

Evidence-based Macro Practice:
Addressing the Challenges and Opportunities for Social Work Education

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The concepts related to evidence-based practice (EBP) have made significant contributions to social work in the past decade, following the introduction of this process to our field by Gambrill (1999) and Macdonald (1998) in the late 1990s. There is now a very substantial literature on the topic appearing in our professional journals and enough books to fill a small bookshelf. Virtually all of this material has dealt with the potential and actual contributions of EBP to the field of social work as practiced at the micro-level, that of direct or interpersonal practice providing services to individual clients, small groups, couples and families (Thyer, 2002a, 2002b, 2004a, 2004b, 2004c). This individualist focus is perhaps understandable given the definition of EBP as:

“...the integration of the best research evidence with our clinical expertise and our patient’s unique values and circumstances.” (Strauss, Richardson, Glasziou & Haynes, 2005, p. 1)

These original source writers go to great lengths describing the individual components of this definition such as what constitutes best research evidence, what is clinical expertise, the significance of patient values, and taking into account the patient’s circumstances. The latter three elements are by no means ignored in favor of an exclusive focus on establishing exceptionally high evidentiary standards.

Although EBP is far more than simply trolling the literature to locate interventions with credible degrees of empirical support, you would not realize this from a reading of the misleading definition of EBP found in the *Social Work Dictionary*:

“The use of the best available scientific knowledge derived from randomized controlled outcome studies, and meta-analyses of existing outcome studies, as one basis for guiding professional interventions and effective therapies, combined with professional ethical standards, clinical judgments, and practice wisdom.” (Barker, 2003, p. 149)

It is a harmful misrepresentation of EBP to depict it as viewing randomized controlled trials (RCTs) and meta-analyses as the sole basis for guiding professional intervention., when it is very clear from the original sources of EBP that it is depicted as a *process of inquiry* that is constant, recursive, and relies on *all available* scientifically credible evidence, not simply RCTs and meta-analyses. The focus on these latter two forms of evidence implies the ignoring or denigration of other scientifically useful types of studies, such as qualitative studies, economic analyses, practice guidelines, systematic reviews, and single-case experiments, all sources of information mentioned by Strauss et al. (2005) as informing EBP. Basic science research on the causes of problems is also seen a potentially useful. Other sources addressing EBP describe the value of quasi-experimental studies, case control studies, epidemiological research, and correlational investigations. When EBP refers to locating the *best evidence*, it imposes an obligation us to base our practice, at least in part, on the *best available evidence*, not only RCTs and meta-analyses. This is reassuring since many areas of social work practice, especially at the

macro-level, lack significant numbers of these latter types of studies. This does not mean that EBP is inapplicable to areas lacking an evidentiary foundation of RCTs and meta-analyses, only that one is obliged to drill further down into the literature to locate *all* pertinent research, experimental or not, bearing on one's answerable question. For example, there are no RCTs or meta-analyses of RCTs of the effects of cigarette smoking on the likelihood of coming down with lung cancer. But many decades of clinical cases, qualitative studies, correlational investigations, epidemiological research, demography, and quasi-experiments have made an extremely strong case that smoking does indeed promote lung cancer in humans. No RCTs or meta-analyses were needed to prove the causal linkages. A cumulative body of less than perfect evidence was sufficient to arrive at a credible conclusion.

EBP is most properly seen as a process of inquiry for practitioners and consists of the following steps (paraphrased from Strauss et al., 2005, pp. 3-4):

1. Converting one's need for information into an answerable question.
2. Track down the best available evidence to answer that question.
3. Critically appraise that evidence for its validity, impact and applicability.
4. Integrate this critical appraisal with our practice skills and our client's unique values, preferences, and circumstances.
5. Evaluating our effectiveness and efficiency in executing Steps 1-4 and seek ways to improve them both for next time.

