Evidence-based practice
and the ethics
of discretion

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Abstract
• Summary: The purported purpose of literature in the helping professions is to contribute to helping clients. Most authors who prepare articles are employed in universities and colleges which claim to value the pursuit of truth. Yet the professional literature is rife with inflated claims of what ‘we know’ and ‘do not know’ as well as distortions of ideas and issues. Nowhere is this more obvious than in the steady misrepresentation of the process and philosophy of evidence-based practice (EBP). Authors have exercised their discretion to misinform rather than to inform readers about this new idea that is so compatible with social work values and obligations described in professional codes of ethics (for example, to involve clients as informed participants and to be competent) and so sensitive to practitioners’ need for tools that enable them to meet ethical obligations in a context of uncertainty and lack of resources when making life-affecting decisions.
• Findings: Evidence-based practice was developed to help practitioners to deal with the inherent uncertainty of practice in an informed, accountable way, paying attention to the need to develop tools to enable this process, such as the Cochrane and Campbell data bases of systematic reviews related to specific clinical and policy questions as well as constraints such as dysfunctional organizational practices and lack of resources. The importance of considering the unique circumstances and characteristics of each client, including their values and expectations, as well as the limitations of published research (e.g. inflated claims of effectiveness and hiding of disliked alternative views) is highlighted. Decision-making is viewed as a complex process requiring individual tailoring of decisions on the part of practitioners as well as skeptical appraisal of claims in published research. This process and philosophy shares core values promoted by social work. The process and philosophy of evidence-based practice as described in original sources is not presented in the majority of publications in social work. This makes it impossible for readers to understand the original vision as well as recent developments in its application. Indeed, the five-step process involved in EBP described in original sources is typically not described, even in entire books on the subject.

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Given that new ideas may benefit clients, for example by enabling the honoring of ethical obligations and encouraging the development of tools that practitioners need to make informed (rather than misinformed or uninformed) decisions, this is a concerning lapse. Many authors have used their discretion to hide rather than to reveal this new idea and related developments, such as new ways to involve clients as informed participants. Reasons why are suggested, including the play of propaganda in the helping professions, the failure to read original sources, and a detachment from the needs of direct line staff and clients.

- Application: This article suggests ethical obligations in exercising discretion when choosing how to describe new ideas (e.g. accurately or in a distorted form). The importance of reading original (rather than secondary) sources is emphasized.

Keywords

discretion, evidence-based practice, propaganda

Social work, like all professions, is influenced by new ideas and related research to different degrees. The degree of influence and its nature depends, in part, on the accuracy of description of the new ideas and related research. New ideas differ in how ‘big’ they are in relation to potential consequences, intended and not. The more innovative the idea and the more it challenges accepted practices and policies, the more likely it will be ignored, dismissed as absurd or misrepresented. Billions of dollars may weigh on the continuing belief in false paradigms. The applied nature of social work, as in other helping professions, obligates professionals to draw on knowledge that may enhance the quality of services provided to clients. However, the history of science and medicine shows that new ideas are often met with hostility and censorship, particularly, as with the process and philosophy of EBP, they challenge a reigning paradigm (e.g. Kuhn, 1962). Nowhere is this better illustrated than in publications concerning ‘evidence-based practice’. Evidence-based decision-making arose as an alternative to authority-based decision-making in which decisions are based on criteria such as consensus, anecdotal experience, or tradition. Authority-based decision-making includes appeals to a famous person (‘If Freud said it, it must be true’), appeals to popularity (‘Staff in many agencies use it’), appeals to tradition (‘That is the way we have done that at our agency for 10 years’), and appeals to consensus (‘We all believe that...’).

Although its philosophical roots are old, the development of EBP as a process and philosophy is fairly recent, facilitated by the Internet revolution (Gray, 2001a). A key reason for its creation was the discovery of gaps showing that professionals were not acting systematically or promptly on research findings. There were wide variations in practices related to the same hoped-for outcomes (Wennberg, 2002). There was a failure to start services that work and to stop services that do not work or that harm clients. Yet another origin was increased recognition of the flawed nature of traditional means of knowledge dissemination such as continuing
education programs, textbooks, editorials, and peer review. Although the professional literature supposedly exists to inform us, it often misinforms, for example, contains unrigorous reviews, misrepresentations of disliked (or misunderstood) approaches, and inflated claims of knowledge. In place of critical, systematic reviews of research we often find haphazard reviews which do not inform readers how authors searched, where they searched, what criteria they used to review studies and do not include a search for unpublished as well as published reports. Consider for example the different conclusions of rigorous reviews of research concerning multisystemic therapy compared to reviews by the creators of this program (Littell, 2006; Littell, Popa, & Forsythe, 2007). Conclusions drawn based on uncritical reviews are often misleading. Inflated claims about ‘what works’ are rampant. Ioannidis (2005) argues that most biomedical research is false. An examination of 2000 studies in the area of schizophrenia revealed that only 16 were sound (Thornley & Adams, 1998). Many practice guidelines are of questionable reliability (e.g. Grilli, Magrini, Penna, Mura, & Liberati, 2000). Those who take part in the preparation of guidelines often have ties to pharmaceutical companies (Cosgrove, Bursztajn, Krimsky, Anaya, & Walker, 2009). Gray (2001a) also noted the appeal of EBP both to clinicians and to clients.

