

| ISSUE 1 |

**THE QUESTION
OF QUESTIONS:**

An Agenda
for Social Work
Practice Research

GEORGE WARREN

**BROWN
SCHOOL**

—|| of Social Work ||—

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KNOWLEDGE
MONOGRAPHS

 Washington University in St. Louis



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Nationally recognized for her work in advancing the implementation of evidence-based practices in agency settings, Enola K. Proctor is the Frank J. Bruno Professor of Social Work Research and associate dean for research at the George Warren Brown School of Social Work at Washington University in St. Louis. Specifically, she has advanced the field of mental health services research, including the understanding of the multiple service sectors that serve people with mental disorders. Most recently she was appointed by the U.S. Department of Health and Human Services to serve on the National Advisory Mental Health Council of the National Institutes of Health. She is one of two social workers to have served on the council and the only social work researcher to receive this prestigious appointment.

For more than a decade, Dr. Proctor has directed the Brown School's Center for Mental Health Services Research. Through its national network of collaborative research partners, the Center works with public social service agencies to build a base of evidence designed to address the challenges of delivering mental health services to vulnerable populations. Funded by the National Institute of Mental Health, the Center is one of only 11 centers of its kind in the country and the only one part of a social work school.

Dr. Proctor presented *The Question of Questions: An Agenda for Social Work Practice Research* at the June 2, 2005, International Practice Research Symposium hosted by the University at Albany.

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QUESTIONS
OF QUESTIONS

LETTER FROM THE DEAN

Dear Colleague,

How well is social work research meeting the profession's needs? Are social work researchers pursuing questions that have significance for society and for the profession? We aim to tackle these and other questions in our first issue of *Knowledge Monographs*, a new publication highlighting the research and scholarship of the faculty at the George Warren Brown School of Social Work.

The progress of social work research and the social work profession is inextricably linked. We need to be advancing research that has significant impact on practice, organizational performance, and policy. Professor Proctor's monograph is an exemplar of this linkage, addressing questions at the intersection of research on evidence-based practice and implementation.

We plan to publish *Knowledge Monographs* periodically as a supplement to our new magazine, *Social Impact*. If you have colleagues who would like to receive either publication, please e-mail socialimpact@wustl.edu, or you can download a copy from our web site at gwbweb.wustl.edu.

I look forward to your feedback about this issue, as well as your ideas for future topics that would be helpful to you. Feel free to e-mail me directly at elawlor@wustl.edu with your thoughts.

Sincerely,



Edward F. Lawlor

Dean and the William E. Gordon Professor

THE QUESTION OF QUESTIONS: An Agenda for Social Work Practice Research

Prepared for the International Practice Research Symposium, June 2, 2005, The University of Albany

How well is the social work research enterprise meeting the profession's needs? Are social work researchers pursuing questions that have significance for society and for the profession? This paper asserts that social work research needs to be focused on the most pressing of questions—those that have the potential to inform and improve social work practice. The paper explores the knowledge needs of social work as a profession, asserts the primacy of five research questions, and encourages their pursuit as a means to strengthen the social work knowledge base.

SOCIAL WORK RESEARCH: PROGRESS AND CHALLENGES

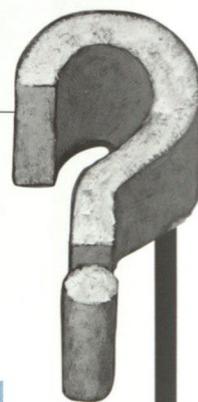
Conferences on social work practice and research provide a welcome opportunity to reflect on progress made and progress yet needed to advance the field's knowledge base. And such is certainly the case for a conference dedicated to marking the scholarly contributions of William Reid. The focus of Bill Reid's scholarly career—understanding and enhancing the effectiveness of social work practice—surely ranks among the most important tasks of social work researchers.

As a profession with a public mandate, social work receives societal sanctions for its practice. Such sanctions rest on assumptions of a current and solid knowledge base (Rosen & Proctor, 2003b). By establishing its training role through undergraduate and graduate education for practice and through doctoral and post-doctoral training for research, the profession has a recognized and self-proclaimed responsibility for its own knowledge base. Social work's stature may be only as good as its knowledge base, and responsibility for developing this knowledge is lodged within social work research.

