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BRIDGING THE GAP BETWEEN RESEARCH AND PRACTICE: AN IN-SERVICE PROGRAM

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BRIDGING THE GAP BETWEEN RESEARCH AND PRACTICE:

AN IN-SERVICE PROGRAM

by

ELLEN PERLMAN SIMON

**A dissertation submitted to the Graduate Faculty
in Social Work in partial fulfillment of the
requirements for the degree of Doctor of Social
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1986

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Abstract

BRIDGING THE GAP BETWEEN RESEARCH AND PRACTICE:
AN IN-SERVICE PROGRAM

by

Ellen Perlman Simon

Adviser: Professor Irwin Epstein

This was an exploratory study based on an in-service training program designed by the author. The program was implemented twice, with the purpose of determining whether it could increase the interest and involvement of social work practitioners in research-related activities.

A review of the literature substantiated the generally held notion that most social workers who are in clinical practice show little interest in research. Furthermore, those social workers in the field who are motivated to undertake research are often hampered by doubts about their ability in that area.

The in-service program that is the subject of this dissertation was implemented in 1983 and again in 1984 at a large voluntary long-term care hospital that is affiliated with a renowned medical center. A total of 22 clinicians enrolled in the two cycles of the program. Each cycle consisted of five 1 1/2 hour seminar sessions led by the author, followed by five private consultation sessions in which the author helped each participant

plan and execute a research project. The seminar sessions combined didactic lectures with group discussion of research techniques and of specific research studies.

It is clear that the program strengthened the participants' confidence in their ability to understand and to perform research. Many of the participants actually undertook and completed projects they had previously avoided. Among the tangible results of the program was a proposal that brought the hospital the first federal grant in its 65-year history.

The project is intended as a model of how research can be incorporated into a social work setting. In general, this type of program seems useful for practitioners who are unsure or resistant about integrating research and practice. It teaches skills by means of an incremental approach, uses material related to actual practice, and, with the support of a mentor, helps participants overcome anxiety. As an in-service program -- occurring at the work place during work hours with the support of the administration -- it encourages social workers to perceive research as an integral part of their work activities.

Dedication

To my father who would have been so proud; to my mother who showed me what a determined woman could accomplish; and to my husband and daughters who were always ready with love and understanding.

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I. INTRODUCTION: THE PROBLEM AND ONE PROPOSED SOLUTION

There is little disagreement about the need to increase the involvement of social work practitioners in research activities.¹ However, theorists disagree widely about how best to accomplish this task. Marsh suggests that the problem stems from the unidirectional nature of the relationship between research and practice; i.e., it is concerned only with how practitioners can learn better from researchers. She suggests developing approaches that use practitioner knowledge and experience more effectively.² Siegel; Welch; Reinherz, Grob, and Berkman; Glisson; Wood; and many others approach the issue from an educational point of view.³ They offer schema for partnerships between agencies and schools of social work, or they suggest other ways of modifying the teaching of research in graduate schools so as to overcome the long-standing gap between clinical social work practice and research teaching.⁴

Still others propose developing empirically based models of practice. Blythe and Briar; Siegel; Gordon; Bloom and Fischer; Nelson; and others focus more narrowly on the use of single-subject designs as a research strategy for clinicians.⁵ Doelker and Lynett as well as Dane and Epstein put forth continuing education as a means of bridging the gap between research and practice.⁶

Perhaps the answer lies in a variety of concurrent solutions: changing curricula in graduate schools of social work, encouraging practitioners to evaluate their own practice, and offering them

additional training on the job in the form of in-service training programs.

The subject of this dissertation is an in-service research training program that the author designed and implemented for members of the social services department in a long-term health care facility located in a large metropolitan area. The purpose of the program was to involve these social service practitioners in a practice-oriented research process.

Definition of Research

For purposes of this project, research is defined as any systematic inquiry into practice. This is a far more general definition than is traditionally accepted. It follows from the ideas of Berkman and Weissman as well as Kirk, Osmalov, and Fischer, who say that social workers should be both knowledgeable about research and able to participate in research.⁷ The idea is to make research more accessible by expanding the definition of research to include a wider range of activities. The assumption was made that research does not have to be restricted to formal studies using control groups, or double-blind studies. A practitioner can become involved in research one step at a time. A social worker might systematically describe the people in his or her caseload. Or else he or she might survey the literature, use that information deliberately in everyday practice, then produce a written evaluation of practice efforts. The goal of this project

was to help practitioners take a first step toward systematic inquiry--whether that meant reading research material, counting and describing client populations, identifying trends in the data, writing abstracts for submission to professional conferences, or writing a proposal to obtain funds for a research endeavor.