The process and philosophy of EBP offers a guide for attending to ethical issues emphasized in professional codes of ethics such as informed consent and competence. Detailed descriptions of this process and philosophy of EBP have been available for over a decade (Sackett, Richardson, Rosenberg, & Haynes, 1997) as have descriptions of related organizational requirements and policy implications (Gray, 1997). There is an extensive related literature exploring and addressing application problems (e.g. Ely et al., 2002) and challenges in diffusion (Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). What advantage has social work taken of this material, including the detailed description of a professional education format designed to enhance integration of evidentiary, ethical and application concerns? Have these new ideas and related tools been drawn on to increase opportunities for social workers to meet obligations described in codes of ethics? The philosophy and process of EBP and policy as envisioned by their originators is a giant step in this direction. Implicit in these questions is discretion – discretion and related ethical obligations to take advantage of material that may help clients. The need for discretion is inevitable. This makes it incumbent on professionals to handle discretion in an ethical manner. I suggest that little advantage has been taken of the process and philosophy of EBP and the associated educational format, propose reasons why, and note promising trends. Indeed, the professional literature abounds with distorted descriptions and misrepresentations of this process and philosophy.

**Decision-making as integral in the helping professions**

Decision-making is integral in all venues in social work: professional education, practice and policy and research. Practitioners make decisions about whether to
involve clients as informed participants in decisions made rather than as uninformed or misinformed participants. They make decisions about what assessment frameworks and measures to use, what practice frameworks to draw on, what interpersonal skills to cultivate and use, how to evaluate outcomes, and whether to keep track (or not) of mistakes they make so that they can learn from them. They make decisions about how informed to be about whether interventions they recommend to clients have been critically appraised and shown be effective. They make decisions about whether or not to determine the evidentiary status of services offered by agencies to which they refer clients. They make decisions about whether to critically reflect on the excuses they and others use for offering clients inadequate services and whether to take action when they have clear evidence of incompetent services being offered to clients. Professional educators make decisions about what to include in their curriculums and what to exclude. Social work educators make decisions about what educational formats to use and what practice theories to emphasize and which ones to ignore or misrepresent. They make choices about whether to accurately describe different views or to promote and attack distortions and misrepresentations of these views. They make decisions about how honest to be with their colleagues and students about their knowledge and ignorance concerning the subjects they teach. Do their choices forward clients' interests? Researchers make decisions about how closely to match their questions with research methods that can test them, how candid to be about methodological limitations in articles they publish and how honest to be in acknowledging conflicts of interest.

There is an extensive literature on decision-making, problem-solving and judgment that we can draw on in understanding opportunities to exercise discretion ethically. This literature reveals that decisions in the real world are made in a context of uncertainty. Uncertainties include the natural course of behavior, whether certain interventions will be successful, and whether they will be implemented with fidelity. Clients may not know what they want. Thus, there is uncertainty even in client preferences. Even the best professional education including the highest quality internships and field experiences can not fully prepare professionals for the uncertainties, dilemmas, and realities of everyday practice including lack of needed resources, fragmented service systems and competing advocacy groups. We are vulnerable to a variety of cognitive biases that may lead us astray such as confirmation biases, wishful thinking, and hindsight bias (e.g. Dawes, 2001; Gambrill, 2005; Hastie & Dawes, 2001). We search for data that confirm our views (Nickerson, 1998). We weigh data in support of preferred views more heavily than we weigh data against them. We overestimate our competencies (Dunning, Heath, & Suls, 2004) and are subject to wishful thinking. We are gullible and easy prey for propaganda pitches as illustrated by the spectacular success of the medicalization of hundreds of problems-in-living as mental illnesses and promotion of drugs as a remedy (e.g. Brody, 2007; Kassirer, 2005; Moncrieff, 2008). If a report of research includes a picture of a brain, we are more likely to believe the article reports accurate findings (McCabe & Castel, 2008). Inflated claims of knowledge
(or ignorance) on the part of researchers are passed on to gullible educators and students who then act on these bogus claims. We have trouble thinking in terms of probabilities; we find frequencies much easier to use (Gigerenzer, 2002). Situational awareness is vital in making sound decisions as well as key to understanding mistakes (see review in Gambrill, 2005).

Research concerning practice and policy, professional education, and research, illustrates that decisions made are often not in the best interests of students, clients, or readers of the professional literature. Pignotti and Thyer (2009) reported that social workers often promote services known to be ineffective or harmful. Critical appraisals of practice-related literature illustrate the prevalence of pseudoscience (Boyle, 2002; Jacobson, Mulick, & Schwartz, 2005; Lilienfeld, Lynn, & Lohr, 2003), material with the trappings of science without the substance (Bunge, 1984). What is popular as an alleged cure changes with relatively little regard for what actually helps clients. Does this help clients? Gray (2001b) suggests that current service patterns have the following characteristics:

- overenthusiastic adoption of interventions of [unknown] efficacy or even [demonstrated] ineffectiveness;
- failure to adopt interventions that do more good than harm at a reasonable cost;
- continuing to offer interventions demonstrated to be ineffective;
- adoption of interventions without adequate preparation (such that the benefits demonstrated in a research setting cannot be reproduced in the ordinary service setting);
- wide variation in the rates at which interventions are adopted or discarded.
  
(p. 366)

Services believed by many to help clients have been found to harm them. Consider McCord’s (2003) follow-up study of youth who participated in an intensive service program which showed that those who participated had higher rates of delinquency in later years. Scarred straight programs designed to decrease delinquency have been found to result in more harm than good (Petrosino, Turpin-Petrosino, & Buehler, 2003). Exposure of harmful services in child protection agencies, sometimes by journalists, is common, as are avoidable errors (e.g. DePanfilis, 2003; Munro, 1996). The child welfare departments in many states in the United States have been sued on the grounds of alleged harmful practices (e.g. ‘Michigan Settles Reform Lawsuit, Agrees to Overhaul of Failing Child Welfare System’; citizensrights.org). Assessment in child protection is minimal (e.g. Budd, Poindexter, Feliz, & Naik-Plan, 2001). Most services are of unknown effectiveness.