Several conferences, articles, and books have focused on practice research in the past decade. The Rosen Lecture at the Society for Social Work and Research

(SSWR) was launched in 2002 to underscore the need for research that is capable of guiding social work practice and to highlight knowledge development from programs of practice research. SSWR's program of awards further recognizes high quality research. Several schools of social work have convened conferences around profession-wide issues, including one on the practice–research interface hosted by the Columbia University School of Social Work in 1993 and one on social work practice guidelines convened by the George Warren Brown School of Social Work in May 2000. These events and the growing number of research centers established in schools of social work reflect an ever-stronger infrastructure for social work research.

SOCIAL WORK'S STATURE
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KNOWLEDGE BASE, AND RESPON-
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SOCIAL WORK RESEARCH.



Knowledge

Yet social work faces real and daunting challenges to its stature as a profession. Over the past two decades, the profession has seen key areas of practice default to other professions (Marsh, 2003), including hospital social work (Proctor, Morrow-Howell, & Kaplan, 1996), case management, and disaster response. Nurses now claim professional expertise in several areas that previously were the clear “turf” of hospital social workers, including responding to hospitalized patients’ psychosocial needs, working to resolve family crises, providing needed information and facilitating adjustment to disease, supporting patient and family adherence to illness-related care regimens, and assessing and coordinating community resources for post-hospital care. Case management—despite the complexity of its component of psychosocial assessment, motivational enhancement, family therapy, and resource procurement—is now often assumed to require little if any human services education or training. In many models of collaborative depression care, nurses—not social workers—have been the providers of choice for assessing depression and for providing motivational interviewing, psychosocial support, and problem solving therapy. Coupled with the erosion of social work’s turf is the growing challenge of recruiting talented individuals to the profession. This may be a problem of the field’s own making as it has accredited a rapidly growing number of schools, year after year, to compete for a relatively flat applicant pool.

Where social work remains a vibrant work force, the performance stakes have risen. In nearly every social service sector, stakeholders and contractors expect agencies to monitor and improve quality. Clyman (1999) characterizes the shift toward increased accountability in the human services as perhaps “the largest scale social experimentation since the New Deal in the United States” (page 167). Yet remarkably little is known about the quality of social work services (McMillen, Proctor, Megivern, Striley, Cabassa, Munson, & Dickey, in press). Social work’s virtual silence on the front of quality of care, its retrenchment in several practice arenas, and its difficulty competing with fields on both the practice and recruitment fronts converge to portend a potential crisis for social work’s professional stature. To meet these challenges, social work researchers must pursue new questions, using more robust methods, and in short order.

This paper addresses challenges of meeting the profession’s needs for knowledge and for evidence. The paper proposes a research agenda around five questions, the pursuit of which can strengthen social work’s foundation for practice and potentially its professional stature.

FIVE PRESSING QUESTIONS: A SOCIAL WORK RESEARCH AGENDA

Fundamentally, this paper poses questions about questions. The paper raises the following questions about social work research: *What kind of research is needed for social work practice? What research questions should researchers ask in this social era, at this point in the profession’s history? Are social work researchers asking and addressing the right research questions? How rich is our knowledge around each of these questions?*

This paper is rooted in a concern that social work researchers have not, unfortunately, focused attention and activity around the most important of research questions. The paper asserts the primacy of five research questions whose pursuit can inform and improve the delivery of social work services and demonstrate the profession’s social value. Those questions are:

1. What are the practices in social work practice?
2. How does social work practice vary?
3. What is the value of social work practice?
4. What practices should social workers use?
5. How can social work practice be improved?

Throughout, the paper uses the term “social work practice” broadly and inclusively. Although “practice” in the social work literature often connotes direct service with individuals, families, or groups, here it refers also to administrative, community, and policy practice. This caveat notwithstanding, the paper’s examples and citations overemphasize topics with which the author is most familiar, including direct social work practice, agency focused research, mental health services, and quality improvement.