The concept of research involvement used here follows that of Kirk, Osmalov, and Fischer, who measured social workers' research involvement in three areas: production of research, use of research, and consumption of research. Production of research is measured by the number of formal research studies conducted, papers written, and/or workshops led. Use of research is defined as how often social workers consult research studies or practice literature to help them solve difficult social work problems and how often they apply the results of their reading in their practice. Finally, they assess consumption of research by the number of articles read, number of periodicals to which the social workers subscribe, and number of professional seminars and workshops they attend.⁸

Gordon expands on the above paradigm, adding that the skill of interpreting research can be learned. He lists four areas of research in social work: production of knowledge, substantive utilization of research-based knowledge in practice and policy, methodological utilization of research techniques as part of intervention, and developmental research for the creation of new

intervention strategies and tactics.⁹

Underlying Issues

The in-service program described here is an attempt to integrate research and practice in a social service work environment. As such, it concerns two important issues: empirical practice and continuing education.

There appears to be a growing acceptance of the need for professional accountability and empirically based practice among social work educators. However, line practitioners and agency administrators, while acknowledging accountability issues and giving verbal support to empirical practice, are often confused about how to implement research in their work roles.¹⁰

Concomitantly, continuing education has expanded in the social work field, due to such factors as licensure and certification requirements.¹¹ Yet for many practitioners this means seminars or courses on clinical issues. These courses do not usually provide practitioners with training that would help them upgrade their research skills and use those skills in their work.

As an attempt to increase practitioners' involvement in research, the author had to consider the problem that Corcoran calls "empirical anxiety" by taking an incremental approach.¹² It begins with instruction on how to read and critique research literature and to recognize the parallels between practice and research. Participants are encouraged and supported in their

efforts to formulate research questions.

Only after preparation are the participants led to implement a project of their own. This is done by means of individual consultation sessions. The program encourages people to "start small," with time and activity studies or descriptive studies. It does not focus on the issue of practice effectiveness. This is deliberate, since it is believed that "empirical anxiety" may be related to clinicians' lack of confidence in their ability to produce measurable change in their clients.¹³

The project takes the form of a professional growth seminar to be given at the workplace in order to show how important research endeavors are to the department's administration. This approach is well substantiated by research. Dane and Epstein as well as Knowles say that adult learners are more receptive to learning those things that are necessary for gaining mastery of their job situation.¹⁴ Welch reports that none of the recent graduates he studied used the research techniques they had been taught because they were not given any encouragement at their agencies.¹⁵

Marsh suggests that practitioner participation in discovering, testing, and reporting information produces involvement and a sense of ownership of the findings.¹⁶ This feeling of "ownership" may be useful in reducing what Meyer as well as Grinnell and Kyte have called the "town and gown" divisions and tensions that have been reported between academic researchers and practitioners.¹⁷

Finally, the program involves management participation in its planning and administrative support for the use of the new skills following its completion. As Reid and Smith said:

If research is to be used to full advantage to advance the goals of social work, the profession needs to develop a climate in which both doing and consuming research are normal professional activities. By this we do not mean that all practice should be based on the results of research, but rather that the ability to carry out studies at some level and a facility in using scientifically based knowledge should be an integral part of the skills social workers have and use.¹⁸

In summary, the project consists of a continuing education course designed to improve students' research interest and skills. The course:

- o Uses material related to the participants' own practice.
- o Is given under the auspices of an in-service course at the workspace.
- o Teaches the skills by means of an incremental approach to research.
- o Combines didactic and experiential learning.
- o Uses a mentor, or one-to-one learning relationship, to help participants overcome anxiety.
- o Enlists administrative support for research endeavor. This includes work time for program participation and access to a research library.

The Program and its Goals

This study describes the implementation of two cycles of in-service research training. The first cycle was given in the fall of 1983 and the second in the fall of 1984.

