression, or discrimination. He continues, "…a claim of evidence must fit the rules of the social situation in which it is used and be negotiated with those who have the power to legitimate the claim. Therefore, what counts as evidence and the value of different types of evidence tell us as much about cultural beliefs and power relations as about what is real."

Witkin, it seems to me, is hinting at a very interesting position. Perhaps the concept of evidence-based treatment reflects assumptions of the *business* of mental health—that a person has an illness that should be treated, that labeling people with mental illness is an appropriate way to characterize their problems of living, and that the field of helping people thus labeled should be dominated by a medical model of service and by the psychiatrists who are authorized to oversee the mental health service system.

These are undoubtedly questionable assumptions. But I would be remiss if I didn't caution those of you headed into mental health that if you decide to question the underlying assumptions regarding evidence-based practices, you will be taking on those who fund mental health services. Both the New York State Office of Mental Health and the United States Department of Health and Human Services have made the spread of evidence-based practices the centerpiece of their efforts to, and, I quote the President's Commission on Mental Health, "transform" the mental health system in the United States. From their point of view, traditional clinical views are part of what holds back efforts to improve care and treatment for people with mental illness, and they are determined to see practice change.

Some Useful and Practical Methods of Social Work Research

Still, we are left with the question of how we are to proceed if evidence-based practices do not exist in our realm of work. Fortunately, the field of social work has developed methods to enhance our impressions that do not require the rigors of completely scientific studies.

I am thinking particularly of organized program evaluation. At its simplest, program evaluation is a comparison of our goals with our achievements.

- A program is set up to serve a certain number of people. Does it?
- A program is set up to serve people with certain kinds of problems, to serve particular populations. Is it perhaps serving others instead?
- A program is built on certain expectations about the productivity of workers. Are they achieving it?
- Most importantly, programs are set up to improve people's lives in certain ways. For example:
    - Children who have experienced abuse or neglect should be able to live in security in a permanent home. To what extent does this happen?
    - People who have no source of support are entitled to various benefits. Do they get them or do they get turned away?
    - People with serious and persistent mental illnesses are supposed to be able to lead lives that they find satisfying in the community? Do they or are they doomed to a marginal existence despite our efforts on their behalf?

We can answer some of these questions without definitive research, and we should. How?

- Management information including client information and service delivery information.
- **Client satisfaction**: quantitative approaches via surveys and qualitative approaches via interviews, focus groups, etc.
- Repeated use of screening instruments.

Knowledge for social advocacy

We need knowledge for social advocacy as well as for direct service to individuals and families. In fact, it is becoming increasingly common to do **"data-based"** policy development and advocacy.

One form of policy research goes back to the earliest days of social work: the social survey.

Now it is common to use "epidemiology" to identify the prevalence and/or incidence of a problem, to identify service provision in response, to capture correlations between demographic information and the presence of a problem, and to identify shortfalls in service.

In a sense, epidemiology results in the identification of social need. But there are limits to this.

- Prevalence minus utilization does not reveal need because not all people with an illness or a problem "need" service from formal service systems.

- Treated prevalence minus utilization does not reveal need because it leaves out everyone with a problem not getting service—some of whom may be able to benefit from service.

Despite these limits, it is possible to conduct useful needs assessments that can guide social policy determinations and be used to support social advocacy.

Where does all this leave the profession of social work with regard to having adequate knowledge to provide competent service? In a state of imperfection, of course. But also with many practical opportunities to learn and improve. And for those of you entering the field of social work, there are great opportunities to contribute to the advance of social work knowledge and practice.

Readings

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