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**John S. Wodarski and Marvin D. Feit, *Evidence-based Interventions in Social Work: a Practitioner's Manual*, Springfield, Illinois, USA, Charles C. Thomas - Publisher, LTD., 2009, 310 p.**

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Les conceptions du rétablissement en santé mentale : recherches identitaires, interdépendances et changements sociaux  
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## Evidence-based Interventions in Social Work : a Practitioner's Manual

JOHN S. WODARSKI AND MARVIN D. FEIT  
Springfield, Illinois, USA, Charles C. Thomas - Publisher,  
LTD., 2009, 310 p.

### Book Review by Alan M. Langlieb

### Recension de livre • Book Review

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**T**he field of medicine is changing rapidly. Increasingly, evidenced-based practices, readily identifiable treatment plans, and quantifiable outcome metrics are becoming the measure of success in treating patients. The mental health field is well positioned to adopt these demands despite such practical and longstanding limits as: (1) an unclear understanding of how most psychotropics and dialectical therapeutic interventions yield their results from a biological perspective, (2) a multidisciplinary and sometimes fragmented, team-based approach to services with heterogeneous metrics, (3) a system-wide reluctance to adopt electronic medical record keeping, (4) an unwillingness to give up autonomy, and (5) a deep and long held belief and practice that handwritten clinical and psychoanalytic notes protect help patient confidentiality.

The field of social work is a fundamental part of quality psychiatric care. As such, it is imperative that social work, like psychiatry, occupational therapy, nursing, psychology, and sometimes dietary services, vocational rehabilitation, and whomever else may become part of the treatment team adopt and practice evidence-based care.

Drs. Wodarski and Feit presumably set out to accomplish this task for social workers in their publication, "Evidenced-based Interventions in Social Work: A Practitioner's Manual (Charles, Thomas Publisher, 2009). It is compact and an easy read. The authors don't provide much context at the start of the book □ no space is

devoted to introducing the reader, presumably a social worker, to this particular aspect of the field or where this book might fit in the growing body of social work literature.

The authors set forth five questions in the opening paragraph which would normally frame the outline they wanted to achieve (recognizing it would be a difficult task) for the rest of the book: "Who should deliver the intervention to whom, what intervention is the most effective with which clients, where and at what level should the intervention take place, when should the intervention occur, how long should the intervention continue, and how is behavior change maintained? Short term goals, long term interventions, and short term outcomes... as are long-term goals, long-term interventions, and long-term outcomes, and the interventions between these variables and medication."

If those questions could all be answered at the present time for the hundreds of diagnoses that currently reside in the DSM it would probably fill many more pages and possibly volumes more than the 310 pages of their book. In fact, if those questions could ever all be answered with evidenced based research for any part of medicine it would be revolutionary. One needs only reference any textbook on the history of medicine from Antiquity up through the modern era to realize that much of what is still practiced today, and will be practiced in the foreseeable future is, as Stephen Swensen bluntly articulated in his 2010 article in the New England Journal of Medicine (NEJM), "essentially a cottage industry of nonintegrated, dedicated arti-

sans who eschew standardization.” (Swensen, S. J., Meyer, G. S., Nelson, E. C. et al. *Cottage Industry to Postindustrial Care – The Revolution in Health Care Delivery*, N Eng J Med 2010;362:e12)

With that, it would be impossible for Wodarski and Feit to successfully answer all the questions they outlined above but it would be a worthy goal. Their book is divided into three sections: Child and Adolescents, Adults, Brief Cases and within each section lie 31 clinical topics, mostly by named by diagnosis. Their outline of five questions highlighted above, which was presumed to be the framework each chapter would follow, breaks down quickly and leaves the reader with more questions than answers: This might be reflective of the paucity of research in that particular area, a lack of critical examination of the literature, or a publishing decision to keep the book manualized and brief so as to appeal to the busy practitioner.” The reader is left unsure.

Given that the services of social work very much needs to be tightly woven to the rest of medicine in order to remain relevant and perhaps more practically, reimbursed, such oversight on the part of the authors is not trivial. In other words, for the field to grow, as colleague of mine once advised in general about gathering, organizing, and presenting information, their book needed to “tell us what we know, tell us what we don’t know but need to find out, and tell us how we are going to find it out.” In that service, the authors would have allowed students, researchers, scholars, and practitioners in the future to use the book as a foundation for what might be coming down the road. Once the authors begin to stray from their outline and the evidence part of “evidence-based interventions”, the book reads very much like a disjointed set of chapters that any basic textbook of social work would cover.

Many chapters use well-written case reports to highlight the topic which are then followed by a tapestry of paragraphs that roughly fall under the category of “Treatment” or “Treatment and Context”. There is no consistency of how each disorder is presented. Sometimes, epidemio-

logic data is provided, sometimes medications are discussed, sometimes rating scales are summarized, sometimes direction for future research is touched on, sometimes samples of treatment instruments are summarized. There is redundancy and a tendency toward oversimplification at times (for example, multiple chapters make statements such as the “assessment process is one of the most important aspects of treatment” and “without a thorough and accurate assessment of the client’s problem, one cannot know how to help.”). Even this fact might be made acceptable if they provided data and references to demonstrate the assessment process is in fact so important. In other words, most social workers and clinicians know this to be true but wouldn’t it have been great to have a study referenced in their book of this nature to support it. Break it all down, look behind the dogma and reveal the evidence. It would be nice to know what we know works not just because we keeping doing it the same way.

Each chapter concludes with a set of references. The scope and quality vary by chapter. Some chapters such as “Generalized Anxiety Disorder” have many (64) which are mostly up to date and other chapters have a paucity of citations (the “Anorexia Nervosa” chapter sole reference is for the DSM IV itself). It would seem that even if sections of the book were tasked to different authors or assistants or editors there could have been greater attention to consistency in this regard.

There are reasons to be hopeful for the future; one reason might be that multidisciplinary, multidimensional treatment is helping patients with mental disorders all around the world everyday. The field of social work is an important part of that equation. Successful (and unsuccessful) treatments can now be quantified and measured and someday that evidence will grow to form a useful body of evidence that will help to prevent disease when possible and achieve remission for others.

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