

# Evidence-Based Practice and Grand Challenges for Christian Social Workers

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## Introduction

For this chapter, we take on two seemingly conflicting ideas, at least to some social workers: Christian faith and evidence-based practice (EBP). We will argue that while important tensions exist between faith and EBP, the extent to which a social worker who identifies as Christian and who also wants to deliver their services in the most evidence-based way possible need not require an either/or choice. Rather, we see EBP by social workers who are Christian as a challenge to integrate practitioners' values, evidence, and client characteristics and values into a framework that maximizes client engagement and positive outcomes. Additionally, as the field of social work has recently moved to adopt and promote the 12 Grand Challenges for Social Work (Uehara et al., 2013), we consider those Grand Challenges from both an evidence-based lens as well as our respective Christian traditions (Protestant and Catholic, respectively), and offer recommendations for social workers (Christian and otherwise) who want to become evidence-informed in their practice going forward.

### *Definition of EBP*

For over 20 years, one of the most common understandings of evidence-based practice (EBP) has involved “the conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual [clients]” (Sackett, Rosenberg, Gray, Haynes & Richardson, 1996, p. 71). Over time, that definition has been expanded to include the focus on integration of client values and clinical expertise with the best available evidence (Kelly, Raines, Stone, & Frey, 2010), but the overall idea remains consistent today: finding and appraising research evidence, with a goal of making it relevant and feasible for specific client problems.

### *Rigor, Relevance, & Sensitivity*

As Christians, there are faith-based concerns about the extent to which evidence-based practice reflects positivism. Positivism has been criticized on theological grounds for its insistence that empirical or sensory knowledge is superior to other types. Christians certainly understand the temptation to reduce knowledge to what we can see or touch (e.g., doubting Thomas in John

20:24-29). Christ even acknowledged the role that the senses play in faith (Matt. 13:16), but he praised those who did *not* rely on them, “Because you have seen me, you have believed; blessed are those who have not seen and yet have believed” (John 20:29). Paul provides this paradox, “So we fix our eyes not on what is seen, but on what is unseen, since what is seen is temporary, but what is unseen is eternal” (II Cor. 4:18). Likewise, the author of Hebrews states that “faith is confidence in what we hope for and assurance about what we do *not* see” (Heb. 11:1).

It is important, therefore, to recognize and respect different forms of “evidence” in evidence-based practice. Sometimes, for example, our qualitative evidence comes in the form of countertransference, emotional responses to clients that cannot be empirically known, but provide potentially useful information about the therapeutic relationship (Raines, 2003). While EBP does use a hierarchy of evidence to categorize the research, the hierarchy only applies to rigor and rigor is only one component of good clinical research (Goldenberg, 2009). Rigor refers to the degree to which the research studies control for internal threats to validity; randomized controlled trials and quasi-experimental designs do the best job. Equally valid concerns are relevance (the study participants’ similarity to our own clients) and sensitivity to client values (the respect for diverse moral principles). The “current best evidence” used in the original definition then becomes evidence that is rigorous, clinically relevant, and sensitive to client values.

### **Engaging in the EBP Process**

#### *Asking questions*

Asking answerable questions refers to asking a question that can be informed by the research literature. For Christians, not all clinical conundrums can be answered by science. If a 15-year-old girl comes in to talk about getting an abortion, then the research literature is not going to be of much help. The primary clinical concern is an ethical-moral issue, not a scientific one (Raines, 2004). If a client asks if her 18-year-old brother who just completed suicide is going to hell (as her parish priest told her), then research will not alleviate her concerns. Christian social workers frequently deal with ethical and existential issues where EBP does not apply and a different process is needed (Raines & Dibble, 2011). As O’Connor and Meakes (1998) described, “Evidence-based... care does not replace intuition or the wisdom of clinical experience or compassion. Rather, compassion, intuition, and clinical wisdom ought to be used in conjunction with the evidence from research findings” (p. 360).