The first cycle served as a pilot project. The second cycle was modified to reflect the experience gained from the pilot. (See

Appendix for the original curriculum and the revised curriculum.) The two experiences were useful for purposes of comparison and provided more information as a basis for generalizations and conclusions.

This program was designed to be a model of how research can be incorporated into a social-work setting. As a model of a process, it is not experimental but exploratory and descriptive. It is in two parts, five one-and-a-half-hour seminars on research topics and five individual tutorial sessions given at the work site during work hours. During the tutorial sessions the participant and the instructor work together on a research project chosen by the participant.

The tutorial or mentor sessions were selected as a vehicle because the author believed that one-to-one discussion of the participants' own areas of interest or concern would help involve the participants in the process. Taibbi describes a mentor as one who not only imparts knowledge and skills but also initiates the student into the (career) area by assuming the roles of host, sponsor, and model of full functioning in the field.¹⁹ By using the mentor format the author hoped to emphasize the importance and relevance of research as a part of practice.

The participants' research projects are broadly defined as anything from preparing a research-based abstract for submission to a symposium, to setting up a research project with a formal

research design, to editing, analyzing, and discussing a paper or a report. The participants are encouraged to select something that is relevant to their own practice so that they will maximize their involvement in the tutorial process.

The program was conceived with three major goals and a number of secondary goals:

- o To develop positive attitudes toward research
 - To reduce apprehensions about research
 - To increase understanding of the nature of research
 - To stimulate interest in systematic inquiry
- o To involve the participants in research
 - To increase the number of research articles they read
 - To increase the use of the content of the articles in their practice
 - To increase awareness of the range of research methods
- o To interest participants in using systematic evaluation and research techniques in their own practice
 - To familiarize them with empirical practice
 - To encourage them to evaluate their own practice
 - To help them engage in a process of systematic learning from experience.

Notes

¹ See Deborah Siegel, "Defining Empirically Based Practice," Social Work 29:4 (July-August 1984), p.325; Jesse Gordon, "Creating Research-based Practice Principles: A Model," Social Work Research and Abstracts 20:1 (Spring 1984), p.3; K. Jean Peterson and Sandra C. Anderson, "Evaluation of Social Work Practice in Health Care Settings," Social Work in Health Care 10:1 (Fall 1984), p.1; Helen Reinherz, Joseph Regan and Jeanne W. Anastas, "A Research Curriculum for Future Clinicians: A Multi-Model Strategy," Journal of Education for Social Work 19:2 (Spring 1983), p.35; Jeanne C. Marsh, "Research and Innovation in Social Work Practice: Avoiding the Headless Machine," Social Service Review 57:4 (December 1983), p.582; Judith Nelsen, "Issues In Single-Subject Research for Non-Behaviorists," Social Work Research and Abstracts 17:2 (Summer 1981), p.31; Scott Briar, "Incorporating Research into Education for Clinical Social Work: Toward a Clinical Science," in A. Rubin and A. Rosenblatt (eds.) Sourcebook on Research Utilization (New York: Council on Social Work Education, 1977); David Fanshel, The Future of Social Work Research (Washington: National Association of Social Work, 1980); Stuart Kirk, Michael Osmalov and Joel Fischer, "Social Workers' Involvement in Research," Social Work 21:2 (March-April 1976), p.121.

² Marsh, op. cit., p.594.

³ See Siegel, op. cit., p.326; Gary John Welch, "Will Graduates Use Single-Subject Designs to Evaluate Their Casework Practice?" Journal of Education for Social Work 19:2 (Spring 1983), p.42; Helen Reinherz, Mollie Grob and Barbara Berkman, "Health Agencies and a School of Social Work: Practice and Research in Partnership," Health and Social Work 8:1 (Winter 1983), p.40; Charles Glisson, "Research Teaching in Social Work Doctoral Programs," Social Service Review 56:4 (December 1982), p.629; Katherine Wood, "Experiences in Teaching the Practitioner-Researcher Model," in Robert Weinbach and Allen Rubin (eds.) Teaching Social Work Research (New York: Council on Social Work Education, 1980), p.16.

⁴ See also Reinherz, Regan and Anastas, op. cit., p.35; and Phyllis Caroff and Mildred Mailick, Social Work in Health Services: An Academic Practice Partnership (New York: Prodist, 1980).