Lets look at this process of EBP in terms of its potential applicability to macro-level social work. According to the NASW's *Social Work Dictionary*, macro-level social work practice refers to:

“Social work practice aimed at bringing about improvements and changes in the general society. Such activities include some types of political action, community organization, public education campaigning, and the administration of broad-based social services agencies or public welfare departments” (Barker, 2003, p. 257)

Another form of macro-level social work has been called Policy Practice, defined as:

“...professional efforts to influence the development, enactment, implementation, modification, or assessment of social policies, primarily to ensure social justice and equal access to basic social goods” (Barker, 2002, p. 330)

Do macro-level social workers have a need for information about their interventions, be they political activities, public education, fund-raising, administration, or social welfare policies? Of course they do. Can these informational needs be translated into answerable questions, along the lines discussed in Strauss et al. (2005). I believe so, and one very good resource for learning how to do this is Len Gibbs (2003) book *Evidence-based Practice for the Helping Professions*. In it Professor Gibbs lays out the process for developing questions that specify a particular problem, what might be done, alternative courses of action, and what the desired outcomes are. Such answerable questions not only deal with issues related to the effectiveness of interventions, but also those addressing prevention, assessment, description, and risk/prognosis. Some macro-level answerable questions provided by Gibbs include:

- “If communities are exposed to foster parent recruitment advertisements or not, then will those communities so exposed have more volunteer foster parents” (p. 71)

- “For aged persons who have problems living independently in the community, if they receive in-home respite care services or not, will those so served be able to live longer within the community with a higher life satisfaction?” (p. 72)
- “If junior high school students are exposed to a violence prevention program or not, will the former demonstrate fewer violent behaviors?” (p. 73)
- “If adult prison inmates are moved to a high density prison population or to a low population density prison, will there be a difference in the rate of violent behavior?” (p. 74)

To this could be added many other examples, such as:

- “If a state’s child protective service workers have BSW degrees, or degrees in other fields, do the former earn higher performance evaluations from their supervisors?” (see Perry, 2006, for one study addressing this topic)
- “If heroin dependent clients participate in a methadone maintenance program or not, will the former experience less illicit opiate use?” (see Shilling, Dornig & Lungren, 2006)
- “If states provide intensive family preservation programs or not, will those states with such programs experience lower rates of family disruption, and safer environments for children? (see Lindsay, Martin & Doh, 2002).

Does macro-level practice lend itself to developing the types of answerable questions that represent the first step in the process of evidence-based practice? The answer is clearly yes.

The next step in EBP is tracking down the available information touching on one’s answerable question. There are many resources addressing this practice skill, and macro-level social work requires no special modifications to the approaches outlined by Strauss et al. (2005), Gambrell (2005), Gibbs (2003), or Cournoyer (2004). An example of this process was recently undertaken by Ohmer and Korr (2006) who completed a comprehensive review of the effectiveness of community practice interventions. These social workers found 269 articles published from 1985 – 2001. Of these, 58 were quantitative or mixed methods studies, of which 20 were examples of intervention research. Of these, 9 employed some type of experimental control condition. A wide array of macro-level practice was illustrated among these studies, including topics such as community development, micro-enterprise loans, promoting citizen participation, social planning, and leadership development and training. Can evidence addressing selected answerable questions relevant to macro-level practice be located? Again the answer is clearly yes.

The third step in EBP is to critically evaluate the relevant evidence. Mike Holosko’s (2006) excellent *Primer for critiquing social research* is the latest in a long series of social work resources aimed at enhancing our ability to engage in such critical evaluations, a series going back to Thyer (1991), Gibbs (1989), Tripodi, Fellin and Meyer (1969), and Goldstein (1962), if not earlier. Do we know how to critically evaluate research on the topic of macro-level practice? Again, the answer is yes.

The fourth step in EBP is to integrate the findings from our critical analysis of the relevant literature and apply it to our client or practice situation, taking into account relevant values, ethical standards, client/system preferences, and the unique aspects of the situation. To some extent this is simply making a decision and executing it, and this of course occurs every

time a macro-level social work practitioner, a legislator, a policy-maker or administrator decides what to do, as in President Clinton's decision to allocate several hundred millions dollars to expand intensive family preservation programs in the early 1990s, well in advance of scientifically credible evidence that these programs were effective; as in Georgia Governor Zell Miller's decision to create a state-wide boot camp program as an intervention for delinquent youth; and as in my children's school's recent decision to adopt the *Drug Abuse Resistance Education* (DARE) program as its primary method to deter drug abuse among elementary-school ages children, despite compelling evidence that the DARE program does not work (Lynam et al., 1999). EBP requires that the available evidence be carefully evaluated and considered in making any of these myriad decisions occurring within the context of macro-level practice. Although this does not occur frequently enough, there is nothing contained within the EBP process model to preclude it from happening. Given the above analysis of the steps involved in the process of EBP, does it seem possible to apply this model to macro-level practice in social work? I believe so.