OF THE 1,849 ARTICLES PUBLISHED IN THESE JOURNALS FROM 1994 TO 1997, ONLY 15% WERE CLASSIFIED AS EMPIRICAL ARTICLES THAT ADDRESSED INTERVENTIONS. AND ONLY 3% OF PUBLISHED ARTICLES DESCRIBED THE INTERVENTION OR ITS COMPONENTS IN SUFFICIENT DETAIL FOR REPLICATION IN EITHER RESEARCH OR PRACTICE.



Empirical Articles

treatment, but over one-fourth of social workers had engaged in no activities related to substance abuse (NASW PRN Web site, accessed October 4, 2005). Except for this gross survey of activity over a one-year time period, the social work PRN has not been used to advance our knowledge about the interventions used by social workers.

Nor have researchers focused sufficient attention on the question: "What are the practices in social work practice?" Although intervention research is widely recognized as of pre-eminent importance (Fraser, 2000; Thyer, 2000; Rubin, 2000; Rosen, Proctor, & Staudt,

2003), it constitutes a small proportion of empirical studies in social work. Rosen, Proctor, and Staudt (1999) classified published articles in 13 major social work journals, journals that the authors deemed most likely to publish articles about social work intervention. Of the 1,849 articles published in these journals from 1994 to 1997, only 15% were classified as empirical articles that addressed interventions. And only 3% of published articles described the intervention or its components in sufficient detail for replication in either research or practice. Even descriptive studies of social work interventions, relying on such methods as practitioner surveys or agency record analyses, are rare.

The actual identification of the "practices in social work practice" is an important function of practice research. A practice, or intervention, is defined as behavior that can be volitionally manipulated and purposefully engaged in to achieve a professionally relevant condition (Rosen & Proctor, 1978). Social work interventions vary widely in their complexity, ranging from discrete behaviors to treatment or prevention programs and packages (Rosen & Proctor, 1978). Without attempting an exhaustive review, the paper provides a few examples of such research and its usefulness.

Rosen, Proctor, and Staudt (2003) identified and classified the interventions tested in the published intervention studies, and grouped the interventions in the form of a guideline prototype; that is repertoire, or sets, of interventions used to address specific outcomes or conditions. The repertoire ranged in scale considerably: While 103 different interventions addressed psychiatric conditions, only one intervention addressed agency functioning and only one intervention addressed housing needs. Of course,

1

QUESTION 1: WHAT ARE THE PRACTICES IN SOCIAL WORK PRACTICE?

Fundamentally, this question is one about what social workers do: What interventions do social workers employ? Can social work interventions be named and described?

The importance of this question would seem to be a "no brainer." Describing the professional activities of social workers is fundamental to the profession's self-definition, depiction of itself, and assertion of its means of influence. Yet remarkably little effort to address this question is evident in either social work practice or social work research.

In 2000, the National Association of Social Workers launched a Practice Research Network (PRN), an ambitious project to sample 2,000 consenting members of NASW to systematically capture critical information. Through this initiative, new information was gleaned about social workers' employment conditions, salary, and demographics. The PRN methodology has unique potential to capture information about the "practices" or interventions used in day-to-day practice—a potential that the American Psychiatric Association capitalized upon through its own PRN (Zarin, Pincus, West, & McIntyre, 1997). With funding from the Center for Substance Abuse Treatment, the NASW PRN explored social workers' use of substance abuse related practice in the year prior to the survey. Nearly two-thirds of social workers had referred substance abuse clients to

Practice Variation in Social Work

- Case managers' notation of client depression
- Social workers' thinking processes and use of a clinical decision support system
- Investigations of child maltreatment
- Use of various mental health services for youth in the child welfare system
- Adoption
- Youth's mental health care
- Implementation of discharge plans

the journals selected for such studies may influence the yield of interventions for different areas of practice. Using similar methodology, Staudt, Cherry, and Watson (in press) assembled a taxonomy of 33 different interventions that have been researched for school social work practice. Studying practice itself and deriving data from agency records, Jonson-Reid, Kontak, Citerman, Essma, and Fezzi (2004) identified and reported the frequency of use of seven services in school social work practice. Similar studies are needed for other areas of practice, including community practice, whose interventions have not been sufficiently specified, documented, captured in intervention protocols, or evaluated for fidelity (Coulton, 2005).

