KEYNOTE ADDRESS

RESEARCH AND PRACTICE: SEARCHING FOR A PARTNERSHIP

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Social workers, challenged as we are with the mysteries and dilemmas of human behavior in response to the interplay of personal and societal problems have historically been in a unique position to develop, confirm and verify knowledge as applied in practice with clients and/or client systems.

Despite access to opportunities for research, not to mention the profession's major paradigm of scientific caring, research has not been a consistent concern and never a priority. The relationship between practice and research can perhaps best be described as ambivalent.

For social work to move ahead, we must attend to growing questions both about the profession's domain and efficacy of its knowledge base (Fischer, 1973; Haworth, 1984; Hopps & Pinderhughes, 1986). Some say we are increasingly adrift, maybe anti-intellectual, sometimes even succumbing to faddism (NADD, 1984) and allowing others to set our priorities (Hopps, 1987). Yet, some also see the current time as one of important ferment and intellectual inquiry which is enhancing the profession's scientific orientation and standing (Fanshel, 1980; Reid, 1987).

Regardless of one's stance, for social work to survive and be credible in the future, one dimension of our work that we must attend to is the linkage between research and practice. A good place to begin is to recognize the need for a stronger empirical base of both knowledge and practice. This does not mean that we should dismiss everything that is not "science," or anything that does not have a base in positivism. To the contrary, we must understand and maintain that some of what transpires in the client/social worker dynamic is very delicate and difficult to capture. An empirical stance does not mean, however, that we need to reject the notion that we are "doers;" it requires us to confront the fact that we are also "thinkers," capable of and interested in developing a stronger rationale and underpinning for what we do. Since we practice in a culture where empiricism, science, and technology are not only highly valued but preeminent, we are asked to demonstrate that our claim to a specific expertise is able to withstand the most rigorous tests of our time. In keeping with William Barrett's warning in The Illusion of Technique (cited so tellingly by Imre in her book Knowing and Caring (1982)), we must remember that "the technique cannot produce the philosophy that directs it." We neither can, nor wish to, reduce human interactions to mathematical formulae nor put clients into test tubes, even metaphorically. What we must do, however, is elevate questions of authenticity, accountability and effectiveness to the level of an ethical imperative.

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The number of those in need, whether served or not, is growing. An NIMH STUDY in 1980 noted that 20% of Americans suffered from some kind of mental illness during any six-month period. Now, the well founded estimates are higher, suggesting that one-third of all Americans suffer some kind of mental illness in the course of their lives, and that at any one time 15% of the population is afflicted.

This means that 35 to 40 million individuals are in need of services at any given point. It also means that we must examine what has been structured into our society that contributes to such a level of instability, confusion and alienation. Our allied--and competitor--professions have never seen it their role to address the nexus of individual and societal factors that social work historically has made its focus. We have an opportunity to bring our unique blend of knowledge and skills to bear here.

What an exciting prospect: not only to verify and disseminate the effective elements of our practice, but to extract from that validated experience new insights and syntheses which could give impetus to policy making with a preventive emphasis.

There is no way that we, or any other profession, can treat 35 to 40 million individuals at a time--let alone respond to those who were intended to be our first priority--the millions who go unserved for lack of funds. We need to find and document the most appropriate assessment and intervention strategies for unprecedented numbers of new and diverse client populations. We cannot continue to be known for a vague and unsystematic practice of offering whatever intervention workers want to offer to the smaller, traditional groups of clients, an increasing number of whom can pay for private services. One of our more notable thinkers, Helen Harris Perlman, reportedly commented that there were so many methods practiced in our agencies that a client receives an intervention or service based on which agency he or she walked into and which social worker he or she was assigned (and now we might add how many dollars he/she has). Is that the approach to practice we have and if so, should it be continued?

Assuming this observation to be true, what a sad commentary, since the role of research in social work knowledge building has its origins in what was called "scientific charity." (A term I always considered an oxymoron and one which still can chill the heart. Again, we want to be selective in the models we adapt.) When our profession was founded, it was assumed that research would play a contributing role, similar to the one science played in medicine and industry. In the 1800's, philanthropists worked to achieve efficiency and professionalization through the adoption of a systematic approach to the identification and determination of needs, to case evaluation, and to effective service delivery. This orientation was implemented through the development of casework and is noted in the first significant discussion of the method: Mary Richmond's Social Diagnosis (1917).