**What is evidence-based practice?**

When anything new comes along we have an opportunity to describe this accurately or to distort it in certain ways that are unfaithful to original descriptions readily available in the literature. Descriptions of EBP in the secondary literature
differ greatly in their attention to ethical and application issues ranging from the broad, systemic philosophy and related evolving technology envisioned by its originators (e.g. Sackett et al., 1997) to narrow, fragmented views and total distortions that do not reflect clinical needs. Given the many different views of EBP, it is important to review the vision of EBP and health care as described by its creators. Otherwise, potential benefits to clients and professionals in using the process and philosophy of EBP to forward ethical obligations will be lost.

How is EBP described by its originators?

The process and philosophy of evidence-based practice (EBP) as described by its originators is a new educational and practice and policy paradigm designed to decrease the gaps between research and practice in order to maximize opportunities to help clients and avoid harm. It is a guide for thinking about how decisions should be made (Haynes, Devereaux, & Guyatt, 2002). It is a way to handle uncertainty in an honest and informed manner, sharing ignorance as well as knowledge (Chalmers, 2004). Evidence-based health care refers to 'use of best current knowledge and decision making about groups and populations' (Gray, 2001b). It is assumed that professionals often need information to make important decisions, for example, concerning risks a child confronts in his home or what programs are most likely to decrease domestic violence.

As Gray (2001b) notes, when we do not use evidence in practice, important failures in decision-making occur: 1) ineffective interventions are introduced; 2) interventions that do more harm than good are introduced; 3) interventions that do more good than harm are not introduced; and 4) interventions that are ineffective or do more harm than good are not discontinued. Original publications concerning EBP emphasize the close connection between evidentiary and ethical issues and describe a unique five-step process, related tools, and systemic requirements designed to help practitioners to honor this connection in everyday practice (e.g. Sackett et al., 1997). Evidentiary status refers to the extent to which knowledge claims have been subjected to critical testing and to what effect. Related material emphasized the importance of giving practitioners the tools needed to make informed decisions in real-time, considering research concerning clients' concerns as well as other vital information such as local resources. Tools were developed to facilitate timely successful completion of these different steps. The process and philosophy of EBP is designed to forward effective use of professional judgment in integrating information regarding each client's unique characteristics, circumstances, preferences, and actions, and external research findings, attending to application, evidentiary and ethical concerns. The process and philosophy of EBP has implications for all actors in professional practice: clinicians, researchers and those who teach in professional education programs.

EBP 'requires the integration of the best research evidence with our clinical expertise and our [clients] unique values and circumstances' (Straus, Richardson,
Clinical expertise refers to the ability to use clinical skills and past experiences to rapidly identify each client's unique circumstances and characteristics, and 'their individual risks and benefits of potential interventions and their personal circumstances and expectations' (Straus et al., 2005, p. 1). It is drawn on to integrate information from various sources (Haynes et al., 2002). Clinical expertise includes use of effective relationship skills which have been found to be integral to achieving positive outcomes (e.g. Wampold, Imel, & Miller, 2009). Client values refers to 'unique preferences, concerns and expectations each [client] brings to a clinical...encounter and which must be integrated into clinical...decisions if they are to serve the [client]' (Straus et al., 2005, p. 1). 'Best research evidence' refers to 'valid and clinically relevant research...especially from [client-centered] clinical research...' (Straus et al., 2005, p. 1). A unique process is suggested to help practitioners to integrate multiple sources of information and handle uncertainties:

1. converting information needs related to practice decisions into well-structured questions;
2. tracking down with maximum efficiency, the best evidence with which to answer them;
3. critically appraising that evidence for its validity (closeness to the truth), impact (size of effect) and applicability (usefulness in practice);
4. integrating this critical appraisal with clinical expertise and with our client's unique characteristics and circumstances. This involves deciding whether evidence found (if any) applies to the decision at hand (e.g., is a client similar to those studied? Is there access to services described?) and considering client values and preferences in making decisions as well as other application concerns;
5. evaluating our effectiveness and efficiency in carrying out steps 1–4 and seeking ways to improve them in the future. (Straus et al., 2005, pp. 3–4)

This unique process, seemingly simple, but profound in its resonance with clinical needs such as acquiring information regarding clinical questions, the development of tools to meet these needs, dealing with uncertainty, considering whether research applies to each client, and attending to application problems, has typically been ignored. For example, you can read the 433-page book Evidence-based practices in mental health: Debate and dialogue on the fundamental questions by Norcross, Beutler, and Levant (2006) and not find the list of five steps in the process of EBP. You can read the 216-page book Evidence-based social work: A critical stance by Gray, Plath, and Webb (2009) and not find this five-step process described. There is an extensive literature concerning each of the five steps as well as a literature describing a small group teaching method (problem-based learning) designed to help practitioners to acquire important knowledge, skills and values.