Prior to discussing further the potential for EBP within macro-level social work, and presenting some of the current applications of this model being undertaken, largely outside of social work, I believe that some clarifications are in order to separate EBP from other related but quite distinct initiatives: the *empirical clinical practice movement* within social work; the *empirically supported treatments* project within Division 12 (Clinical Psychology) of the American Psychological Association, and the movement to develop evidence-based *practice guidelines*, originating in medicine and psychiatry, and also adopted by many other health care professions (with a marked lack of enthusiasm by professional social work).

Empirical Clinical Practice

Empirical clinical practice (ECP) has a lengthy history within social work, ostensibly dating back to the 1960s (Reid, 1994). It consisted of three major themes: 1. Using single-case evaluation designs to help ascertain the outcomes of social work intervention, 2. preferring as first choice treatments those interventions that are best-supported by empirical research, and 3. proactively engaging practitioners as collaborators in the process of conducting research on and about social work practice. ECP predated the emergence of EBP by at least a decade, and emerged from social work, not medicine and psychiatry, EBPs originating disciplines. ECP seems to have been largely supplanted within social work by EBP.

Empirically Supported Treatments

The *Empirically Supported Treatments (EST)* project was a project of selected members of Division 12 (Clinical Psychology) of the American Psychological Association (APA). It was not an initiative officially sponsored by the APA as a whole and indeed was viewed with considerable misgivings by many of its members and officials. The EST project consisted of two major undertakings: 1. To develop a set of minimal evidentiary standards that could be used to help designate selected psychosocial treatments as well-established (in terms of their effectiveness in helping clients with specific disorders), and then, once these standards were agreed upon, to 2. review the scientific literature and make lists of interventions that met these standards as well-established as effective, or as probably effective (Division 12 Task Force, 1996).

The amount of evidence required to designate a treatment as well-established was relatively modest, and modeled after standards required by the Federal Food and Drug Administration to approve new drugs. Roughly speaking the new treatment had to demonstrate positive effects through two published, well-designed randomized controlled clinical trials, comparing it against either another treatment known to be effective, or against an active placebo treatment. In addition the new treatment had to be operationalized in a treatment manual. An alternative route to being designated as empirically-established was to have the intervention supported by at least 9 experimental single-case studies. In due course, lists of such treatments appeared, accompanied by considerable controversy since these listings were heavily dominated by behavioural and cognitive treatments, much to the ire of practitioners espousing alternative conceptual frameworks. The set of documents produced by the EST movements is available on the website of Division 12, http://www.apa.org/divisions/div12/rev_est/index.html and has been emulated by other APA Divisions (e.g., <http://www.wjh.harvard.edu/%7Enock/Div53/EST/index.htm>). Much of the steam seems to have leaked from the EST movement within psychology, to be replaced by ongoing discussion and dialog about EBP (see Norcross, Beutler & Levant, 2006)

The Practice Guidelines Movement

The practice guidelines movement (PGs) developed within medicine and psychiatry in the early 1990s and consisted of two sometimes opposing goals: 1. to publish recommended treatments (and to a limited extent, describe how to provide them) that are well-supported by empirical research or by expert consensus, and 2. (although this was never an overt agenda) to carve out professional turf by asserting in official PGs that psychotropic medications were the first choice treatment for, say, depression, with little or no attention given to the value and evidence supporting psychological or psychosocial treatments, thus minimizing the potential professional contributions of other mental health care providers. Psychologists in particular got really riled up over this, with Peter Nathan (Nathan, 1998) labelling the process ‘therapeutic imperialism’ (p. 297).