Implicit in casework, then, is its scientific underpinning. Is that why we are trying to kill it off, substituting the identification of "therapist" or "clinician" (which implies a technology) for casework which embodied knowledge and technique. Or, are we simply looking for a transfer of prestige via title? We adopted psycho-analytic theory but forgot that in his time and context Freud was a natural scientist. He understood observa-

tion, attention to detail, validity and reliability. Initially, he presented his work before fellow scientists in Vienna. As it happened they had become more wedded to their biases than willing to examine new data. Later at times, Freud too lost his scientific balance and in the interest of a favored theory, began to generalize from partial data. We in turn borrowed partial theory and process from Freud--and ignored the scientific and biological bases of his work. Obviously even for the best-intended of us, there is a risk of substituting, our preferred repertoire of constructs, theories, and interventions for rigor and objectivity.

Just to summarize, early on, caseworkers aided professionalization because they laid claim to a unique body of material. Much of the early content focused on method, practice episodes in contrast to theories of behavior, and theories of intervention. When theory was considered, it was largely borrowed, and not very carefully, from psychiatry and largely from one branch, psychoanalysis. The psycho-analytic grip still holds but it has loosened and a variety of theories are in use (at least twenty if Frances Turner's book is an acceptable gauge). Now, there are questions about how to justify choice of a theory. Are the theories being subjected to measures for verification. Do we know enough about outcome? Are we open to objectivity if there is ground to challenge the use of a favored theory? A popular intervention?

Barriers to Empiricism

There is a view, or perhaps a culture, which questions the appropriateness of scientific method in clinical work. Years ago Scott Briar (1980) commented that there is a preference for abstract concepts in contrast to empirical ones and a stance that theory is as valid for knowledge building as verified empirical tests. Briar even stated that "social workers have long been attracted to abstract concepts such as identity, self-realization, ego strength, psychological integration . . ... In fact, it appears to be a general principle in social work never to use a specifically descriptive term if a more abstract one is available. The nearer terms get to operational or behavioral specificity the more some social workers turn away from them." (Briar, p. 33, 1980) Setting goals to address clients' presenting-- let alone underlying--problems seems to defy operationalization. And, on what basis do we establish the points in sequential stages at which both might be reassessed? Edwin Thomas (1978), within the behavioral framework, raised the possibility that the methodological compromises needed to conduct research in practice are so great that they might invalidate the research itself. Since then, others have expanded on these issues which include:

1. lack of control over extraneous variables in practice settings;
2. limitations on design options, as well as problems in implementing any given design;
3. objective issues related to the researcher/practitioner;
4. lack of clarity and specificity of treatment goals; and finally,
5. the idiosyncratic nature of interventions which hinder inference and generalizability (see also Siegal, D. 1984, Levy, 1981).

There are other legitimate questions. For example, is empirical practice de-facto limited to coercive settings? In the process of evaluating client

progress will the worker be tempted to skew the results? Does the evaluative process interfere with client self-determination, the right to control one's life that rules out being a subject of research manipulation? Can the creative aspects of the worker/client dynamic be maintained in the throes of a controlled study of action, reaction and interaction? (And incidentally, we seem to prefer client data over data with worker as subject of experiment.)

Design Issues

Another argument is about what paradigms are best fitted to our interventions. Too often we box ourselves into one approach. One example is the quantitative versus non-quantitative argument, and although stale now, it was a hot debate in the seventies and early eighties. More importantly, it became non-functional, for when we hear those buzz words, we react viscerally and stereotypes tend to replace thinking.

To be sure, quantitative does not necessarily mean depersonalization; qualitative does not necessarily insure humanism; and neither guarantees validity. If used well, quantitative methods can aid greatly in demonstrating reliability. Likewise, qualitative designs through their emphasis on meaning and process, can contribute greatly to validity.