Many different kinds of questions arise in practice as clearly noted in original sources. These may concern effectiveness, prevention, risk-prognosis, description, assessment, harm, cost–benefit, and self-development. Different questions require
different research methods to critically appraise proposed assumptions as reflected in the use of different 'quality filters' to search for and appraise related research (Straus et al., 2005). A continually evolving literature is available describing related tools and guidelines as well as obstacles. User-friendly flow charts and checklists are available for appraising the quality of different kinds of research pertinent to different kinds of questions (e.g. CONSORT, PRISMA, MOOSE, TREND, STARD). There is a rich literature on decision aids designed to facilitate informed consent (e.g. O'Connor et al., 2009). The invention of the systematic review and the creation of the Cochrane and Campbell Collaboration databases of systematic reviews were designed to help busy clinicians to find answers to specific clinical questions that arise in their daily work. The Cochrane and Campbell Collaborations are worldwide enterprises that facilitate the preparation, dissemination and maintenance of high-quality research reviews related to specific practice and policy questions. The conclusions of systematic reviews differ from haphazard reviews which do not control for as many biases and thus overestimate positive effects of services (e.g. Littell et al., 2005).

Original publications describe a small group teaching method designed to equip professionals with the skills needed to integrate ethical, evidentiary, and application concerns in which students learn in small groups under the guidance of a trained tutor and all learning concerns problems that confront individual clients (e.g. Koh, Khoo, Wong, & Koh, 2008). This provides repeated practice opportunities to integrate information from many different sources including the characteristics and circumstances of each client, external research as applicable, and information concerning local resources. Many components of EBP are designed to minimize biases, such as 'jumping to conclusions', for example, by reviewing research findings related to practice and policy questions. There is a philosophy of technology (e.g. we have an obligation to design tools to help busy practitioners to integrate clinical expertise and external research findings by developing related user-friendly technologies such as the systematic review and the Campbell and Cochrane Databases), that we should critically appraise the technologies that we promote and that we have an obligation to increase clinicians' access to technologies that help them to help their clients in real-time, drawing on external research. There is a philosophy of knowledge (e.g. that we should rigorously test assumptions and be transparent in terms of what is done to what effect), and, there is a philosophy of ethics.

Evidence-based practice as viewed by its originators is as much about the ethical obligations of educators and researchers to be honest brokers of knowledge and ignorance as it is about the obligations of practitioners and administrators to honor their professional codes of ethics, for example, to integrate practice and research and honor informed consent obligations. Ethical obligations emphasized in original sources include the obligation to help clients and avoid harming them and the obligation to involve them as informed participants. Transparency (honesty) regarding what is done to what effect (e.g. the evidentiary status of services) is a hallmark. The uncertainty associated with decisions is acknowledged, not hidden.
There is a willingness (and an obligation) to say 'I don't know'. EBP requires considering research findings related to important questions and sharing what is found (including nothing) with clients within a supportive dialogue informed by practice theory (Katz, 2002). EBP emphasizes information literacy and retrievability. Information literacy includes recognizing when information is needed, knowing how to get it, and developing and using lifelong learning skills (e.g. Gray, 2001b).

**Other views of evidence-based practice**

The most popular view is defining EBP as considering practice-related research in making decisions including use of practice guidelines (EBPs) (e.g. Norcross et al., 2006). In the EBPs’s approach, the effectiveness of interventions is emphasized (Gambrill, 2006) The effectiveness of certain interventions is decided on by some authority, such as the American Psychological Association and then practitioners are urged to use these ‘empirically established treatments’. For example, a Task Force of the APA decided that an intervention was ‘empirically established’ if there were two high-quality randomized controlled trials showing it was effective (Task Force, 1995). Making decisions about individual clients is much more complex which is clearly reflected in the process of EBP described in original sources. There are many other considerations such as the need to consider the unique circumstances and characteristics of each client including their values and preferences and local resources. Indeed, there is a spirited debate regarding the value of practice guidelines and treatment manuals and obstacles to their use such as clients with multiple concerns (Norcross et al., 2006). Wampold and his colleagues argue that specific interventions contribute little to positive outcomes, compared to the helping relationship and the person of the therapist (e.g. Imel, Wampold, Miller, & Fleming, 2008; Wampold, Imel, & Miller, 2009). If this is so, emphasis on specific interventions is misplaced. And there is a spirited debate about the quality of research concerning psychotherapy. Wampold et al. (2008) illustrate flaws in the design of related RCTs. They raise concerns regarding characteristics of the interventions used, such as treatment offered by a therapist who has no belief that it will work, so removing allegiance effects. Imel et al. (2008) argue that critical appraisal of psychotherapies for alcohol use disorders reveals no difference in effectiveness. They found that allegiance effects accounted for a significant degree of variability in differences between interventions. Also, as noted earlier, guidelines are often flawed and those who produce them often have conflicts of interests (e.g. Cosgrove et al., 2009).

Perhaps the most popular choice has been propagandistic – using the term EBP as a slogan. Examples include redubbing, unrigorous, narrative reviews of research as 'evidence-based', inflated claims of effectiveness, lack of attention to ethical concerns such as involving clients as informed participants, overlooking the inevitable complexity and uncertainty in making clinical decisions, and neglect of application barriers such as organizational obstacles and lack of resources. Does the Journal of Evidence-Based Social Work contain rigorous reviews meeting
requirements of Cochrane and Campbell Reviews? Critical appraisal of interventions claimed to be ‘evidence-based’ have shown that this claim is misleading (e.g. Gandhi, Murphy-Graham, Petrosino, Chismer, & Weiss, 2007; Gorman & Huber, 2009). Distortions of the original vision of EBP allow business-as-usual to continue – authority based practices and policies.

