

# Research on Social Work Practice

<http://rsw.sagepub.com/>

---

Reply to "Preparing Current and Future Practitioners to Integrate Research in Real Practice Settings" by

**Bruce A. Thyer**

Eileen Gambrill

*Research on Social Work Practice* published online 28 July 2014

DOI: 10.1177/1049731514544328

The online version of this article can be found at:

<http://rsw.sagepub.com/content/early/2014/07/26/1049731514544328>

---

Published by:



<http://www.sagepublications.com>

**Additional services and information for *Research on Social Work Practice* can be found at:**

**Email Alerts:** <http://rsw.sagepub.com/cgi/alerts>

**Subscriptions:** <http://rsw.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

**Permissions:** <http://www.sagepub.com/journalsPermissions.nav>

**Citations:** <http://rsw.sagepub.com/content/early/2014/07/26/1049731514544328.refs.html>

>> OnlineFirst Version of Record - Jul 28, 2014

What is This?

# Reply to “Preparing Current and Future Practitioners to Integrate Research in Real Practice Settings” by Bruce A. Thyer

Research on Social Work Practice  
1-4  
© The Author(s) 2014  
Reprints and permission:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/1049731514544328  
rsw.sagepub.com



Eileen Gambrill<sup>1</sup>

## Abstract

Professor Thyer addresses the vital question “How can we prepare practitioners to integrate research in practice settings?” His focus on ethical concerns due to a failure in integration and suggestion to seek legal remedies are welcome ones. Their importance is highlighted by continuing to disregard the close relationship between ethical and evidentiary concerns in everyday practice and policy.

## Keywords

evidence-based practice, methodological article, empirically supported practice, ethics, integration

Professor Thyer (2014) addresses the vital question “How can we prepare practitioners to integrate research in practice settings?” I would add “and to continue to do so during their career.” He provides a brief overview of efforts to promote the integration of research and practice, noting that this is an old issue in social work. Efforts include empirical clinical practice, lists of “empirically supported treatments” (ESTs) also referred to as evidence-based practices (EBPs), and the process of EBP (Straus, Glasziou, Richardson, & Haynes, 2011). Closely related to the question of the integration of policy, practice, and research is what it means to be a professional. Thyer notes controversies within social work concerning the extent to which social workers can engage in research and acquire the skills needed to make evidence-informed decisions. I have heard more than one well-known social work academic assert that acquiring skills for critically appraising research related to decisions that affect clients’ lives is beyond most social workers. (Requiring social work students to become adept at implementing one or two manualized interventions was suggested.) Such statements reflect an alarming lack of confidence among some social work educators regarding the possibility of social workers acquiring the skills needed to make informed decisions regarding clients.

Thyer devotes most attention to encouraging practitioners’ use of existing research. He describes the five-step process of EBP and how it differs from the ESTs approach. Those who favor an EBPs approach based on agreement among experts often ignore the process of EBP (Gambrill, 2011). He calls for a greater emphasis on clients’ right to effective interventions when they exist and argues that this should be viewed as a legal as well as an ethical mandate. He argues that ethical guidelines within the profession of social work are weak (National

Association of Social Workers Code of Ethics, 2008) and urges the adoption of stronger ethical guidelines such as those “found in related disciplines such as behavior analysis and medicine” and suggests that “were social workers to adopt similar standards, and enforce them, this would help to bridge the gap between service and science.” For example, little attention has been devoted to harming in the name of helping in social work; exceptions include Blenkner, Bloom, and Neilson (1971) and McCord (2003). Educational policy 2.1.6 of the *Educational Policy and Accreditation Standards* (2008, p. 5) of the Council of Social Work Education calls on social workers to “use research findings to improve practice, policy and social service delivery” and to “comprehend quantitative and qualitative research and understand scientific and ethical approaches to building knowledge.” This call requires attention to the outcomes of services and policies including harming in the name of helping. Such harm, as well as related errors, provides valuable learning opportunities, lost without such attention. Saving money by stopping harmful and ineffective interventions provides money for offering interventions that have been found to help clients (Gray, 2001). Resources are scarce. We misuse them by failing to consider the evidentiary status of services and policies used.