Social work has paid relatively little attention to the issue of PGs, perhaps wishing that if they were ignored, these pesky things would go away. Matthew Howard and Jeffrey Jenson (1999) guest edited a special issue of the journal *Research on Social Work Practice* devoted to PGs, and Rosen and Proctor (2003a) edited one book of conference proceedings on the topic, with another in the works. But apart from a few other isolated articles (Rosen & Proctor, 2003b; Giles, 2004) this issue has not appeared to influence social work education or practice very much. Certainly the National Association of Social Workers has not played any meaningful role in either the disciplinary or interdisciplinary development of practice guidelines. Meantime a thriving and lucrative industry continues to churn out PGs of varying quality, ranging from the very solid to the authority-based consensus-driven models of yesteryear. The American Psychiatric Association regularly updates their PGs for selected so-called mental disorders, and these can be viewed at: http://www.psych.org/psych_pract/treatg/pg/prac_guide.cfm.

All these developments, ECP, EST, PGs, and EBP, etc. share some common elements, so a little conceptual confusion is perhaps justified. But even a little confusion can muddy the waters considerably. So, to reiterate, EBP is a process of inquiry to help practitioners make

decisions about assessment and treatment options. EBP does *NOT* produce lists of officially endorsed guidelines. Indeed, the fluid, ever-changing, and self-correcting landscape of scientific advances would make most advocates of EBP somewhat suspicious of any such listing, since by the time it appeared in print additional findings may have rendered it out of date. Similarly, the end-product of EBP is not only *not* a list of approved treatments, it is *not* even a set of practice guidelines.

To the extent that there is a tangible product of EBP (apart from presumptively improved provision of services), it consists of *systematic reviews* (SRs), comprehensive, as unbiased as possible, syntheses of *all* pertinent scientific literature dealing with an answerable question related to providing services. Such systematic reviews are undertaken by international consortia such as the Cochrane Collaboration in the area of health care, including mental health (see www.cochrane.org) and the Campbell Collaboration in the areas of education, social welfare, and criminal justice (www.campbellcollaboration.org). These SRs *do not* recommend treatments or tell practitioners what to do, per se. Rather they summarize the research literature and come up with summary statements regarding whether or not the evidence indicates that the intervention or assessment method is scientifically supported. This is *not* the same as a practice guideline, nor does it constitute compiling a list of approved treatments.

The methodology for undertaking a Campbell-style systematic review is freely available and completely transparent (http://www.campbellcollaboration.org/c2_protocol_guidelines%20doc.pdf), and further suggestions to improve this approach to knowledge synthesis are welcome. Any group of credible investigators may propose a topic to be reserved for them to review, using the Campbell methodology. The next step is for this team to develop a proposal on how they will undertake their review. This is examined by Campbell Collaboration, perhaps revised, eventually approved (or not, if it is substandard) and then posted on the Campbell website where others can read it and perhaps even submit critique to the authors (again we see the crucial principle of transparency in scientific inquiry). For example, in July of 2004 a group of Scandinavian researchers proposed undertaking a systematic review of the scientific literature on the effects of welfare-to-work programs on welfare recipients. The 122 page review was approved and last month published on the Campbell website (http://www.campbellcollaboration.org/doc-pdf/Smedslund_Workprog_Review.pdf). These authors found 46 welfare-to-work programs, involving a total of more than 400,000 participants, mostly from the United States, that were evaluated using RCTs or quasi-randomized trials. Two independent reviewers evaluated each study, and follow-ups were reported for up to six years. Given the tight methodological controls accompanying this Campbell review, I am confident that this report is the most comprehensive and scientifically rigorous evaluation of the effects of welfare-to-work programs in the history of the universe, and is obviously of far greater guidance to policy-makers than the anecdotal level of analysis that characterizes many appraisals of governmental intervention (e.g., see Savaas, 2005). Any macro-level social worker interested in being informed about the scientific foundations of welfare-to-work programs would be remiss not to become thoroughly familiar with this superb systematic review. Would you know to know what they found? Look it up, as I did. It is free!

Other titles registered within the Campbell Collaboration under the auspices of the Social Welfare group include, among many dozens, *Cognitive Behavioural Therapy for Violent Men Who Batter Female Partners*; *Cognitive-behavioral Therapy for Sexually Abused Children*; *Independent Living Programmes for Improving Outcomes for Young People Leaving the Care System*; *Risk of Child Maltreatment: A Systematic Review of the Predictive Validity of Instruments*; and *Supported Housing for the Seriously Mentally Ill*.