The ethics of discretion

Professionals are given special privileges based on alleged special knowledge and values assumed to be transferred to them during their professional education. This special education is assumed to prepare them to exercise discretion wisely in making decisions. The phrase ‘ethics of discretion’ highlights ethical obligations of clinicians, educators, researchers, and policy-makers to exercise discretion wisely and honestly for the benefits of clients and students. Discretion includes when to provide services, what kind, how long. It includes selection of criteria to rely on in making these decisions (e.g. tradition, popularity, scientific) and in discovering and evaluating new ideas such as EBP. Professional codes of ethics call for exercising discretion for the benefit of students and clients (e.g. NASW, 1999). This obligation requires professionals to identify ways in which their discretion may be limited by avoidable ignorance, perhaps induced by their professional education (e.g. LaCasse & Gomory, 2003), by cognitive biases (Gambrill, 2005; Gambrill & Gibbs, 2009), by vulnerability to propaganda in the helping professions and related venues such as the media (Gambrill, 2010), by lack of motivation to help clients, and by limited resources. The exercise of discretion in one venue (e.g. research) affects the possibilities for the ethical exercise of discretion in other areas. For example, helping clients and avoiding harming them requires helping social workers and students to acquire relevant skills, knowledge and values. They are less likely to do so if their professional education is lacking, illustrating the close relationship between professional education and ethical practice.

The ethical exercise of discretion requires skills in avoiding propaganda ploys, whether from oneself or from others. Propaganda is defined as encouraging beliefs and actions with as little thought as possible (Ellul, 1965). It can be contrasted with critical thinking which refers to arriving at well-reasoned beliefs and actions. Key propaganda methods include distortion, confusion, fabrication and outright censorship. We live in a sea of propaganda in the helping professions. Propaganda entails selective use of ‘evidence’ and encourages actions and beliefs based on questionable evidence. Overestimating evidence in favor of a preferred view and hiding counter-evidence and overestimating evidence against a disliked view and hiding related positive findings are integral to propaganda pitches (Rank, 1984). Methods of propaganda violate Grice’s maxims such as ‘avoid obscurity of expression’. Propaganda pitches are carefully tailored to appeal to our self-interests and deepest motives (to be right, to be a member of an in-group) and to discourage critical appraisal. All propaganda methods distort reality, often by omitting relevant content such as competing well-argued views and counter-evidence to
claims made. Confusion is another propaganda method. Vague terms, being over-
loaded with data and a focus on side issues blur clarity and interfere with critical
appraisal of claims and issues. Jargon may be used and not defined. Skrabanek and
McCormick (1998) refer to this as the fallacy of obfuscation. Weasel words are
common. Coombs and Nimmo (1993) suggest that the new propaganda consists of
'palaver'—extended, often confusing, messages designed to create credibility rather
than to explore what is true and what is false. They describe palaver as a kind of
discourse in which truth and falsity are irrelevant—in which a variety of non-
rational methods are used as criteria including slogans, myths, images, and symbols
which are self-serving (see also Altheide & Johnson, 1980).

Discretion is limited. It is only fair to take into account the context in which
decisions are made in examining opportunities to exercise discretion ethically.
Application problems are a key concern in EBP and policy. Social workers often
do not have access to the resources needed to offer clients programs that have been
critically tested and likely to help them achieve hoped-for outcomes. Effective
parent training programs for biological parents who have come to the attention
of child welfare agencies may not be available. The availability of resources is
influenced by the values and beliefs people hold about those who need help or
run afoul of the law such as poor parents who come to the attention of the child
welfare system and related policies and legislation (e.g. Pelton, 2008). It is also
influenced by organizational and administrative practices (Gray, 2001). Social
workers may be weighted down with so much paperwork that there is little time
for client contact. The challenges faced by clients and the often impoverished
resources available to social workers may breed a tendency to deny gaps between
needs and resources, especially if social workers have not acquired knowledge,
skills and values to advocate for needed resources (e.g. to form coalitions and
involve clients in the pursuit of valued changes).

Discretion will be exercised for the good of clients only if professionals are
'motivated' to help clients and are in a position to do so—they have related
values, dispositions, knowledge and skills and needed tools and administrative
support. The intellectual dispositions described by Paul (1993) and Paul and
Elder (2004) have face validity for contributing to the ethical exercise of discretion.
Critical thinking skills, knowledge, and values are integral to the process and phil-
osophy of EBP. Values include:

- Courage: critically appraise claims regardless of negative reactions.
- Curiosity: an interest in deep understanding and learning.
- Intellectual empathy: accurately understanding and presenting the views of
  others.
- Humility: awareness of the limits of knowledge including our own; lack of arro-
  gance such as promoting bogus claims of effectiveness.
- Integrity: honoring the same standards of evidence to which we hold others.
- Persistence: willingness to struggle with confusion and unsettled questions
  (Paul, 1993).
Professional codes of ethics as a guide to discretion

Professional codes of ethics provide a guide for exercising discretion in a way that contributes to rather than detracts from helping clients and avoiding harming them. Core values described in the Code of Ethics of the National Association of Social Workers (1999) include service, social justice, dignity and worth of the person, the importance of human relationships, integrity and competence. Whether social workers refer to themselves as 'evidence-based' or not, they are obligated by their code of ethics to draw on research that may help them to help their clients and to share the evidentiary status of recommended services and of well-argued alternatives with clients. Codes of ethics clearly call on social workers not to deceive clients by misrepresenting the accuracy of assessment and diagnostic methods or misrepresenting the costs and likely benefits of recommended interventions. And in not deceiving them, we have an obligation to be supportive as well as to advocate for unavailable but needed services (e.g. see Katz, 2002). And, we are obligated by the code of ethics not to deceive ourselves if self-deception harms clients. Consider for example the following obligations described in the code of ethics of the National Association of Social Workers:

3.02 (a). Social workers who function as educators, field instructors for students, or trainers should provide instruction only within their areas of knowledge and competence and should provide instruction based on the most current information and knowledge available in the profession.