What was fueling the debate in the disguise of methodology was actually the question of rigor. We simply had trouble with being held accountable. In the sixties and seventies, we focused on large systems interventions and large data sets. Some did not like the quantitative analyses required with those studies, and we shifted gears in favor of content analyses and single-subject designs. In pursuing the latter, it was discovered that they were demanding, requiring systematic thought and measurement (Williams, 1989). We keep thinking about the limitations of science or positivism sometimes viewing non-systematic or heuristic models as providing more useful approaches (Heineman, 1981), and while those arguments are provocative, they may not provide a ready base for addressing questions of effectiveness and worth. There are no short cuts. We have to develop designs with meaningful linkage(s) among:

1. the kinds of problems/questions for which we seek answers;
2. their theoretical and/or conceptual framework;
3. methods of investigation; knowing that the ways in which these are matched will influence the characteristics or "scientific properties" of the findings. Put simply: "Different method/Different knowledge." (Stratham, Miller and Mautsch, 1988)

None of us would suggest that the techniques of hard science can be adopted wholesale for the human sciences but there is still necessity for objectivity, rigor and replicability if we are to validate our interventions and control for self-deception as well as egotism, faddism, and the fortunately rare cases of outright fraud. We will also be in a stronger position to confront skepticism and mindless funding cuts when we can demonstrate that what we do works.

The debate over the strength and limitations of research in social work is widely known. My hunch is that we know _less_ about what kinds of work we are _actually producing_. In an effort to explore this, my Boston College colleague, Ken Branco, and I decided to examine the kind of work we are doing and how it is presented in the literature.

Methods

We argue that work which contributes most effectively to building the knowledge base of social work has three requisites: 1) it must be theoretically based; 2) empirically informed, and 3) implemented in practice.

The first of the three components, a theoretical framework, provides models of how individuals, groups, families and larger social systems act. Theories are our conceptions of the world. They should be explicitly stated. Practice follows theory. In practice, we intervene in ways which we believe will produce some desired effect. Empirical research provides a method for evaluating practice and revising theory. Only with all three components is the circle complete.

In order to assess the current state of the knowledge base in social work, we decided to look for the frequency of these components in recent journal articles on social work practice. Articles from five journals were reviewed, _Social Work_, _Social Casework_, _Clinical Social Work Journal_, _Smith College Studies in Social Work_, and social work authored articles in the _American Journal of Orthopsychiatry_. Articles from January, 1985 through July, 1988, were included in the study. Since the focus of the research was on understanding the knowledge base of clinical practice, articles which did not address clinical issues were excluded from consideration. This left a total of 449 articles which were reviewed.

They were placed in one of the following six categories:

1. Category One included articles which had all three of the components identified above as necessary in building a knowledge base; an explicit theoretical framework, a theoretically based intervention or assessment, and evaluation.

2. Category Two included articles which had the first two components, an explicit theoretical framework and a theoretically based intervention or assessment, but which lacked any evaluation of effectiveness.

3. Category Three included articles which had only a theoretical framework.

4. Category Four included articles which described some non-theoretically based intervention or assessments plus evaluation, and

5. Category Five described a non-theoretical intervention or assessment without any attempt at evaluation.

6. Category Six included the large number of articles which are limited to a description of some population or practice problem.

Findings

Results indicate that only six (1%) of the 449 articles could be classified as Type 1. (See Table 1.) These six articles included all three of the components which we have argued are important to social work knowledge building:

Table 1

The Relationship Between Type of Publication and Social Work Journal Between 1985 and 1988

Journal	Type 1 Theoretical Framework, Theoretically Based Intervention or Assessment and Evaluation	Type 2 Theoretical Framework and Theoretically Based Intervention	Type 3 Theoretical Framework	Type 4 Non-Theoretical Intervention or Assessment, and Evaluation	Type 5 Non-Theoretical Intervention or Assessment	Type 6 Population or Practice Problem Description
Social Work	2*	11	14	5	34	62
American Journal of Ortho-Psychology	1	4	1	4	8	16
Social Casework	3	15	26	13	63	67
Clinical Social Work	0	34	16	1	11	15
Smith College Studies in Social Work	0	2	11	0	0	10
TOTALS	6 (1%)	66 (15%)	68 (15%)	23 (5%)	116 (26%)	170 (38%) 449

*Number of articles in journal

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1) an explicit theoretical framework, 2) a theoretically based intervention or assessment, and 3) an evaluation of the effectiveness of the intervention. Sixty-six (15%) articles were classified as Type 2. These articles contained an explicit theoretical framework and theoretically based intervention or assessment, but there was no real attempt at an evaluation of the effectiveness of the intervention. Sixty-eight (15) articles were classified as Type 3. These were essentially theoretical. Twenty-three (5%) articles were classified as Type 4. They described some intervention or assessment with no explicit theoretical basis, and also included some attempt at evaluation. The majority of articles fell into one of the last two categories. One hundred and sixteen (26%) were classified as Type 5. They simply describe some intervention or assessment with neither an explicit theoretical framework nor any attempt at evaluation. One hundred and seventy (38%) articles were classified as Type 6, describing some client population or some practice problem.