#### *Investigating the evidence*

Investigating the evidence refers to exploring the research literature in an effective yet efficient manner. Franklin and Kelly (2009) describe how they triangulated their search by using five online databases, three related textbooks, and proprietary databases (e.g., PsycINFO or Social Work Abstracts). Social workers searching for Christian terms in secular databases will want to allow the

database (e.g., EBSCO or OVID) to “map term to subject heading” to understand how it categorizes certain search terms. For Christian and religious research, the American Theological Library Association (ATLA) religion database is also useful. It is the “the premier index to journal articles, book reviews, and collections of essays in all fields of religion, with coverage from 1949 and retrospective indexing for several journal issues as far back as the nineteenth century” (ATLA, 2019). It currently has over 2.7 million records. A quick review of the ATLA database, however, returned only five items related to evidence-based practice and two of these were book reviews.

### *Appraising the evidence*

Appraising the evidence means not only examining the degree of rigor, but also its relevance and sensitivity to client values. While there are some excellent online appraisal tools (e.g., [www.consort-statement.org](http://www.consort-statement.org)) for examining rigor, the questions about relevance and sensitivity depend on the clinical expertise of the practitioner (Haynes, Devereaux, & Guyatt, 2002). As Christians, we must be wise about the assumptions of secular science when it approaches spiritual interventions.

Lawrence (2002) points out four flaws about spirituality research. First, some research comes dangerously close to testing God. An example would be studies about the effectiveness of prayer (e.g., Dossey, 1993). Does prayer only “work” when God says yes? Second, much of the spirituality research assumes that all spirituality is the same and it is always good. Kershaw (2000) tells us that when Hitler heard about the death of Roosevelt, he assumed God was on the Nazi’s side! Clearly, despite the claims of new age proponents (Wilber, 2006), some spiritual beliefs are not benign. Third, much of the spirituality research seems misdirected. Again, the prayer studies have focused solely on supplication to the exclusion of other types of prayer, such as adoration, confession, or thanksgiving (Price, 1974). An interesting hypothesis might be that those who give thanks for both the good and the bad that happens to them have better mental health than those who give thanks for only the good. Finally, much of the spirituality research displays theological naiveté. Koenig (1999), for example, dismisses the age-old problem of theodicy by stating that God simply never causes illness, God only heals! Thus, one of the dangers inherent in EBP for Christians is that it can be overly reductionist when it comes to complex theological issues.

### *Adapting & applying the evidence*

Applying and adapting the evidence means modifying the intervention to make it useful for your client’s circumstances. This doesn’t mean that “anything goes,” but it does mean that one should not use a treatment manual robotically (Stewart, Chambless, & Baron, 2012). How could we adapt evidence-based interventions for religious clients? Let’s consider two different paradigms for understanding Christian spirituality. First, Thomas (2000) proposes nine “sacred pathways” to God: naturalists, sensates, traditionalists, ascetics, activists, caregivers, enthusiasts, contemplatives, and intellectuals. Thomas suggests that

Christians with different journeys have different spiritual needs. Respectively, some Christians need the grandeur of nature, some want sensual stimulation, others a liturgy, some seek simplicity, some need social action, others to serve, some want need celebration, some seek personal devotions, and others theological profundity. Understanding clients' different spiritual paths may help Christian social workers adapt therapeutic interventions to meet both their psychosocial and spiritual needs. Second, Lincoln and Mamiya (1990) proposed six different dichotomies for African-American churches. These include priestly (worship-centered) vs. prophetic (action-focused); other worldly (eternal life) vs. this-worldly (abundant life); universal (diversity welcomed) vs. particular (in-group advocacy); communal (public-minded) vs. privatistic (congregation-focused); charismatic (spirit-led) vs. bureaucratic (well-managed); accommodating (adjusting to cultural norms) vs. resistant (standing against cultural dilution). Since Protestant Christians typically "church shop" until they find a spiritual home (Mouw, 2008), a church's stance on these six dichotomies often reflect members' mindsets as well. Understanding the reasons behind clients' different church affiliations may help Christian practitioners adjust their interventions accordingly.