Thyer’s encouragement of lawsuits by clients who do not receive interventions shown to be effective or who receive

<sup>1</sup> School of Social Welfare, University of California, Berkeley, CA, USA

## Corresponding Author:

Eileen Gambrill, University of California at Berkeley, 120 Haviland Hall, Berkeley, CA 94720, USA.  
Email: gambrill@berkeley.edu

harmful interventions is a welcome one. As he notes, these are forms of malpractice. We can draw on the “Federal and State False Claims Act” to confront corruption, fraud, and abuse in government-funded programs (e.g., Sparrow, 2000). Such acts are the basis of pursuit of actions to recover damages and penalties when health care or other government providers submit false claims. Helping clients to form advocacy groups will facilitate the mounting of lawsuits, as experiences are compared including class action suits involving many clients who do not receive interventions critically tested and found to be of value or who receive interventions known to be harmful. Law students could work together with social work students to develop Internet sources as well as other venues to gather data concerning what is offered to clients in different settings in relation to the match between desired outcomes and interventions offered. Such advocacy groups can press professionals to become well informed regarding medication and its effects (Cohen, Lacasse, Duan, & Sengelmann, 2013) and to use the consent form developed by Cohen and Jacobs (2000).

A variety of other steps can be taken to encourage practitioners to integrate research, policy, and practice including moving to case-based or problem-based learning used in medicine (e.g., Srinivasan, Wilkes, Stevenson, Nguyen, & Slavin, 2007) and teaching all students how to gather practice and policy relevant outcome data in their work with clients, including use of single-case designs. Client decision aids are underused in social work (Brownlee, Hurley, & Moulton, 2011) as well as effective team approaches (e.g., Head, Bogers, Serruys, Takkenberg, & Kappetein, 2011). We can use the form developed by Leonard Gibbs for students in research classes to give to their supervisors requesting a question of concern regarding agency services. Students search and provide information found to agency staff (Gibbs, 2005, personal communication). We can engage students in reviewing the evidentiary status of their agency’s services (see exercise 18 in Gambrill & Gibbs, 2009). We can help students to set up journal clubs in their agencies and model such use in our classrooms. Every faculty person in a school of social work should be a field liaison to one or two agencies with a mandate to facilitate seeking answers to questions that arise in an agency. There is a continuing need for clear description of exactly what social workers do on the job, to what effect, including students. Only then can we identify gaps that affect quality of services offered. Such data would also help us to identify the “boundaries of indifference” of any given competency in relation to outcome.

Professor Thyer notes the value of single-case designs, and preexperimental and quasi-experimental designs in encouraging practitioners to conduct research themselves. Both policy changes and changes in clients’ lives provide natural experiments regarding questions such as “Is progress maintained in the absence of meetings?” The question as to whether practitioners should engage in research themselves I think depends on (1) whether they want to engage in research, (2) whether opportunities arise to engage in research without compromising quality of services provided to clients, and (3) whether they have requisite skills and resources. A key kind of data direct-

line practitioners could and should collect pertains to the notation and collation of questions that arise in their everyday work with clients. Such information can inform research priorities. We have lost thousands of opportunities to identify questions of concern that arise in everyday practice (Gambrill, 2014).

I think that researchers already engage in a great deal of practice-relevant research, both within social work and outside of it. Isn’t this what social workers are urged to draw on? The Cochrane and Campbell Collaborations were invented to help practitioners attain access to high-quality systematic reviews of research related to specific questions. Thyer raises questions as to whether someone teaching a subject should have direct experience in the real-world activities of the subject. Speaking for myself, having experience in using single-subject designs both in research and in practice provides a valuable background in the classroom. Those who have never seen a client may be less aware of the uncertainties, subtleties, and problems that may arise in drawing on research. Are those who have never carried out the research methods they teach less able teachers? This is an empirical question. Are they less credible teachers? Credibility may certainly influence student evaluations; whether it influences learning is an empirical question.

### Potential for Integration and Kind of Problem/Desired Outcomes

Potential for integration of practice and research depends on the kind of problems clients confront and how they are framed. Is the framing consistent with their character? Understanding this potential calls for thinking critically about the population of problems and related desired outcomes clients bring to social workers. Clients confront many different kinds of problems, and, like any good problem solver, social workers should draw on client strengths and environmental resources in trying to achieve related hoped for outcomes. (See, e.g., descriptions of a constructional approach to helping clients; Gambrill, 2013; Layng, 2009). What are these kinds of problems and how does their variety affect potentials for integration. Perlman (1979) made the important distinction among clients, resisters, and applicants with clients defined as those with whom the social worker has a clear agreement to work toward a certain goal. Many people social workers see are coerced into contact as in child welfare. The coercive element of social work is often overlooked.