The Challenge: What can be done to narrow the gap between research and practice?

Caring as a Moral Principle

Initially, we must underscore the principles in our profession on which most practitioners and researchers can agree; they seem to me to be "the freedom and well-being of clients," and that "caring is a fundamental moral principle which in effect motivates social workers to be concerned about the freedom and well being of others" (Imre, p. 108). Writing in 1982, Imre goes on to note that "the kinds of good which are integrally involved in the profession's practice have not been studied on a systematic manner. [These] include [concepts of] autonomy and freedom, justice, non-maleficence (doing no harm), and beneficence (enhancing the well-being of others) (Imre, p. 111).

In short, we need greater understanding of the essence of our work, attacking the false dichotomy of knowledge and values. There may have been some efforts to address these omissions significantly in the last few years, but I doubt it. Colleagues, we are not studying and researching the subjects most of us say that we hold dearly--values, respect for personhood, etc. We say quantification dehumanizes clients as persons. Yet, there is no record that we are doing significant qualitative work which would clarify our insight on the value of personhood. We must stop running away from intellectual rigor and make the time to store up our knowledge/skills foundation.

Personality and Attitudinal Factors

We should also recognize that the dissensus over practice and research is not simply a result of limitations in research education and limitations of models that encourage their integration. Other factors impact the question such as personality, attitudes, gender and environment. It has been shown that each of the groups (clinicians and researchers) has a different orientation to problem solving which leads it to select out and emphasize different aspects of similar subjects. In a 1983 study, researchers were found to be more orderly and planful in their approach to problems. (A small number were also

thought to be more atomistic.) By contract, clinicians were found to be more affiliative and nurturing, but not quite so orderly and planful as researchers. (And only a small number of clinicians were viewed as seeing the gestalt.) Both groups were found to demonstrate similarity in endurance. The same study suggested that clinicians now have a more favorable attitude toward possible benefits of research, but still have not engaged in it (Drisko, 1983).

Given these differences, we can and must do more to facilitate cooperation. Initial steps include developing opportunities for both clinicians and researchers to have broader exposure to research with practice utility. The triangulation of theories, methods and data sources is needed. In other words, both quantitative and qualitative approaches to problem definition, data acquisition and analysis should be required of students in social work programs, as well as available through continuing education efforts. We need to view qualitative and quantitative approaches as complementary and not as competing methods. In practice, we must develop more opportunities for joint research-practice efforts that use and respect quantitative and/or qualitative approaches. The growing number of our colleagues in private practice, now at 30% (or three times higher than earlier estimates (Mackey, Burak and Charkoudan, 1987), have a very specific need to engage in the systematic measurement of their own effectiveness. Solo practice offers neither the protection nor the peer exchange available in agencies, so private practitioners have much to give and to gain through the development of new authenticating measures. The structure of single subject research helps one to reflect on his or her process, as well as outcome. It is, therefore, a self-supervisory tool; (and, let me tell you a secret: you don't have to share your results-- as helpful to others as they may be!).

Gender Factors

There is need for more attention to the research productivity of all practitioners, but especially women. In a rather limited comparison of productivity of those in administration or a combination of administration and direct practice, no significant difference between the productivity of women and men was noted. Those in direct service roles were found to engage in as much research as those in administration or combined administrative/direct practice roles; however, women in direct practice were engaged in significantly less research than men in direct practice. This pattern occurred although the definition of research was broad and included practice relevant activities such as systematic case comparisons and single-subjects (Connaway, Morelock and Gentry, 1985).

Those women in administration or combined roles, might well have assumed early on that if they wanted to move up in the profession, they needed to appear more androgynous and, therefore, learned to do the tasks that their male counterparts performed. The lack of comfort and, in fact, the anxiety, that many women have with stereotypes of mathematics and statistical analyses, often due to early negative educational experiences, is a hurdle that must be acknowledged and eventually overcome.