Researchers need to address other, related questions about the practices in social work. For example, are the terms used to capture distinct practices employed reliably and consistently? Do the terms within a taxonomy of interventions differentiate and discriminate different practices with specificity and sensitivity? Beyond the realm of terminology, are interventions or practices operationalized, and have manuals and protocols to guide practitioners been developed and implemented (Fraser, 2003)? The NASW press has launched a treatment manuals series to support these important developments (see, for example, Fraser et al., 2000).

"What are the practices in social work practice"—how important and how useful is research on this question? Such research is fundamental to social work's capacity to characterize its activity. All professions require a commonly understood language—a set of terms—to capture what they do. A clear lexicon of social work practices is essential to professional training and continuing education. Moreover, reimbursement requires that services be described by procedure codes. Although this

WE DO NOT KNOW THE EXTENT TO WHICH SOCIAL WORK INTERVENTIONS ARE USED DIFFERENTIALLY, WHAT FACTORS ARE ASSOCIATED WITH VARIATION. NOR DO WE KNOW THE EXTENT TO WHICH OBSERVED VARIABILITY IS RATIONAL IN THAT IT CORRESPONDS TO PRINCIPLES THAT GUIDE PRACTICE.

Observed Variability

research is descriptive in nature, identifying, naming, and classifying social work practices constitute prerequisite tasks for research examining relative effectiveness, assessing cost–benefit, and establishing practice guidelines for social work. Research on the interventions most frequently used or needed by social workers constitutes a crucial first question in an agenda to inform social work practice.

QUESTION 2: HOW DOES SOCIAL WORK PRACTICE VARY?

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Variability in social work practice constitutes a second topic for social work's research agenda. Important questions include: How do social work practices vary in use? Are certain procedures underused? Are other procedures overused? Does observed variation correspond with theories and principles that guide the profession, its values and mission, and tenets of social science? For example, do interventions vary by problem severity, duration, comorbidity? Does use of a given intervention vary by client demographic characteristics? by practice setting? by providers? by provider training? by payment source and structure? Do some groups of clients get more, or less, service than others?

The significance of such questions rests on a simple assumption: Interventions are not universally appropriate. No practice is a "magic bullet," equally applicable and effective for all the changes social work strives to achieve. Rather, practices have particular usefulness and appropriateness, and it follows that they should be used differentially. While this assumption is so obvious that it may be universally held, we currently know very little about how social work practice varies. We do not know the extent to which social work interventions are used differentially, what factors are associated with variation. Nor do we know the extent to which observed variability is rational in that it corresponds to principles that guide practice.

Although research on practice variation is well established in medicine, it is scarce in social work. But there are some examples of practice variation in social work research. Proctor, Morrow-Howell, Choi, and Lawrence (2005) found that case managers' notation of client depression in agency records varied substantially, with no record of depression in three-fourth of the records

of clients with established depression. Monnickendam, Savaya, and Waysman (2005) report variability in social workers' thinking processes and use of a clinical decision support system; variation was associated with the typicalness of the client's case. Jonson-Reid (2002) reports that investigations of child maltreatment vary by age of child and gender: Investigations decrease as child age increases, and are more often conducted for girls than boys. McMillen, Scott, Zima, Ollie, Munson, and Spitznagel (2004) found significant race and geographical variation in use of various mental health services for youth in the child welfare system: City-dwelling youth and youth of color in several regions of the state studied were significantly less likely to receive outpatient mental health therapy. The investigators interpreted these findings as signaling problems with quality of care. Racial variations have also been documented in adoption (Barth, Courtney, Berrick, & Albert, 1994; Finch, Fanshel & Grundy, 1986) and kinship care (Wulczyn & Hislop, 2000). Warner, Pottick, and Bilder (2005) recently identified income and organizational variations in youth's mental health care. And a hospital social work study found evidence of significant variation in implementation of discharge plans: Low-income elders experienced significantly more discrepancies between planned and implemented services (Proctor, Morrow-Howell, & Kaplan, 1996).