Careful attention should be given to the relationship between problem framing and selection of interventions to clearly see potentials for and obstacles to attaining related desired outcomes. The population of problems/complaints clients confront includes the following variety:

1. Problem-related desired outcomes shown to be attainable via individual and/or family-focused interventions.

This includes interventions accurately identified as “evidence based” such as certain parent training programs. It also includes moral/ethical dilemmas—those for which we seek

helpful guidance from a wise “other” (Szasz, 1987). Questions here include What percentage of clients are offered effective interventions? What percentage of social workers who offer such services are competent to do so? And, are necessary resources such as timely coaching provided to maintain high levels of competence?

## 2. Personal problems directly linked to environmental deprivation

Complaints such as depression, anxiety, problems with family members such as violence may be directly related to environmental factors such as lack of employment opportunities and related poverty, lack of health care, substandard housing, lack of accessible, affordable transportation, and lack of high-quality education (Conrad, Measelle, & Ablow, 2013; Hotez, 2008; Stansfeld, Clark, Rodger, Caldwell, & Power, 2011). Requests for resources such as food, housing, access to medical/dental care, supplemental income, and food stamps fall in this category. Here, there is a clear lack of a resource and we can see clearly if, and the extent to which, this is provided and to what effect. Questions include What percentage of clients who request certain services receive them and in what time period (e.g., are resources offered in a timely way?). What percentage of clients whose requests cannot be met are offered compassionate support? In what percentage of such cases do social workers work together with others, drawing on related research, to advocate for access to needed services?

Current social work practice—what social workers actually do on the job—suggests that many interventions are of a “Band-Aid” nature—support is offered when changes in sources of environmental stress are needed but not possible; an intervention is offered (support) that does not address the causes of presenting problems. A wide variety of personal problems/complaints related to environmental deprivations are framed as “mental disorders.” This term is a code word for “brain disease,” a psychiatric framing. Let’s say a single mother living in low-cost housing in a high-crime neighborhood trying to avoid contact with an abusive boyfriend and working at a minimum wage job is accused of neglecting her young children. This woman is tired and stressed by environmental circumstances. The social worker describes the mother as depressed, perhaps even as “border-line” because of mood swings, and refers her to a psychiatrist for medication. Thus, although social justice discourse in social work emphasizes environmental causes of human distress such as discrimination and oppression resulting in diminished opportunities, in everyday practice focus is usually on the individual and/or family as in many “evidence-based interventions,” including cognitive behavior therapy. Social workers are not immune to the effects of such framing, promoted by the biomedical industrial complex and fellow travelers, notable not only in textbooks of social work, courses on the Diagnostic and Statistical Manual of Mental Disorders (DSM), but also in the media (Kirk, Gomory, & Cohen, 2013). Troubling, troubled, and very dependent behaviors are vivid; environmental circumstances such as neglect of children, perhaps over years,

are often hidden in the past so related behaviors seems to be from mysterious causes (e.g., the devil; a brain disease).

Most people, perhaps all, enter social work because they care about people. They want to help. Many (most?) then confront realities where only support is possible. Motivation to help is met by repetitive inability to help. This is not a comfortable position and gradually many (most?) social workers may drift into a medicalized view of distress and offer clients the distorted view that the causes of their problems are within themselves. Almost everything in their purview nudges them in this direction, including the requirement to assign a psychiatric diagnosis to each client and use of tick box recording forms that do not allow clear descriptions of stressful environmental conditions that may grind down even the resilient. Advocacy needs are hidden by the repetitive framing of environmental problems as psychiatric disorders.

We need to be more proactive in exposing mismatches between the character of presenting problems and selection of interventions; interventions should be guided by the nature of causative factors. The greatest lapse in the integration of practice, policy, and research lies in mismatches between the causes of problems and selection of intervention methods.

## Conclusion

In summary, Professor Thyer has given us a valuable overview of ethical concerns and issues in preparing practitioners to integrate practice and research as well as a brief historical overview of such efforts. I am not sure that Hillary and Bill Clinton, despite their lofty past positions, are the best models of good judgment as illustrated by their unskeptical embrace of a psychiatric framing of life’s troubles.