No matter what assumptions we proffer, the bottom line is that a tracking system exists, and we must take the initiative in getting off the sadly misinterpreted "mommy" track. Assuming we want changed status, it should not be hard if we use effectively both the leverage stemming from our majority status, and hoped for good will of the other gender who purport to share our common values of equality and self-determination. They too must implement these values after careful, systematic examination of the consequences of behavior, including stereotyping, which is still so pervasive in our culture and our profession.

Environmental Factors

Several major constituencies--agencies, educational institutions and our professional organizations must take some practical steps if the "relation-ship" is to be enhanced. At this time, a sizeable amount of research activity is focused on academic issues. In a context analysis of research published in the professions' journals, it was found that a quarter of research was on social work education. The author of the study went to ask if the study on the nature of social service outcomes ought not to be a more pressing issue (Reid, 1987). No one would deny that the literature on utilization has been useful. Perhaps we needed to know that we are reluc-tant to read research studies, that many of us do not even understand research terminology, and that we do not use research to inform practice. (Ibid.) But now, it is time to move beyond this point.

It is imperative that we learn more about the scope of the research activity being conducted in practice and also what enhances and retards such activ-ity. In one such study reported a few years ago, which examined the number and types of research practitioners were engaged in, and whether there were relationships between organization variables, several interesting and hopeful findings were noted. First, most of the respondents engaged in research activity, and many were engaged in different kinds of activity (which had been rather broadly defined to include major presentations, planning and/or evaluation of a program, comparing a group of cases, developing a research proposal and/or implementing a research project). Second, there was a relationship between certain agency characteristics and agencies' expectations for workers and research yield. Research activity was associated with the following organizational variables: availability of a library within the agency; the use of social audits; organization of staff (more research done in non-homogeneous units); research conducted by other staff; workers' control over assignments; and agency regulations on time workers allowed to allocate to consultation and education efforts (Connaway, Morelock and Gentry, 1985).

A strong role for staff is implied. We must put some fire under social agency executives and middle managers. Convince them that time for research and reflection is important. Recently, a colleague wrote to me in concern that research is openly devalued in some agencies, citing the example of one worker who publishes under a pseudonym because of the findings and the ways in which the "establishment" reacts to them. I was told that the message here is "work, work, work," but publish and you will perish. The author of the letter described the problem as creeping Social Darwinism. Social workers do not accept this. Not a single improvement that we have in the

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structure of the work week came voluntarily from management or boards. We had to push for each of them. Now is the time to push again for time to reflect, to conduct research, and for a decent agency facility in which to do it. The results of the Connaway, Morelock and Gentry study, cited earlier, suggested that research activity would increase if it were an expectation of all job positions, not only administration. If that is the route we must take, so be it; however, it would be more satisfying if the initiatives stemmed from professional and knowledge-building verification interests and not merely because of a job mandate.

There can no longer be any excuse for practitioners not knowing the literature in the area of their practice. This includes familiarizing ourselves with theories as well as effectiveness of treatment strategies with particular groups. At the minimum, a clinician should be able to state the findings on effectiveness and limitations of the intervention he or she uses. If there is no research on an intervention, that may be good reason 1) not to use it, or 2) to document's one's use and the effects on it, in order to test and validate it. Further, a clinician should also know which populations are likely or unlikely to benefit from certain interventions. Again, there is need to identify and verify the independent variable, the intervention in everyday clinical work, and take steps to evaluate it (Cobb and Jordan, 1987). There is nothing like success. More recent reports suggest improvements in practice, and this should stimulate more interest in practice research (Fisher, 1983 & Rubin, 1985).

Education

Social work programs were established in universities so that there would be a resource base--libraries, credentialed faculty, and solid students--from which to ask the hard questions about social problems and human behavior, and to seek solutions through practice. Today, there is still too heavy a reliance on the apprenticeship model which grew out of practice in the 17th and 18th centuries--when everything was simpler, including codification and structure of knowledge. Until field work is truly upgraded to include the empirical testing of theories of intervention within a helping framework and through active rather than passive participation, the practice/research relationship will remain an ambivalent one. Although diverse approaches are needed, we must be mindful of the limitations of uncontrolled experiments which may not differ significantly from present training.