⁵ Betty Blythe and Scott Briar, "Developing Empirically Based Models of Practice," Social Work 30:6 (November-December, 1985), p.483; Siegel, op. cit., p.326; Welch, op. cit., p.43; Gordon, op. cit., p.6; Martin Bloom and Joel Fischer,

Evaluating Practice: Guidelines for the Accountable Professional (Englewood Cliffs, N.J.: Prentice Hall Inc., 1982); Nelsen, op. cit., p.21.

⁶ Richard Doelker and Patricia Lynett, "Strategies in Staff Development: An Ecological Approach," Social Work 28:5 (September-October 1983), p.383; Elizabeth Dane and Irwin Epstein, "A Dark Horse in Continuing Education Programming at the Post Masters Level: Monitoring and Evaluation Skills for Social Workers in Middle Management," manuscript submitted for publication to the Journal of Continuing Social Work Education, October 1982.

⁷ Barbara Berkman and L. Andrew Weissman, "Applied Social Research," in R.S. Miller and H. Rehr (eds.) Social Work Issues in Health Care (Englewood Cliffs, N.J.: Prentice Hall, 1983), p.221; Kirk, Osmalov, and Fischer, op.cit., p.123.

⁸ Kirk, Osmalov, and Fischer, op. cit., pp.120-124.

⁹ Gordon, op.cit., p.3.

¹⁰ See Welch, op. cit., p.46; Carol Meyer, "Integrating Research and Practice: An Editorial," Social Work 29:4 (July-August 1984), p.323; Jon Conte and Rona Levy, "Problems and Issues in Implementing the Clinical-Research Model of Practice in Educational and Clinical Settings," Journal of Education for Social Work 16:3 (Fall 1980), p.60; Bart Grossman, "Teaching Research in the Field Practicum," Social Work 25:1 (January-February 1980), p.36.

¹¹ Doelker and Lynett, op. cit., p.380.

¹² Kevin Corcoran, "Clinical Practice with Non-Behavioral Methods: Strategies for Evaluation," Clinical Social Work Journal 13:1 (Spring 1985), p.84.

¹³ Jill Kagle and Charles Cowger, "Blaming the Client: Implicit Agenda in Practice Research," Social Work 29:4 (July-August 1984), p.350.

¹⁴ See Dane and Epstein, op. cit., p.2; Malcolm Knowles, "Innovations in Teaching Styles and Approaches Based Upon Adult Learning," Journal of Education for Social Work 8:2 (Spring 1972), p.35.

¹⁵ Welch, op. cit., p.46.

¹⁶ Marsh, op. cit., p.595.

¹⁷ Meyer, op. cit., p.323; Robert Grinnell and Nancy

Kyte, "A Model for Bridging the Gap Between Undergraduate Research and Practice," Journal of Education for Social Work 13:3 (Fall 1977), p.31.

¹⁸ William Reid and Audrey Smith, Research in Social Work, (New York: Columbia University Press, 1981), Preface.

¹⁹ Robert Taibbi, "Supervisors as Mentors," Social Work 28:3 (May-June 1983), p.237.

II. A REVIEW OF THE LITERATURE

The Gap Between Practice and Research

In these times when very limited resources are available for services, social workers must not rely upon "conventional wisdom" to justify their choice of a method of intervention.

Administrators and funding sources need more solid evidence to support program initiatives than can be provided by conventional wisdom. More than ever, social workers are required to justify the services they deliver.¹ Accordingly, recent writings in the human services have stressed the need for both professionals and programs to look at their activities in a systematic way and to place a high priority on research and evaluation procedures.²

Yet despite the numerous exhortations by teachers and theorists, social workers repeatedly have been shown to hold research in low repute.³ Many practitioners, following the view of Gilbert and Specht, maintain that they are responsible primarily for fulfilling the service-giving obligations of the profession and not for building knowledge.⁴

Research and practice in social work have been perceived as separate functions, often performed by different people. Sicker and Rothman speak of the polarization between the ivory tower researcher and the line staff practitioner with neither fully understanding what the other is doing.⁵ Karger refers to a division of labor in the profession between the MSW who is a

consumer of research and the DSW who produces it.⁶

Timberlake and Carr write that the gap between research and practice may stem from the poor fit between social work practice and evaluative frameworks borrowed from other disciplines.⁷