Once such variation is observed, the question remains: "Are the observed patterns of variation rational and acceptable?" Answering this question requires that observed patterns be juxtaposed against theory, understanding of best practice, or well-established principles of service delivery. For example, the Andersen (1995) behavioral model of health service use posits that variance in service use other than that associated with need and preference signals inequitable care. From the examples cited above, it appears that need influenced service less than did client demographics, age, gender, geography, or income. Studies of practice variation by race, culture, gender, or income can extend social work's historic social justice perspective to an agenda on disparities in care. Moreover, variation research is the cornerstone for quality of care research (McMillen, Proctor, Megivern, Striley, Cabassa, Munson, & Dickey, 2005). Overuse, underuse, and misuse of treatments are commonly viewed as threats to quality. We need to know more about the use, overuse, underuse, and misuse of social work practices.

IT IS IMPORTANT ALSO TO THINK CRITICALLY AND CREATIVELY ABOUT THE OUTCOMES THAT COULD BE AND SHOULD BE PURSUED IN PRACTICE AND THEN EXAMINED IN RESEARCH.

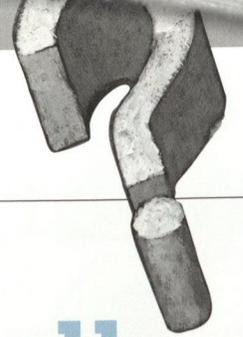
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QUESTION 3: WHAT IS THE VALUE OF SOCIAL WORK PRACTICE?

A third question, particularly crucial for the profession's stature, addresses the value of social work practice. Such research asks: What is our profession's value added? With social work, what? Without social work, what is missing? Posing such questions reflects the author's assumption that social work practice has an impact, likely a decidedly positive one. But the field cannot rely on assertion; its challenge is to calibrate, calculate, and communicate that impact.

What criteria can capture the contribution of social work as a profession? A decade of research has enabled the profession of nursing to claim that nursing saves lives. Nurse staffing ratios have been associated with in-hospital and 30-day mortality, independent of patient characteristics, hospital characteristics, or medical treatment (Person, Allison, Kiefe, et al. 2004). In marked contrast, social work has too often described—indeed advertised—itsself as the *low-cost* profession. The promise of "cheapest service" is used for strategic advantage in turf competition with other professions. But in the market of professions, the lowest bidder may not win. Working "cheap" will likely compromise the caliber of professionals employed, quality of care provided, change effected, and ultimately professional stature. Social work will be better served when, on the basis of data, the profession can demonstrate and thereby claim its position as the *high-value* profession.

Research on the profession's value needs to begin with the identification of the outcomes that social work practice can achieve. Particularly for a profession that is poorly understood, outcomes must be clearly depicted (Proctor, Rosen, & Rhee, 2002). A small number of research studies have tackled this challenge by striving to empirically identify, name, and classify in a taxonomic scheme the outcomes associated with social work practice. Proctor, Rosen, and Rhee (2002) collected data from health and mental health social workers, who recorded the outcomes they pursued with their collective 332 clients over a four-month period. The practitioners listed a total of 733



Think Critically & Creatively

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- 733** outcomes, from which researchers then constructed a taxonomy of 7 outcome domains
 - 1,001** different "intermediate" outcomes and classified them into 13 categories; this data reflects the practice of 69 social workers, working with 141 clients in community-based family agencies in Israel
 - 300** outcomes from five years of published social work research and classified them into 39 outcome categories, within 8 larger domains
 - 70** outcomes identified in school social work literature
 - 107** social work practices, or "programs," that evidenced positive outcome findings
-

Intervention research continues to comprise only about **25 percent** of social work's empirical studies