At the MSW level, time is too constrained to expect that strong researchers can be educated unless research is viewed and treated as a practice method. Even then, the cost of educating at best a small number would be very expensive. But, the MSW program presents a unique opportunity for moving beyond the research-consumer model to that of practitioner-scientists. (This implies strong preparation in research for those given field instruction assignments and the assignment of senior clinical and macro faculty to field.) A real partnership with agencies is needed, and this implies their full participation in research questions and designs. Professors will simply have to adapt more to agency interests and needs.

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Finally, all graduate social work programs must demonstrate that they are, in fact, graduate programs. This requires a stronger effort in research productivity and emphasis on the higher end of the BSW-MSW-Ph.D. continuum. Within our schools, research productivity is low and largely done by a small number of faculty. Faculty interest and skills are weighted toward teaching, although doctorally prepared faculty have greater interest and are more likely to be engaged in research activity (Faver, Fox, Hunter, Shannon, 1986). We must act to change this pattern since faculty serve as career-long models for their students. The CSWE Policy Statement (1982) requires that BSW and MSW students learn to evaluate the outcomes of their interventions through the application of quantitative benefits. There is no comparable body with leverage on doctoral programs. It is up to us as a profession, therefore, to make sure that we do not allow anyone to undercut our growing strength in research, particularly in empirically derived models of practice, by circumventing traditional university-based doctoral programs with superficial entrepreneurial or extension-course designs.

Professional Organizations

At the local level, our professional associations and school of social work alumni associations must help build the partnership through developing and nurturing study groups which focus on research skills for use in practice. Research has shown that adult learners are particularly motivated to study areas that will improve job performance and a useful curriculum has been reported (Simon, 1988).

Our national professional organization must direct resources to help facilitate development of psycho-social metrics (those measures related to person-in-the-environment, not only those related to the psyche). We need more verified rapid assessment measures such as Walter Hudson's Clinical Measurement Package and Achenbach's Child Behavior Check List. Schools and major agencies can also help fund and/or develop these measures.

The association must also examine its publication policies whereby journals separate practice articles from research studies, giving credence to the false dichotomy (Hopps and Gambrill, 1988).

If direct practice (clinical) is what we want to do, we had better start demonstrating that it works, and that it works better than other interventions. Because we have not done so sufficiently, we are vulnerable to new waves calling for allocation of resources to other interventions, e.g., case management, or to other professions.

Across professions, there is an effort to calibrate cost to effectiveness, and the individual professional has to demonstrate improvement. That is the case in education and the mental health professions where our competitors are not wasting time; largely because of funding, medicine (i.e., psychiatry) is moving to biology and neurochemistry as its base, and psychology is moving to psychometrics. We are in a position to fill the gap, but if we want to play ball in that league and still retain our total person-in-situation focus, we have no alternative but to shore up our base. The smart way to do this is to focus as quickly as we can on our science (quantitative and qualitative) and to be bullish about it.

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I hope--in the context of all that has been and will be said here--that I can leave you with this summary:

There are fields in which knowledge can and should be pursued simply for its own sake. The significant difference in social work research lies at the heart of our identity as a profession dedicated to knowledge, caring and service. Research that cuts knowledge off from these other dimensions is not only sterile for our purposes, but may be an affront to what we are all about. Our research-practice appeal is for critical analyses of problems, policies, specific population needs and remedial or enabling interventions with sound theoretical bases, verifiable data and replicable implementation. Our knowledge interests should be in pursuit of our values: reducing the suffering among and around us, distributing resources in the most equitable and effective ways possible, channeling the wealth and energy of our society into ever more compassionate expression, and enabling its psychologically, physically or economically bruised members to take charge of their own lives with encouragement to contribute to our common needs and future. At the same time, without consistently defining our knowledge and refining our actions in its light, our caring can become ineffectual and our service a self-serving illusion.

This is a great institution. The faculty is the envy of many schools. I understand you lead the Big Ten in research productivity. But we all must strive harder--to make a real difference in the lives of our clients. The work of the institute today focusing on a variety of special needs groups is an excellent opportunity to research, validate and publish data that demonstrates differential techniques with specific populations.

Dr. Marie Augusta Neil made a strong point when she reminded us in the book, The Just Demands of the Poor, that education can be used to support the status-quo, and have less to do with truth than with affirming our biases. Let's make sure that we hear the warning.

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