

The Future of Social Work Research

By Betsy Rogers | Photo by Geoff Story

AS AN ACADEMIC DISCIPLINE AND A PROFESSION, social work is undergoing a dramatic transformation, embracing new standards of evidence, effectiveness, and accountability in both research and practice. Characteristically, the Brown School is leading the way, and Enola K. Proctor, associate dean for research, has become a national champion for the new standards. Proctor, the Frank J. Bruno Professor of Social Work Research and director of the Center for Mental Health Services Research, concedes the profession's challenges are many but finds great excitement in the accomplishments thus far and the possibilities for the future.

BETSY ROGERS: The concept of evidence-based practice has gained powerful new currency recently. What brought this change about?

ENOLA PROCTOR: Although social work has a long research tradition, historically research has not kept pace with the demand for knowledge. Social workers are committed and involved in helping the most needy in our society, and therefore we face some of the most challenging needs for knowledge to guide us. The research that we need to do is very complex; we need to address not only the needs of individual clients but also community resources, the potential of policy to shape our services, the important and complex role of service agencies. We're seeing from a variety of stakeholders an increased expectation and hope for services based on evidence of their effectiveness.

BR: To what extent has this change been fueled by funding issues, by demands for greater accountability?

EP: Agencies know that in this era of shrinking resources they have to do the most with what they have, and they have to be able to demonstrate that their services are actually achieving the outcomes desired. One author called the demand for accountability as sweeping a change as the New Deal in social services delivery.



BR: Social work is such a vast field, dealing with the whole broad spectrum of social ills; with individuals, families, vulnerable populations, communities; through private practice, state agencies, non-governmental organizations, public policy initiatives, and academic research. How does a field as broad as this make the kind of systemic changes that the new emphasis on evidence-based practice requires?

EP: It really requires focus, keeping our eye on the issues that have the highest potential for gain. But it brings a great deal of excitement: the faculty here are very committed to ensuring that the work we do isn't just research for research's sake but rather that we're really about the business of trying to improve service delivery.

BR: The Center for Mental Health Services Research, which you direct, is the first National Institute of Mental Health (NIMH) Advanced Center located in a social work school, rather than a psychiatry department or a school of public health. How is it working to improve service delivery?

EP: Unfortunately, our nation's service delivery systems tend to be rather "siloed." We provide services in a number of sectors of care — homeless services, substance abuse services, mental health services, child welfare services, senior services — but people who need mental health services aren't so neatly divided into silos. What the researchers at our

center have found is that many children in the child welfare system, many individuals served in the homeless service setting, many older adults served in aging service sectors, many children in schools, many kids in the juvenile justice system — these individuals have mental health needs also, in addition to their needs for social services. However, the social service agencies have as their priority addressing those pressing psycho-social needs, and it may prove challenging for them to address mental health needs.

So our investigators have, first, identified the extent to which clients in these service delivery systems need mental health services. Then the most exciting part of the new work we're doing is partnering with agencies to help envision and shape improvements to the mental health care that their clients can receive. This of course does not mean changing a child welfare agency into a mental health agency but rather looking for ways that agencies can work together, through more effective referrals and co-locating mental health services in other settings. We're pioneering that kind of work at our center.

BR: Can you give an example?

EP: Some of our prior work with the Missouri Division of Senior and Disability Services has shown a high

level of depression among older adults entering the division's community long-term care program. Their staff and our researchers together decided to conduct a pilot effort to integrate mental health services into the division. A joint team of agency staff and researchers surveyed evidence-based approaches to depression. We believed that the IMPACT model for treating depression was very appropriate and would probably be very effective for the clients served by the division.

However, there had not been any research on implementing this depression treatment in this type of agency; all the prior research focused on implementing the IMPACT model in local physicians' offices. So, working with the division, we got a National Institute of Mental Health grant to adapt the IMPACT model of depression care to this service-delivery system. We are now in the stage of shaping this intervention.

BR: How would the IMPACT model work in this setting?

EP: For the very first time, when their caseworkers do an intake assessment, they would screen for depression in addition to learning about the client's needs for assistance with daily living activities. Then through grant funds we're able to place a mental health specialist in the division, so that those clients who screen positive get an in-person visit with someone with skills for treating depression.

It's a short-term, problem-focused intervention aimed also to support clients in working with their own primary care physicians, who can provide depression medication. Also, this depression specialist could provide some in-home therapy. The specialist works closely with psychiatrists and

physicians to be sure that the care is clinically appropriate. We believe this would be a very cost-effective and sustainable adaptation of an evidence-based practice to a new treatment setting.

BR: What are the difficulties involved in shifting to evidence-based approaches?

EP: We're seeing a greater supply of knowledge, more and more reports about what programs and services are effective. Now we're facing a new and most important challenge: striving to help implement evidence-based practices in real-world settings. We know that what really counts is helping ensure that these evidence-based treatments are put into care. There has been a troubling gap in other fields between the development of evidence-based practices and their implementation, with implementation lagging far behind. Changing service delivery strategies requires a climate and a culture in an organization that is innovative, adaptive, and receptive to new approaches. I'm very heartened by the appetite that we see in agencies to implement effective services and treatments based on evidence.

The easy work is done, making the philosophical commitment. The challenges lie in helping implement in real-world care the kinds of service improvements that our research base can inform.

BR: How is the Brown School reshaping social work education to reflect these new directions?

EP: We have a faculty that is very active in producing new research. We have a dean who is energetic and bold in helping us launch new initiatives. We partner with visionary agencies who are eager to try new things. When these forces converge — it's a hopping place!

What's new is an emphasis on helping our graduates deal with what I hope will be an explosion of new information, new and effective approaches to social services delivery. We're working with our library, for example, to develop training in skills for searching the literature. If we researchers are doing our jobs, today's graduates will have to stay abreast of the literature and

instruction, and our faculty research — to bear on this enormous but very exciting challenge.

This is really a challenge for the entire field. I frankly think it's not very realistic to expect every single social work practitioner to be constantly critiquing research studies. Are we going to have intermediaries

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critically appraise it so that as new evidence is developed they can assess alternative new treatments for their effectiveness, their appropriateness, and the feasibility of their implementation. We're reshaping our classroom curriculum to enable them to do that. They have to leave our program prepared to continue to learn.

BR: So this becomes part of the agenda for continuing education?

EP: Absolutely. In our lecture series, we are now opening our doors not only to faculty and students but to our practicum field instructors and our alumni, to hear experts who can critically assess evidence-based practices in different areas. Our School is well positioned to think cross-institutionally about how we bring all our resources — the library, the Web site, our continuing education programs, our field instruction, our classroom

who will synthesize the literature? I think there is a need for these intermediaries, whether in the profession or in schools of social work, who take on an expanded role as purveyors of new knowledge to social work communities.

BR: In January, you were appointed to the National Advisory Mental Health Council of the National Institutes of Health, the first social work researcher to receive this distinction. What do you hope to contribute to the council's work?

EP: I think social workers are perfectly poised to know not only the needs of clients but also how to engage community resources in treating mental disorders. I hope to bring the perspective of the system of care, its complexities, and, most important, its potential to improve the quality and accessibility of services for clients who need them. ☞

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