### *Evaluating the results*

Evaluating the results is important for two reasons. First, the only fact that empirically-supported treatments can tell us is what works for most people. There are two corollaries to this truth: (a) even the best empirically-supported intervention will not work for some clients and (b) the best empirically-supported treatments might make a few clients worse! If we don't routinely evaluate our work, then we will not know if we are helping our clients or not. Second, if we have adapted the intervention prior to application as suggested above, then we have changed the treatment (Raines, 2008).

## **The Grand Challenges for Social Work Initiative**

### *History*

The Grand Challenges for Social Work (GCSW) (AASWSW, 2009; Uehara, et al., 2013) was sponsored by the American Academy of Social Work and Social Welfare (AASWSW or "the Academy"). Starting in 2009, the Academy modeled itself on the National Academies of Science, Engineering, and Medicine. The Academy is an honorific society, inducting new members through a nomination process modeled after the National Academy of Medicine. Currently, there are more than 140 member fellows. The fellows can be nominated for either being (a) scholars or (b) policy makers, administrators, and/or practitioners. Of particular interest is that one of the examples of scholars includes: "developers of evidence-based practices that have gained national recognition and use" (AASWSW, undated). The idea that evidence-based practice can be reduced to specific interventions is at odds with the definition at the beginning of this chapter which views it as a process between the practitioner and the client. As Raines (2008) described, this is a caricature of EBP known as the cookbook ap-

proach to practice (Howard, et al., 2003; Shlonsky & Gibbs, 2006). Furthermore, the use of social validity as the sole criterion for determining which scholars to include is problematic due to its inherent subjectivity and relationship to social marketing (Winett, Moore, & Anderson, 1991).

The GCSW was a synergistic melding of two ideas. John Brekke championed the notion that there was a science of social work (Brekke, 2012) and Edwina Uehara borrowed the grand challenges concept from the National Academy of Engineering (NAE) Grand Challenges initiative (Uehara et al., 2013). The definition of grand challenges was provided by Kalil in a speech to a science and technology policy think tank as “ambitious yet achievable goals for society that mobilize the profession, capture the public’s imagination, and require innovation and breakthroughs in science and practice to achieve” (Kalil, 2012). The goals of the GCSW were “to improve society while building new science, skills, and relationships that would also strengthen the profession of social work” (Lubben, et al., 2018, pp. 3-4).

### *Assumptions*

It is always a good idea to make the implicit explicit. The GCSW were guided by two seminal papers, one written by the leadership of the AASWSW and the other by Sherraden et al. (2014). Both, in our view, proceeded from some core assumptions. The first assumption was that the social is fundamental. The authors posited that social work currently functions as applied social science. The emphasis on application “assumes that the combination of systematic knowledge and purposeful effort can lead to improvements in social conditions” (Sherraden, et al., 2014, p. 4). The social work profession intends to change these conditions so that even the most vulnerable and oppressed can lead fulfilling and capable lives. Human beings are viewed within the social contexts in which they live—families, communities, institutions (e.g., churches), and governing authorities. At our core, we are social beings, meant to work together for the greater good. Surely, all Christians can affirm this by considering the Golden Rule or the many passages about how we should treat “one another” (e.g., John 13:34; Romans 12:10; Eph. 4:2; Col. 3:13, I Thess. 5:11).

The second assumption is that social work has already achieved grand accomplishments (AASWSW, 2013). The profession was born in the late 19th century as a response to human challenges accompanying the industrial revolution. Over-crowded tenements, urban pollution, persistent poverty, and hazardous work required social interventions. Social workers removed children from work-houses, increased foster and adoptive care, assisted mothers with Aid to Families with Dependent Children (AFDC) later renamed Temporary Assistance to Needy Families (TANF), changed working conditions in factories, championed child labor laws, reduced infant and maternal mortality, implemented social security, organized the Civilian Conservation Corps, advocated for universal human and civil rights, helped deinstitutionalize the those with mental illness, and promoted end-of-life care. With a history of grand accomplishments, the profession can courageously and confidently tackle other enduring social problems.