25%

outcomes, from which researchers then constructed a taxonomy of 7 outcome domains. In order of relative frequency, these social work outcome domains were: clinical symptoms, life satisfaction, resource procurement, functional, acceptance, welfare/safety, and knowledge gain. Not surprisingly, the relative emphasis varied by practice domain, with medical and psychiatric social workers differing in their relative pursuit of the various outcomes. Zeira and Rosen (1999) identified 1,001 different "intermediate" outcomes and classified them into 13 categories; this data reflects the practice of 69 social workers, working with 141 clients in community-based family agencies in Israel. Two additional studies identified and classified social work outcomes from published research literature. Rosen, Proctor, and Staudt (2003) identified 300 outcomes from five years of published social work research and classified them into 39 outcome categories, within 8 larger domains. The out-

come domain focused on by the largest percent of studies was improvement in clinical status (32.7% of studies), followed in order by life satisfaction/fulfillment, functional status, and environment/resource use. Using a similar methodology, Staudt and colleagues identified and classified 70 outcomes identified in school social work literature including, in order of frequency, improvements in child functioning, symptoms, and consumer perspectives (satisfaction, attitudes).

Such classifications of social work outcomes reflect what the profession can contribute to society. They provide empirical support to statements that social workers strive to help people reduce or stabilize disabling symptoms associated with their emotional and behavioral problems; get and stay housed; find and keep jobs; and function in the face of disability, mental disorder, substance abuse, and chronic illness. Social work's impact can be gauged through safety and healing for victims of violence and trauma and through the numbers of children who attend school, are teachable in the classroom, and stay in school to complete their education. Similar research is needed to identify, classify, and document outcomes in community practice, policy practice, and management.

Beyond the important work to identify and classify type of outcomes, research is needed to quantify social work's impact. The value of social work outcomes can be quantified through a range of metrics, few of which appear in social work research or in relation to social work practice. Accordingly, the following questions remain largely unanswered: How much does social work intervention improve individual, family, organizational, community, or social functioning? How much do social work interventions cost to deliver? What is the comparative cost to deliver different interventions? And what is the cost-benefit ratio of social work services? Unfortunately, few studies actually quantify the value of social work practice. Changing this picture requires that social work researchers partner with economists and that social work doctoral programs teach the next generation of researchers the methods required to calculate professional "value added."

Rosen et al. (2003) caution that taxonomies of outcomes should be based on careful conceptual work about what should be assessed in terms of social work impact, rather than on what can be easily assessed through reliance on readily available instruments and measures. Similarly, research on social work's value should not be limited to the outcomes that *are* pursued in current practice. It is important also to think critically and creatively about the outcomes that *could be* and *should be* pursued in practice and then examined in research. Toward this end, Proctor and Rosen (2003b) urge that social work outcomes be considered also from the perspective of societal needs, potential impact, and professional "niche."

QUESTION 4: WHAT PRACTICES SHOULD WE USE?

4

The fourth question for social work research requires addressing a number of familiar questions, including: What interventions are effective? Which interventions are effective for attaining a particular outcome? Raising the bar a bit, which interventions are most effective for a given outcome? What interventions correspond to client preferences? Which interventions are most effective for particular client groups? And, incorporating information about value, which interventions are most cost-effective? Proctor and Rosen (2003a) characterized these questions as “building block research,” the answers to which constitute the basic ingredients for evidence-based practice and for practice guidelines.

From both within and outside the profession, momentum has increased over the past decade for evidence-based social work practice. While social work researchers and educators have pondered the value of an evidentiary approach to practice, questioned what constitutes “evidence” itself, and bemoaned the sufficiency of social work’s evidence base, the field has moved ahead to embrace—and demand—evidence-based practice. Some states now restrict public funds to reimbursement for those practices that have met criteria as “evidence-based practices.” Unfortunately, social work itself has not driven the discourse, conducted sufficient research, determined criteria of evidence, or identified practices that cross the threshold of “evidence.” Social work too often defaults to advocacy groups, state governments, and other professions the crucial decisions about which practices clients should receive, even those practices that social workers most often provide.