1.04 (b). Social workers should provide services in substantive areas or use intervention techniques or approaches that are new to them only after engaging in appropriate study, training, consultation, and supervision from people who are competent in those interventions or techniques.

Is it acceptable for researchers to hide methodological flaws in their work and to make inflated claim about what they have found (Rubin & Parrish, 2007)? Does this forward knowledge that social workers can draw on in their work? Clinicians, researchers and educators are responsible for exercising discretion in a way which maximizes beneficence, non-malfeasance, autonomy and self-determination. Professional schools of social work claim to prepare students to become competent professionals. Do they? Our codes of ethics call on us to explore the following:

- What percentage of clients are involved as informed (rather than uninformed or misinformed) participants.
- What percentage of agencies carefully evaluate their practices and policies to determine if they do more good than harm and share the results with clients?
- What percentage of services are purchased on the basis of their evidentiary status?
• What percentage of students graduate with demonstrated competencies in integrating multiple sources of information, including external research findings related to life affecting decisions?
• What percentage of students graduate with skills that allow them to accurately estimate their degree of ignorance on subjects of key importance to the well-being of clients?
• What percent of students graduate with effective advocacy skills for increasing organizational characteristics that forward EBP and use this on-the-job?
• What percentage of social workers participate in journal clubs that increase clinical knowledge regarding questions of vital concern to clients?
• What percentage of social workers have access to the Campbell and Cochrane databases of systematic reviews and draw on this in their work with clients?
• What percentage of students graduate with and use fluid skills in propaganda detection – in detecting and avoiding influence by bogus claims, not only in the media but in the professional literature as well?

The reluctance to recognize profound problems in the quality of social work education is illustrated by efforts to promote the need for more social workers without pursuit of needed changes in the content and format of professional education (Stoesz, Karger, & Carillo, 2010). Are the obligations of educators to students and to their future employers and clients met when they misinform students about or hide the evidentiary status of theories and frameworks used? Is it acceptable for educators to encourage students to use a psychiatric framing of client problems, overlooking environmental contingencies (e.g. Horowitz & Wakefield, 2007)? Is it acceptable for educators to be ignorant about the process and philosophy of EBP and related tools and to promote distorted versions of EBP? Does this help clients? Failure on the part of educators to accurately inform students about what science is and what it is not (e.g. Phillips, 1992) and what EBP is and what it is not may last a lifetime and be inflicted on hundreds of clients over the careers of social workers who cannot tell the difference between science and pseudoscience.

Is client well-being increased by ignoring the evidentiary status of interventions? Are informed consent requirements met by failing to accurately inform clients about the evidentiary status of recommended services? Professional codes of ethics call for participation of clients in making decisions that affect their lives as informed rather than as misinformed or uninformed participants. That is, they should not be misled, intentionally or not, by professionals, concerning what may help them and what may not and what may harm them and what may not. This obligation can only be met if professionals are well-informed about the evidentiary status of interventions they use, including assessment methods and frameworks. This requires use of effective search and critical appraisal skills. Sound assessment skills are needed to identify client characteristics and circumstances that should be considered in deciding whether external research applies to a particular client. Professionals must have the skills needed to integrate different kinds
of evidence including skills for avoiding confirmation biases and emotional reasoning that decrease the quality of clinical judgments.

Choosing the trodden over the revolutionary path

Most academics who write about EBP have chosen to ignore the process and philosophy of EBP as described in original sources. They have used their discretion to misinform readers and students. Consider this in a recent book: "Essentially, the critical idea of evidence-based practice is that Social Work interventions should be based systematically on proven knowledge of their effectiveness derived from sound empirical research" (Otto, Polutta, & Ziegler, 2009, p. 9). As described earlier, many other vital considerations must be considered. Also, note the use of the word 'proven', reflecting a verificationist philosophy of science in which certainty is assumed to be possible. Is certainty possible? The entire history of science suggests that it is not (e.g. Popper, 1994). Consider this description: '[EBP] is crucially part of a regimen that authorizes and standardizes not only the types of practice intervention that are permissible and those which are not, but also the types of research that are permissible as evidence' (Gray et al., 2009, p. 3). Not so, for example, because of the vital role of clinical expertise and knowledge of local characteristics.

The unique five-step process designed to help clinicians to integrate different kinds of information including external research findings and related tools to help them do so is not described in most secondary sources, including entire books on the subject, depriving readers of an opportunity to become informed about this process and related tools and to decide for themselves whether it is promising or not (e.g. Gray et al., 2009). (For descriptions of misrepresentations of EBP, see Gibbs & Gambrill, 2002.) Social work as well as psychology and psychiatry has chosen to focus mainly on EBPs – identifying and proclaiming some interventions to be 'best practices', 'empirically validated', 'well-established' and now, 'evidence-based'. Publishers market books with titles such as Evidence-based psychotherapies for children and adolescents (Kazdin & Weisz, 2003). The term 'evidence-based' has become the latest mantra to market products including interventions, books, workshops, and conferences. It sounds good. Some interrelated reasons for selection of the trodden over the revolutionary path described by the originators of EBP are suggested next.