### *Criteria for Inclusion*

It should not come as a surprise that the committee originally entertained 80 different ideas for the GCSW. Before narrowing down the list, they came up with five criteria:

1. The challenge must be big, important, and compelling.
2. Scientific evidence indicates that the challenge can be completely or largely solved.
3. Meaningful and measurable progress to address the challenge can be made in a decade.
4. The challenge is likely to generate interdisciplinary or cross-sector collaboration.
5. Solutions to the challenge require significant innovation (Lubben, et al., 2018, p. 7).

Applying these criteria while reviewing 38 concept papers, the committee finally settled on twelve grand challenges for the next decade:

- Ensure healthy development for all youth
- Close the health gap
- Stop family violence
- Advance long and productive lives
- Eradicate social isolation
- End homelessness
- Create social responses to a changing environment
- Harness technology for social good
- Promote smart decarceration
- Reduce extreme economic inequality
- Build financial capability for all
- Achieve equal opportunity and justice

There is no doubt that this is an ambitious list and given present conditions in our polarized political context, one might rightly question whether these goals can be achieved within the next ten years.

### **EBP & the GCSW: How Much EBP Is Actually in the Grand Challenges Themselves, & What do they have to say to Social Workers and Clients who are Christians?**

Separate from preparing this chapter, one of us (Kelly) engaged in a multi-year project with another colleague and our doctoral students at Loyola University School of Social Work to critically examine the GCSW from a variety of evidence-informed lenses. We asked of the 12 Challenges and the (then) 21 papers that grew out from them:

1. How well did the papers make a case that the scientific evidence for the challenge was developed enough that progress could be made relatively quickly;

2. How well did the papers identify ways that meaningful progress could be made in the next decade;
3. How many of the papers cited rigorous research designs (systematic reviews, meta-analyses, randomized trials, rigorous qualitative studies) that would bolster the case that the science for the specific GCSW was robust and ready to implement; and
4. How many of the papers were themselves rooted in social work values, scholarship, and authorship? (Kelly, Singer, Shinn, Iverson, & Williams, 2019)

To answer these questions, our team conducted a directed content analysis of all 21 GCSW papers (details on the study methodology can be found at Kelly et al., 2019) and found some disquieting outcomes from our process. First, almost none of the papers cited extensive examples of rigorous research designs that might indicate that the science for the GCSW was poised for the next stages of implementation and innovation called for in the GCSW initiative. Second, most of the published work was itself not generated by social work scholars and/or published in social work journals, raising doubts about how much “social work” is included to start with in these Grand Challenges. Very little data from our analysis indicated that the authors of the papers had engaged in the very kind of research syntheses typical to other professions’ Grand Challenge initiatives (e.g. conducting scoping reviews or evidence gap maps to establish the parameters of the field, or assuming that enough intervention research already existed to do so, conducting a systematic review of the extant literature) (Kelly et al., 2019).

Finally, and perhaps most of concern to our team (and to the overall goal of this chapter), it appears that very little effort was made at the outset of the GCSW to establish meaningful relationships with social work practitioners and clients in the development of these challenges, making the effort itself largely dependent on a top-down researcher-led approach that continues to challenge its uptake in the larger social work practice and policy community (Kelly et al., 2019). This is compounded by the fact that the GCSW papers didn’t appear to fully reckon with the impact that the faith of the social worker (and even more importantly, the social work client) might have on the delivery of any intervention strategies generated from the GCSW.

### **Conclusion: Could Integrating Faith, EBP, and Social Work Into the GCSW qualify as its own Grand Challenge?**

We now consider some implications from our initial content analysis paper on the need for social work to build both EBP and faith-based lenses into the further development of the GCSW. We are inspired by the enormity of the 12 Grand Challenges, as well as our own concern that they not become something that fizzles, like many other well-intentioned plans or initiatives have done. It’s clear to us that one path toward bringing the GCSW into the lived realities of

so many social workers, clients, and researchers is to ask the tough questions we have in this chapter and seek some better synthesis or integration of faith, EBP, and social work in the years to come. In many ways that synthesis or integration, as elusive as it may seem to achieve now, may be the greatest challenge that social work faces within the next decade.

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