Such reactivity is unnecessary in many areas of practice, given recent increases in the quantity and quality of intervention research in social work. Reid and Fortune (2003) identified 107 social work practices, or “programs,” that evidenced positive outcome findings and were described in sufficient detail for replication. In one of his last and most ambitious papers, William Reid worked with colleagues to critically assess and evaluate the state of social work practice knowledge in an effort to “establish an evidentiary base for social work treatments of choice” (Reid, Kenally, & Colvin, 2004, page 79), that is, to assess what treatments work for which problems better than other available treatments. Over three-fourths of the

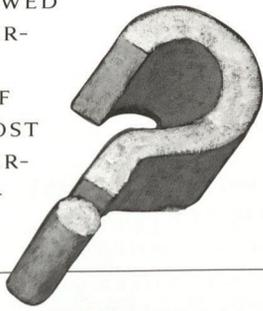
interventions tested showed significant differences on one or more measures of impact, and in most cases these differences were clinically important. Their review suggests that social work research increasingly can answer the question: “What practices should we use?”

But social work is far from able to answer this question definitively. Intervention research continues to comprise only about one-fourth of social work’s empirical studies (Fraser, 2003). Many areas of practice remain particularly under-studied (Coulton, 2005). Important questions of optimal dosage, ordering of treatment components, and moderator variables have yet to be addressed (Proctor & Rosen, 2003a). And the field especially lacks research on the critical issue of which interventions are appropriate, acceptable, and effective with different client groups (Zayas, 2003; Videka, 2003), an issue made more pressing for social work by the diversity of its clientele (Proctor & Rosen, 2003b).

But answering what interventions should be used requires another type of scholarly activity, that of consolidation and synthesis (Proctor & Rosen, 2003a, 2003b). Scholars need to review and assemble evidence from studies of practice effectiveness, critically assess the evidence, and synthesize the findings. Moreover, this work requires use of systematic methods, be they methods of consensus, critical reviews, or meta-analysis. Synthesis is important for three reasons. First, reviews can help ensure that data—especially outlier data—are viewed within context; consequently, the conclusions reached through systematic reviews often differ from individual studies (Proctor, 2004). Littell’s (2005) review of research on multisystemic therapy, using methods of the Campbell Collaboration, exemplifies the influence of review method on conclusions supported. Second, systematic methods reduce the risk of simply choosing a study that justifies one’s personal practice and beliefs (Clancy & Kamerow, 1996). And finally, conclusions reached through reviews of multiple studies have more impact: People are more influenced by “ideas” than by discrete pieces of data (Lavis, Robertson, Woodside, McLeod & Abelson, 2003). The scholarship of research synthesis has been too rare in social work (Proctor, 2001).

To be optimally useful, the findings of systematic reviews should be consolidated into practitioner-friendly practice guidelines (Rosen & Proctor, 2003b). Guidelines can overcome the barriers that most practitioners face in accessing and critiquing research-based reports. Social work researchers have only recently begun the discourse about practice guidelines and identification

OVER THREE-FOURTHS OF THE INTERVENTIONS TESTED SHOWED SIGNIFICANT DIFFERENCES ON ONE OR MORE MEASURES OF IMPACT, AND IN MOST CASES THESE DIFFERENCES WERE CLINICALLY IMPORTANT.



of their associated conceptual, methodological, and organizational challenges. Guideline development is increasingly recognized as the purview and responsibility of professional and service delivery organizations (Hefland, 2005; Rosen & Proctor, 2003a).

QUESTION 5: HOW DO WE IMPROVE SOCIAL WORK PRACTICE?

5

Although quality is not a new concern for social work (McMillen et al., 2005), social work suffers a dearth of research on quality and quality improvement (Proctor, 2002b). Important work remains for researchers, starting with the challenges of identifying and developing quality indicators that are appropriate for social service agencies and social work practice (McMillen et al., 2005). Professional training needs to be focused around best practices, and strategies for improving quality of care need to be conceptualized and tested. The roll-out of real-world quality improvements provides new opportunities for creative partnerships between social work researchers and agency partners.

This research, like that to calculate the value of social work practice (see Research Question 3), requires methodologies that remain new to most social work researchers. These include research methods to capture stakeholder preferences; research on decision support tools, including electronic agency records, to prompt use of best practices and improve the quality of care provided; and implementation research, a science that requires using distinct outcomes such as acceptability, feasibility, sustainability, and fidelity (Proctor, 2002a). Once best practices are identified (through pursuit of Research Questions 3 and 4), social work will require knowledge of dissemination and implementation strategies that are themselves evidence-based to move them into the field.