The prevalence of propaganda in the helping profession

The helping professions and related industries such as the pharmaceutical industry are billion dollar industries. Millions of people make their living in the helping industry (Loeske, 1999). Related industries include the DSM industry, the addiction industry, the assessment industry, and the school counseling industry. The professional publication industry is enormous requiring an endless supply of books and articles, all of which must be marketed as new, revolutionary, invaluable. Professional literature in the helping professions increasingly seems to share
goals (marketing products including individual authors) and methods, with advertisements. Methods include inflated claims, hiding counter-evidence to views promoted, censorship of well-argued alternatives, appeal to case examples to support claims, and question begging (simply asserting what must be argued via use of weasel words and phrases such as 'it is well accepted that'). Consider the study by Rubin and Parrish (2007) showing the inflated claims in the conclusions sections of research published in social work journals. Those who produce promotional material for pharmaceutical companies make full use of propaganda methods (Brody, 2007). Pharmaceutical companies promote the medicalization of problems-in-living, in some cases hiring public relations firms to invent new diagnoses such as social anxiety disorder to lay the groundwork for introduction of a drug as a remedy (Monyihan & Cassels, 2005). Average yearly promotional spending per physician by pharmaceutical companies in the United States was $61,000.00 in 2004. There is one drug representative (detailer) for every six physicians (Gagnon, 2010).

We live in a technological society, one pervaded by technicians of all sorts. The psychiatric classification system is a technique. Human relations and psychotherapy are techniques. Technology presses toward efficiency, standardization, and systematization, and the elimination of variability which requires inattention to individual differences (e.g. Illouz, 2008). Cognitive therapy methods reduce us to our thoughts. Biological views reduce us to our brain chemistry. Both ignore cultural and individual contexts and complex interactions among them including political and economic interests (e.g. Double, 2006; Szasz, 1994). Ellul's (1965) sociological analysis of the role of propaganda in a technological society requires consideration of the 'big picture' (the total context) in understanding propaganda in the helping professions and possible remedies including the consumer oriented society in which we live, defining ourselves by the commodities we possess. Minimizing the effects of propaganda in the helping professions and related venues will be an uphill battle; David and Goliath come to mind. Deep propaganda that appeals to our deepest desires, for example, to be part of the in-crowd, to be 'healthy', and to have 'justified, certain beliefs', and which obscures how problems are framed (e.g. as brain diseases or learned reactions) is much more challenging to detect than is use of propaganda ploys such as 'begging the question' (pronouncing as true what needs to be argued) and 'card stacking' (e.g. Cunningham, 2002).

**A preference for authority-based decision-making**

Evidence-based practice is a clashing paradigm to the use of authority to forward claims (e.g. appeals to tradition, expertise, credentials and titles). And, basing decisions on criteria such as tradition and popularity saves time. Understanding alternative views, especially big new ideas, takes time. It is much easier to ignore the new view or simply describe what you think it is without checking. Another benefit is that you can keep on doing what you have always done.
Misrepresentations and distortions of EBP

As discussed earlier, misrepresentations and distortions of EBP are common, preventing readers (and listeners) from understanding the difference between an EBPs approach and the process and philosophy of EBP. Even more common than misrepresentations, is the complete censorship of the process of EBP. That is, it is not even mentioned.

Reluctance to acknowledge ignorance and uncertainty

Original literature concerning EBP highlighted the importance of acknowledging uncertainty and ignorance. Indeed, the process of EBP is a way to handle the inevitable uncertainty surrounding decisions in an informed, ethical manner. Such acknowledgement is not popular.

Social workers as double agents

Many social workers are helpers of clients as well as agents of the state who can take unilateral coercive action. Social workers provide the majority of ‘mental health’ services in the United States and may participate in commitment of clients to psychiatric facilities. This double role may encourage the tendency to ignore the connection between ethical and evidentiary issues. For example, parents who come to the attention of child welfare departments are typically not informed that the parent training programs to which they are referred are not likely to help them to enhance positive parenting skills. The conflictual nature of such a dual role has long been noted and remedies suggested (e.g. Pelton, 2008).

Pressures on academics to obtain research grants and to publish

Almost a century ago, Veblen (1918) cautioned against placing professional schools within universities, arguing that the goal of a university (to seek knowledge where ever it may lead) conflicts with the goal of pursuit of turf and status on the part of professions. Universities have become increasingly commercialized as reflected in university-industry inter-connections, including grants from pharmaceutical companies to academic researchers (Bauer, 2004). Academics and researchers are increasingly required to bring in research grants to fund higher education in the United States, creating ever greater impetus for the creation of conflicts of interests (e.g. Angell, 2009). Bureaucracy has mushroomed (Charlton, 2010). I can appear to be original if I distort an idea (e.g. EBP) and then take some of the content from this idea and put it in my ‘new’ model (e.g. ‘pragmatic’) (see p. 53 in Gray et al., 2009).

Misunderstandings of what science is and what it is not

Misrepresentations of science are rife in the social work literature. Logical positivism seems to be confused with science as we know it today. For example, science as
we know it today is not represented in the ‘Four theoretical influences on EBP’ described by Gray et al. (2009). For ‘Type of evidence sought’ under what they label ‘Positivist’, we find ‘Definitive answers about effectiveness’. Although the purpose of science is to seek true answers to problems (statements that correspond to facts), this does not mean that we can have certain knowledge. Rather, we may say that certain beliefs (theories) have (so far) survived critical tests or have not been exposed to them. And, some theories have been found to be false. Under ‘Relationship between research and practice’, they state ‘Research directs practice’ (p. 53). This does not represent EBP as described in original sources. In science as we know it today, the theory-laden nature of observation is assumed (i.e. our assumptions influence what we observe) and rational criticism is viewed as the essence of science (e.g. Phillips, 1992; Popper, 1972, 1994). Concepts are assumed to have meaning and value even though they are unobservable. The essence of objectivity pursued in science is criticism – critical appraisal of theories and claims which, as Walton (2008) notes, is never out of place when the objective of a discussion is to try to appraise the accuracy of claims. This objective of discourse is not a popular one. If EBP can be misrepresented as based on logical positivism, it can easily be dismissed since this was discarded decades ago.

