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Review of Foundations of Evidence Based Social Work Practice. Albert R. Roberts and Kenneth R. Yeager. Reviewed by Daniel Coleman.

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these issues get fair time, but special populations in need of affordable housing are highlighted in several chapters. These populations include the elderly and the homeless. This reader would have appreciated more discussion of those with severe mental illnesses. It is mentioned in the chapter on homelessness, but not adequately addressed. However, this is nitpicking given the admirable scope of this volume.

Another asset to the book is the fair approach each chapter takes to the issue at hand. It would be easy for this type of book to devolve into a polemic or treatise. Instead, the chapters consistently seem balanced, well researched, and thoughtful. For an edited volume of this size, this is especially commendable. An example of this balanced tone is the chapter on homelessness—a vexing issue in the housing policy world. The authors do a good job of discussing the dynamics of homelessness (including disabilities) but never forget the structural factors that contribute to the problem. They nicely mix policy suggestions that incorporate the various causal factors of homelessness with realistic proposals to get the homeless housed.

Although heavily weighted toward housing policy issues, the volume is ideal reading for any advocate, researcher, or student interested in the notion of a right to housing, safe housing, or affordable housing. It is a treasure trove of statistics, policy history, and policy proposals for a more progressive housing model in America. This book is highly recommended!

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Albert R. Roberts and Kenneth R. Yeager, *Foundations of Evidence Based Social Work Practice*. New York: Oxford University Press. \$35.00 hardcover.

Evidence-based practice (EBP) is one of the defining themes of the current era for social work and the other helping professions. There are many barriers to evidence-based practice within social work. These barriers include the level of science

literacy within the profession, and popular social-constructionist and postmodernist philosophies that don't recognize the epistemological advantages of the scientific method (but are undeniably attractive in their anti-authoritarian stance). The fact that many social workers' training was in un-researched interventions is also a substantial impediment to EBP. Given these conditions, it is likely that social work will only slowly and partially adopt EBP.

This edited volume is solidly on the "pro" side of the EBP debate. To its credit, the book includes chapters with careful reviews of critiques of EBP. Some of the early chapters describe a model of EBP shared with psychology and psychiatry. Bruce Thyer's chapter, reprinted from the journal *Brief Treatment and Crisis Intervention*, is a gem that clearly sets forth this science-based model of EBP. To summarize, the shared EBP perspective places systematic reviews (including meta-analyses) at the top of a hierarchy of evidence, followed by single clinical trials, then quasi-experimental research, and so on. The fit of the evidence-based intervention is evaluated with the population and setting, and modified as needed. The manual for the intervention (if there is one) guides implementation of the treatment, and pre- and post-test measures are used to track outcome. Ideally, the fidelity of the implementation of the EBP is also assessed.

A number of the chapters carefully discuss evaluating the fit of a research supported treatment to the client population served and making modifications based on individual or group level client characteristics, including ethnicity, gender, social class, sexual orientation and others. Several chapters address the notion that treatment manuals are rigid and prescriptive, pointing out that effective use of a manual requires a competent practitioner, and there is extensive room for spontaneity within the guidelines of the manual. Unfortunately, later chapters stray from the shared model of EBP, not referencing systematic reviews or meta-analyses, and being less specific about how to apply research supported practices.

In addition to the introductory chapters that set out the shared model of EBP, there are numerous valuable chapters. Mullen and Streiner provide a review of critiques of EBP that would be helpful in a practice course. Mullen and Bacon report

results of an interesting survey that shows social work significantly lagging behind the other professions in using research to inform practice. There are several papers working in the tradition of Eileen Gambrill's critical thinking process approach to EBP. Corcoran and Vandiver give a concise and helpful structure for implementing EBPs and practice guidelines. Another strength of this volume is that a number of chapters list internet resources, journals and books for further information on EBP. The book also includes a helpful appendix of internet resources.

There are a number of chapters that focus on EBP for specific problems or populations. Oddly, many of these chapters don't use the shared model of EBP (described above) for evaluating evidence. The chapters on depression and anxiety disorders don't include systematic reviews or meta-analyses, reviewing instead only individual studies. The chapter on anxiety disorders doesn't mention Eye Movement Desensitization Reprogramming, an intervention for posttraumatic stress disorder that has fared well in systematic reviews (a later chapter does, however). Another example of this inconsistency is found in Reid and Fortune's chapter on task centered practice. They do not mention if a systematic review or meta-analysis of Task Centered Practice has taken place, if there is a manual for it, or if adherence/fidelity was assessed in any of the studies. If evaluated by the systematic review standards of the Cochrane Library, or the American Psychological Association, task centered practice might be classified as "promising" rather than as an "exemplar" of EBP (as the chapter is titled).

This book provides some excellent articles that represent the most science-based, carefully reasoned approach to EBP. However, a number of articles fall short or are just tangential to the central theme of the book. This is unfortunate, because these contradictions may add to the confusion about EBP and the multiple meanings that get attached to the term. The book is reasonably priced, so it might be worth purchasing for practitioners, or for course adoption by teachers. However, a number of the articles are reprinted from *Brief Treatment and Crisis Intervention*, and may be available full-text at a university or local library. In addition, there are better sources for reviews of the research for specific problems or populations that use

systematic review or meta-analysis evidence.

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Ronald J. Angel, Laura Lein and Jane Henrici, *Poor Families in America's Health Care Crisis*. New York: Cambridge University Press, 2006. \$70.00 hardcover, \$27.99 papercover.

The healthcare crisis in the United States is one of the most serious problems facing this nation, and the problem will only grow in severity if healthcare costs escalate unchecked and increasing numbers of Americans find themselves unable to afford insurance plans. Presently, many businesses and even government agencies are struggling to provide healthcare coverage for workers and pensioners in the face of escalating premium costs and pressures to reduce operating costs by reducing or eliminating benefits. These pressures are resulting in many middle-class Americans struggling to maintain health care coverage while the working poor are left with inconsistent or no healthcare coverage. Without adequate medical attention, many of the nation's working poor live with untreated conditions that result in a vicious cycle of compromised work productivity and increased poverty from medical debts incurred due to lack of coverage. The authors argue that switching to a universal, single-payer system of healthcare based on preventative care, as opposed to the present system which primarily relies on employer based benefits, will be the most likely method to ensure a system of care that provides for all Americans and thus does not risk leaving working poor Americans shut out from health care.

The authors base their argument on a tri-city study they conducted in Chicago, San Antonio, and Boston amongst minority, working-poor families who lived under different state welfare systems but who all experienced a lack of adequate health care coverage through employment based insurance, Medicare, and the State Children's Health Insurance Program (SCHIP). Their data is presented in eight chapters. Chapter