How can social work researchers prepare for, and begin to engage in, research to improve social work practice? Improving practice requires that the results of research be “implementable.” Several factors can shorten the time and reduce the barriers between intervention development and real-world intervention uptake. Researchers should keep in mind the goal of quality improvement as the “end game” to all practice research. Too few social work programs of intervention development carry the product to the crucial implementation phase. Interventions and treatment programs should be based on solid understanding of the practice landscape acquired through “services” research; too few social work studies address questions about problem epidemiology (including clinical epidemiology and differential prevalence across

RESEARCHERS SHOULD KEEP IN MIND THE GOAL OF QUALITY IMPROVEMENT AS THE “END GAME” TO ALL PRACTICE RESEARCH.

Quality Improvement

client groups), barriers to care, and the organizational and community contexts through which care is provided (Proctor, 2003a). Forging academic–agency partnerships at the front end will also help: Intervention development work should incorporate the perspectives of key stakeholders in practice, including consumers, front-line providers, supervisors, executive directors, and those who make payment and policy decisions (Proctor, 2003b). Finally, social work researchers can benefit from partnerships with experts in other disciplines: marketing, organizational and industrial psychology, and engineering and technology. Industry researchers and health care quality researchers can provide crucial conceptual and methodological expertise. Tackling the problem of community adoption of effective prevention strategies, Hawkins (2005) overviewed the “stages of adoption” literature and challenged social workers to better use media for community activation, prevention program marketing, and education.

CONCLUSION

Pursuit of these five research questions can significantly advance the state—and most of all usefulness—of social work's practice knowledge. However, the field must acknowledge and address the challenges that complicate work around this proposed agenda. One major challenge derives from the very breadth of social work as a field. The profession's many fields of practice, populations of concern, social problems addressed, and levels of intervention each carry unique knowledge demands. No individual researcher, no group of social work researchers, no school of social work can tackle the totality of the field's knowledge needs. Social work has a dire need for centers of excellence, where research focuses on particular questions, fields of practice, or interventions. Social work practice has become more specialized, as reflected in the recent establishment of "member sections" within the National Association of Social Work. Social work research needs to become similarly specialized.

Advances notwithstanding, the limits of social work's research infrastructure pose another set of challenges. Social work has too few doctoral graduates, provides too little post-doctoral research training, and suffers from a limited range and depth of methodological expertise among its researchers. The impact of most studies is limited by their small scope and scale, which are a consequence of too little external funding. Knowledge grows slowly, and "piecemeal." Social work research needs to become better prioritized and conducted more purposively. Specific research questions, and individual projects, need to be rationalized within the context of long-range agendas. Several recent publications offer research agendas, including Morrow-Howell and Burnette's agenda for research on aging (Morrow-Howell & Burnette, in press), McMillen and colleagues' agenda for research on social service quality (McMillen et al., 2005), and Rosen and Proctor's agenda for developing practice guidelines (Rosen & Proctor, 2003a). Several thematically focused research centers now advance knowledge development in such areas as aging, stimulated by the Hartford Foundation initiative in gerontology; mental health and substance abuse, stimulated by the social work center programs by the National Institutes of Mental Health and on Drug Abuse, respectively; and in areas of prevention, child welfare, and social work practice stimulated by several research centers supported by individual schools of social work. Such developments enable individual researchers to identify manageable portions of a long-

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range agenda and "plug" their work into the cumulative body of work conducted by other investigators. Research agendas also enable stock taking; assessing what we know often builds confidence, undergirds advocacy, and spurs creativity in launching new projects.

Unfortunately, social work continues to suffer from a shortage of well-trained researchers and from a weak research infrastructure. So long as resources for research remain limited, the "questions of questions" will remain a critical issue for social work researchers: "*Are social work researchers asking questions that will advance social work practice?*" Social work can ill afford for scarce research resources to be directed to any but the most important of questions. But by pursuing the right questions, social work researchers can inform practice, clarify the profession's contributions to society, and help improve the quality of care in social work.

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