The website of the Cochrane Collaboration contains other interesting reviews related to our field. For example, one project is titled *RCTs for Policy Interventions: A Review of Reviews* (<http://www.cochrane.org/colloquia/abstracts/melbourne/P-069.htm>). Here the authors retrieved evaluations of public policy that involved the use of randomized controlled trial methodology, conducted between 1999 and 2004. They found over 200 such studies across a range of policy areas, related to interventions delivered mainly within institutions and communities, more rarely at regional or national levels. A meta-analysis involving over 400 effect sizes was completed.

Do any of the above SRs touch upon the subject matter of macro-level social work? You bet they do! Is it even worth talking about the possibility of applying the process of EBP to macro-level social work? Not really. Because it is compellingly clear not only that it *can* be done, but that it *is* being done (see Nutley & Davies, 1999; Thyer, 2001; Michaels, 2005). But it is not being done by many social workers, and providing education and training in such efforts is largely conspicuous by its absence in the social work curriculum. In the balance of this paper I will present some concrete steps that could be undertaken to help bring macro-level social work practice into the evidence-based 21st century.

Some Steps to Promote Evidence-Based Macro-Practice in Social Work

Convey to students the idea that the topic of macro-level practice lends itself to empirical evaluation as much as does evaluating the outcomes of social work practice at the clinical level. Indeed, it can be contended that the critical evaluation of social policies, their intended and unintended consequences, both short and long term; the promoting of empirically supported policies; and the active repudiation of ineffective or harmful policies, are even more worthy of our attention than is direct practice. We need to proactively repudiate the objection that the principles of EBP have little or no applicability to the level of macro-level practice.

Stress the fact that the field of social policy and macro-level evaluation has a long tradition of rigorous (and some not-so-rigorous) scientific inquiry. Donald Campbell's (1969, see also 1971) landmark article titled *Reforms as Experiments* is an appetizing *hors d'oeuvre* for policy students to begin feasting at the table of EBP, and selected textbooks make for fulfilling main courses (e.g. Brownson et al., 2003; Gray, 1997; Campbell & Russo, 1999; Jackson et al., 1998; Orr, 1999; Nutley, Davies & Smith, 2000; Goom & Davies, 2000). Davies' (2004) fascinating paper titled *Is evidence-based government possible?* is another potential landmark paper in the development of evidence-based macro-practice. According to Dr. Davies, in the United Kingdom it is now official doctrine "...that government policy must be evidence-based, properly evaluated and based on best practice" (p. 2) and that "policy making must be soundly based on evidence of what works" (p. 2). Davies (2004) has defined evidence-based policy as an approach that "helps people make well informed decisions about policies, programmes and projects by putting the best available from research at the heart of policy development and

implementation” (p. 3).

Research classes for students specializing in macro-level practice should focus on developing their critical skills in analyzing evaluations of macro-level social work. To the extent that we have the chutzpah to actually try and educate social work students to *do* research in the field of macro-level social work, our curricula should emphasize the highly specialized research methodologies that are the most practical for this purposes. Quasi-experimental field studies, time series analysis and interrupted time series designs are several examples of the macro-level evaluative research methods I am referring to, in addition to RCTs. We actually have a rich, if widely scattered, disciplinary and interdisciplinary literature on these topics available for these purposes (e.g., Begun, 1981; Berry et al. 1994; Bowen, Farkas & Newnan, 1991; DiNitto, 1983; DiNitto, McDaniel, Ruefli & Thomas, 1986; Kushler & Davidson, 1979; Mazur-Hart & Berman, 1977; Nurius, 1983; Shadish, Cook & Campbell, 2002; Thyer, 1998; Tripodi, & Harrington, 1979; Zeger, Irizarry & Peng, 2006). Social work education’s overemphasis (in my opinion) on training students in the design of survey studies, correlational investigations, retrospective predictor studies (few of which are ever subsequently prospectively tested and evaluated for their usefulness at enhancing practice), and secondary analysis of databases gathered by others, are all research methods which, while possessing scientific utility for many purposes, are of lesser value in training students in the design and conduct of intervention research (Harrison & Thyer, 1989).