## Authors’ Note

This article was presented at the Conference on “Bridging the Research and Practice Gap: A Symposium on Critical Considerations, Successes and Emerging Ideas,” sponsored by the University of Houston, Graduate School of Social Work, Houston, Texas, April 5–6, 2013.

## Declaration of Conflicting Interests

The author declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

## Funding

The author disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: The author thanks the Hutto Patterson Charitable Foundation.

## References

- Blenkner, M., Bloom, M., & Nielsen, M. (1971). A research and demonstration project of protective services. *Social Casework*, 52, 483–499.
- Brownlee, S., Hurley, V., & Moulton, B. (2011). *Patient decision aids and shared decision making*. New York, NY: The New America Foundation.
- Cohen, D., & Jacobs, D. (2000). A model consent form for psychiatric drug treatment. *Journal of Humanistic Psychology*, 40, 59–64.

- Cohen, D., Lacasse, J. R., Duan, R., & Sengelmann, I. (2013). CriticalThinkRx may reduce psychiatric prescribing to foster youth: Results from an intervention trial. *Research on Social Work Practice, 23*, 284–293.
- Conrad, E., Measelle, J., & Ablow, J. C. (2013). Poverty, problem behavior, and promise: Differential susceptibility among infants reared in poverty. *Psychological Science, 24*, 235–242.
- Educational Policy and Accreditation Standards. (2008). Alexandria, VA: Council on Social Work Education.
- Gambrill, E. (2011). Evidence-based practice and the ethics of discretion. *Journal of Social Work, 11*, 1–23.
- Gambrill, E. (2013). *Social work practice: A critical thinker's guide* (3rd ed.). New York, NY: Oxford University Press.
- Gambrill, E. (2014). Integrating research and practice: Distractions, controversies and options for moving forward. *Research on Social Work Practice.*
- Gambrill, E., & Gibbs, L. (2009). *Critical thinking for helping professionals: A skills based workbook* (3rd ed.). New York, NY: Oxford University Press.
- Gray, J. A. M. (2001). *Evidence-based health care: How to make health policy and management decisions* (2nd ed.). New York, NY: Churchill Livingstone.
- Head, S. J., Bogers, Ad J. J. C., Serruys, P. W., Takkenberg, J. J. M., & Kappetein, A. P. (2011). A crucial factor in shared decision making: the team approach. *Lancet, 377*, 1836.
- Hotez, P. J. (2008). Neglected infections of poverty in the United States of America. *PLoS Neglected Tropical Diseases, 2*, e256.
- Kirk, S., Gomory, T., & Cohen, T. (2013). *Mad science: Psychiatric coercion, diagnosis and drugs*. New York, NY: Aldine de Gruyter.
- Layng, T. V. J. (2009). The search for effective clinical behavior analysis: The nonlinear thinking of Israel Goldiamond. *The Behavior Analyst, 32*, 163–184.
- McCord, J. (2003). Cures that harm: Unanticipated outcomes of crime prevention programs. *The ANNALS of the American Academy of Political and Social Science, 587*, 16–30.
- National Association of Social Workers. (2008). *Code of ethics*. Silver Spring, MD: Author.
- Perlman, H. H. (1979). *Relationship: The heart of helping*. Chicago, IL: University of Chicago Press.
- Sparrow, M. (2000). *License to steal: How fraud bleeds America's health care system*. Boulder, CO: Westview Press.
- Srinivasan, M., Wilkes, M., Stevenson, F., Nguyen, T., & Slavin, S. (2007). Comparing problem-based learning with case-based learning: Effects of a major curriculum shift at two institutions. *Academic Medicine, 82*, 74–82.
- Stansfeld, S. A., Clark, C., Rodger, B., Caldwell, T., & Power, C. (2011). Repeated exposure to socioeconomic disadvantage and health selection of life course pathways to mid-life depressive and anxiety disorders. *Social Psychiatry and Psychiatric Epidemiology, 46*, 549–558.
- Straus, S., Glasziou, P., Richardson, W. S., & Haynes, R. B. (2011). *Evidence-based medicine: How to practice and teach EBM* (4th ed.). New York, NY: Churchill Livingstone.
- Szasz, T. S. (1987). *Insanity: The idea and its consequences*. New York, NY: John Wiley.
- Thyer, B. A. (2014). *Preparing current and future practitioners to integrate research in real practice settings*. *Research on Social Work Practice*. Advance online publication. doi: 10.1177/1049731514544328