Reading secondary rather than primary sources

Ellul (1965) suggests that intellectuals are especially liable to influence by propaganda because they read reams of secondary sources. One wonders if many who write about EBP have ever read original sources, given the distortions forwarded.

Ignorance concerning the flawed nature of peer review

The flawed nature of traditional means of knowledge diffusion such as textbooks (often out of date) and peer review (deeply flawed) were key reasons for the creation of the process and philosophy of EBP and new inventions such as the systematic review and the Cochrane and Campbell Collaborations.

A detachment from the dilemmas and needs in direct practice

The process and philosophy of EBP addresses the needs of practitioners ‘at the coal face’. Ignoring the process of EBP and the tools developed to facilitate this process, ignores these vital needs which affect the quality of services clients receive and the ability of practitioners to integrate varied sources of information, including related research.

A reluctance to acknowledge harming and lack of effectiveness of services

The possibility of harming clients seems to be a taboo topic in the field of social work. Discretionary decision-making results in different kinds and frequencies of
errors in different settings, some avoidable, some not. Little attention is devoted to errors in social work (for an exception, see Munro, 1996). Concerns about harming in the name of helping is highlighted in original sources describing EBP (e.g. Gray, 1997; Sackett et al., 1997). A scale suggested by Gray (1997, 2001a, 2001b) includes: 1) services critically tested and found to help clients; 2) services of unknown effectiveness; 3) services critically tested and found to harm clients; and 4) services untested but in a sound research study.

**Competing goals: Appearing credible, pursuit of status, turf and money**

A key function of propaganda in the helping professions is to maintain and expand turf by obscuring mismatches between claims and their evidentiary status, for example, by rechristening an ever increasing number of problems, including ethical and moral dilemmas as mental illnesses in need of expert attention (e.g. Conrad, 2007; Szasz, 1994). It also serves the function of integrating us into our society (Elul, 1965). Propaganda in the helping professions creates and maintains the belief that professional are in possession of unique knowledge that can benefit those they claim to serve (e.g. Friedson, 2001). In some cases this is true. In others it is not. Candid discussion of the evidentiary status of knowledge claims conflicts with the goal of pursuit of status based on alleged special knowledge.

**Promising trends**

Fortunately, there are many promising trends. Many share the characteristic of clearly describing the evidentiary status of practices and policies. As Friedson (2001) suggests ‘Secrecy is anathema to the growth of knowledge...’ (p. 219). Consider critical reviews of social work education. In *A dream deferred; How social work education has lost its way and what can be done*, Stoesz et al. (2010) argue that social work is in an alarmingly poor state in the United States. If criticism is the route to knowledge, this is a promising trend. Anyone who has their eyes and ears open who teaches in a school of social work knows that learning opportunities in classrooms and field work placements vary enormously. Most social work students graduate with a pristine ignorance concerning basic behavioral principles. Another promising trend is the ever easier process of searching for information related to specific practice and policy questions. And, there are many valuable websites and blogs designed to encourage critical thinking (e.g. www.fallacyfiles.org, healthyskepticism.org, skeptid.com, media watch) and that question dominant problem framing (e.g. brodyhooked.blogspot, www.mindfreedom.org, Alliance for Human Research Protection: www.ahrp.org).

The carving out of ignorance as an area of study as vital as the study of knowledge (Proctor & Schiebinger, 2008) is another promising trend. There are inflated claims of ignorance just as there are inflated claims of knowledge. The hiding of harming in the name of helping stands out as a key kind of avoidable ignorance in the helping professions. The increasing attention to propaganda and corruption in the helping professions
and related venues is another promising trend. Organizations which promote themselves as for consumers such as the National Alliance for the Mentally Ill (NAMI) are heavily funded by pharmaceutical companies. The ubiquity of propaganda renders its avoidance impossible. However, we can increase our awareness of propaganda and our complicity in falling prey to it. Related courses are now included in some medical schools (Wilkes & Hoffman, 2001; see also www.pharmedout.org). We can speak out rather than remain silent when we witness actions or inactions and policies and practices that harm clients (e.g. Henriksen & Dayton, 2006).

In conclusion
The bottom line concerning the ethics of discretion is whether related actions (and inactions) maximize client well-being. Scholars choose whether to describe new ideas accurately or whether to ignore them or present distortions of them. Most publications in social work show that the systemic approach described in original sources has been ignored or rejected in favor of a view of EBP likely to promote continuation of the very style of decision-making EBP was designed to avoid, such as not involving clients as informed participants, making inflated claims of knowledge, ignoring application problems, hiding flaws in practice and policy-related research and ignoring the inevitable uncertainty in clinical practice and the unique needs of individual clients. Accurate description of new ideas is important to determine whether they can contribute to helping clients. Karl Popper (1994) suggested that unless we understand a view, we cannot accurately critique it. Only if we take the time and spend the effort needed to understand a new idea can we discover its potential to improve services and honor ethical obligations. This highlights the importance of reading original sources that describe new ideas.

References