When exposing students to the concepts of evidence-based practice, by all means being with original source articles and books, such as Strauss et al. (2005). Many social work articles present second or third hand distortions of EBP which does not effectively convey the realities of this approach. Webb’s (2001) critique, for example, excoriated EBP with a litany of misrepresentations and straw-man arguments, and his only citation to EBP was a brief quote from a website, with no substantiation of his contentions from primary sources.

Having doctoral students complete dissertations that involve an analysis of the effects of state or federal policies is a wonderfully synergistic way to help them engage in not only a credible research study but also one with potentially great practical value, always a desirable property of a social work investigation. For example, Dean Barbara White’s Ph.D. dissertation, completed in 1987 at Florida State University, was titled *The Reagan Effect: An Analysis of Change in Welfare Expenditures over Time* (White, 1987), wherein she empirically analyzed whether or not federal spending in five major welfare programs increased, decreased, or remained static, during the years of the Reagan Presidency, relative to prior years going back to 1964. Would you like to know what she found? Ask her. You might be surprised. I know I was. Or check it out yourself at <http://wwwlib.umi.com/dissertations/fullcit/8626817>. In another example, John Shields (2000), a social work Ph.D. student at the University of Georgia, completed his dissertation using a time-series analysis of data on psychiatric hospitalization, as a test of mental health policy reforms in that state. His study can be seen at <http://wwwlib.umi.com/dissertations/fullcit/9949538>.

We should stress, in both our macro-*practice* classes and in our macro-*research* classes, exposing students to the hundreds of examples of high quality outcome studies in the fields of social policy as both illustrations of effective policy, and of the specialized nature of conducting

such research studies.

We need to expose our students to the various agencies and organizations that are hard at work promoting evidence-based macro-practice, especially in the area of social policy, and encourage their involvement in these groups and their associated publications (see Table 1).

We need to encourage our most promising students to apply for admission to social work programs that have adopted EBP as their explicit conceptual framework around which their curriculum is structured. Examples include the MSW program at Washington University in St. Louis, and the MA and Ph.D. programs in evidence-based intervention, offered by the Department of Social Policy and Social Work at Oxford University in the United Kingdom. The *Institute for Evidence-based Social Work* at the University of Toronto also bears promise in this regard (Regehr, Stern & Shlonsky, in press). It is not enough however, to direct students to isolated social work academics who are known for their adherence to the EBP model, absent a program-wide endorsement of this model. Otherwise the student's studies of EBP will be liable to undergo extinction, if not outright punishment, from peers and other faculty less enamored of this approach.

We can advocate, within the confines of academic freedom and professional courtesy, to have one's own social work program adopt the model of EBP as their circumuli's organizing framework. How this occurred at Washington University is described in a very instructive article by Howard, McMillen and Pollio (2003).

Currently, macro-level practice in social work seems to suffer from a shortage of well-developed theoretical frameworks, and those that do exist are primarily conceptual systems lacking a considerable foundation of support from empirical research. As a long-time advocate of basing practice on empirically-supported theories, I suggest that our discipline take a much closer look at the potential contributions of contemporary social learning theory as one conceptual framework that not only possesses most of the attributes of a good theory, it is one that has received extensive testing through interventive applications, with considerable success, as defined by positive outcomes. There is an extensive theoretical and practice literature to support the value of social learning theory in conceptualizing macro-level phenomena and to design macro-level interventions, ranging from community practice to social welfare policy (e.g., Biglan, 1995; Greene et al., 1987; Guerin, 2005; Kunkel, 1975; Lamal, 1991, 1997; Mattaini & Thyer, 1996; Nackerud, Waller, Waller & Thyer, 1997; Skinner, 1953; Thyer, 1996). I believe that our field could considerably benefit from a greater familiarity with this theoretical model.

We can work within our professional associations to strengthen the evidence-based foundations of the discipline. For example, the Council on Social Work Education needs to strengthen its accreditation standards along lines consistent with those of EBP at the micro and macro levels. The National Association of Social Workers could strengthen its *Code of Ethics*, along the lines recently adopted by the American Counseling Association:

“Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not must define the techniques/procedures as “unproven” or “developing” and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm” (American Counseling Association, 2005, section C 6. e).

While not a completely satisfactory standard, it is at least, in my opinion, a step in the right direction.

Within our own programs and home communities, the time is overdue for us to become less tolerant of bogus practices, fraudulent models, ineffective or harmful policies. I regret that my FSU colleagues and I did not advocate more forcefully for the closure of state-sponsored boot camps for juvenile delinquents, prior to the death Florida teenager Martin Lee Anderson who was severely beaten by boot camp counselors within several hours of his admission to the boot camp last January. In the past I have been personally aware of faculty teaching Hindu meditation techniques within the context of doctoral social work research classes, and of MSW students being seated in a ring, around pillows, gazing into a lighted candle, during class as some type of trust building exercise. One faculty member from one of our profession's top ranked programs taught a graduate-credit course this past summer that included training in so-called power-therapies, such as *thought-field therapy*, *emotional freedom techniques*, *Tapas acupressure technique*, and *Traumatic Incident Reduction*. These are treatments that invoke invisible energies unknown to science as causally responsible for clients' emotional problems, and recommends therapists tapping their fingers on the client's body in prescribed patterns to 'delete' these distorted thought fields. It is a professional embarrassment for us to have course content like this appearing in our social work programs.

In Tallahassee, where I live, a local social worker advertises on his website that he will read your aura or chakras (for a fee, of course, currently \$125 for an hour). You can also be taught, for a fee, the Ancient Australian Walkabout technique. Even more striking, he advertises spiritual readings, putting clients in touch with deceased loved one by using spirit guides. Now I ask you colleagues, is this what social work has come to – tapping on client's acupressure points? Australian walkabouts? Channelling spirit guides?

Summary

I am optimistic over the prospects of extending the process of evidence-based practice to macro-based intervention. I am less sanguine about the potential for professional social work to join in this process. Thus far, most progress in promoting EBP at the macro-level has occurred outside of our discipline. Our failure to adopt this model could result in the further marginalization of social work in the fields of public policy, practice, and within the academy.

In the early part of the last century, Abraham Flexner was commissioned by the Carnegie Foundation to undertake a comprehensive review of the state of medical education in the United States and Canada. He found that the quality of medical schools was very uneven, in terms of admissions standards, faculty qualifications, physical plant, and science education. Many programs included training in bogus therapies such as homeopathy, naturopathy, magnetic healing, laying on of hands, and the use of pseudoscientific electrical devices of no demonstrable value. Flexner (1910) urged many reforms within medical education and over the next few decades these were largely carried out. The curriculum became firmly grounded in natural science, bogus healing practices were excluded, and general academic standards were enhanced. We may wish to look at this history of reform in medical education to see if it possesses some lessons for contemporary social work.

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Table 1.
 Selected Examples of Public and Private Agencies/Organizations Aimed at Promoting
 Evidence-based Macro-Practice.

- The Coalition for Evidence-based Social Policy – Social Programs that Work
 (<http://evidencebasedprograms.org/>)
 - Social Care Institute for Excellence (<http://www.scie.org.uk/> especially their report titled
Developing the Evidence Base for Social Work and Social Care Practice,
 available at <http://www.scie.org.uk/publications/reports/report10.pdf>)
 - The Evidence-based Practice Centers of the Agency for Healthcare Research and Quality
 (<http://www.ahrp.gov/clinic/epcix.htm>)
 - SAMHSA’s National Registry of Evidence-based Programs and Practices
 (http://captus.samhsa.gov/national/resources/evidence_based.cfm)
 (www.nationalregistry.samhsa.gov, and www.modelprograms.samhsa.gov)
 - The Society for Community Research and Action - Division 27 of the American
 Psychological Association (<http://www.apa.org/about/division/div27.html>)
 - Child, Youth and Family Services - Division 37 of the American Psychological
 Association (<http://www.apa.org/about/division/div37.html>)
 - Center for Injury Prevention and Control, Division of Violence Prevention, C
 Centers for Disease Control and Prevention (www.cdc.gov/ncipc and
<http://www.cdc.gov/ncipc/pub-res/parenting/ChildMalT-Briefing.pdf>)
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