Biggerstaff, Lewis, the Family Service Association, and numerous others have written about the use of consultants to evaluate programs and practice, assuming that administrators and staff do not have the skills to perform these evaluations.⁸

Taking a different tack, Corcoran, Nelsen, and Zimbalist suggest that social workers may be averse to research because they associate it with behaviorism.⁹ This is because two commonly used methods, single subject research designs and goal attainment scaling, rely heavily on measuring behavioral outcomes. So clinicians who do not consider themselves behaviorists may sometimes tend to equate practice researchers with those practitioners who use behavioral methods.

According to Piliavin and McDonald, some practitioners actually believe that research offers no benefits and may cause harm if the results of the research demonstrate that there has been no positive change.¹⁰ Caputo also warns that research carries with it the prospect of negative findings.¹¹ More explicitly, Fanshel says that in the Great Society and Social Security programs, social work promised to eradicate social ills. The goals of these programs were global and ambitious. When

it could not be demonstrated that poverty, illiteracy, and delinquency -- to name a few -- had been substantially reduced, there was a backlash of negative feeling. The fact that the success of these efforts could not be substantiated by subsequent research, claims Fanshel, left social work and social work research in poor repute.¹²

To sum up: Social workers have not been active consumers or producers of research for a variety of reasons: a perception that it is not their job, a lack of research skills, and a sense that research offers no benefit and may actually cause the profession harm.

Proposals for Bridging the Gap

Whatever the varying reasons people have given for social work practitioners' lack of involvement in research, most agree that the profession must make a concerted effort to bridge the gap between practice and research. There is, however, some considerable difference of opinion among writers in the field about how best to accomplish this.

Each writer appears to have a different view of the specific problem that has contributed to the separation between research and practice. Each, then, frames an approach to the solution on the basis of his or her theory about the nature of the problem.

Caroff and Mailick; Reinherz, Grob, and Berkman; Muller, Bostwick, and Ryg; and Grinnell and Kyte have approached the issue

from the point of view that social work education must address the longstanding estrangement between research and practice by integrating research into its curriculum.¹³ Their views, and those of others, suggest that social work education may be partly at fault.

Bloom and Fischer believe that systematic evaluation has not been built into social work practice because of a lack of widely available tools. Yet the research method they recommend, single subject design, has been available for some twenty years.¹⁴

Corcoran; Wood; and Reid and Smith think that practitioners are not particularly interested in research because they do not see the similarity between the process of their practice and the process that researchers follow.¹⁵ They suggest that this can be changed by expanding the perspective of the practitioners.

Fischer claims that there has been a revolution in the way the profession uses knowledge.¹⁶ Once defining itself only as a helping profession, social work has grown to collect information systematically and produce an empirically-based body of literature. In the past, social workers produced primarily case studies and writings focused on establishing a conceptual basis for social work. More recently the profession has produced more systematic descriptions, such as single subject designs and other empirical material.¹⁷

Lewis stresses the need for practitioners to operationalize the principles of practice that direct them.¹⁸ Siporin writes

that the value system of social work is being translated into concrete specifications of procedures.¹⁹ He believes that clinical social work is becoming a "scientific art" that is based on valid data and that has theories, principles, and techniques that are tested and verified in systematic ways. Briar; Reid and Smith; Epstein and Tripodi; Eldridge; and others have proposed frameworks and plans for empirical practice.²⁰

Schools of social work have been trying to change the perspective of practitioners for the last decade with little success.²¹ Despite these efforts, a survey of social work research centers performed by Estes in 1979 shows that most social work research was by people who had advanced degrees outside of social work, and that D.S.W.s generally devoted only part time to research.²²

Many of the solutions that have been proposed involve educational changes in the direction of the integration of field work and research. For example, Briar; Kane; Reinherz, Regan, and Anastas; Grossman; Kirk and Kolevson; Conte and Levy; Kurland; and Fortune recommend a variety of educational modifications.²³ Others go further, advocating the development of a scientist/practitioner who conceives of research as an integral part of practice.²⁴

Covey says that the long-range solution to the problem of the differing orientations of researchers and practitioners is a change in the way we train academic evaluators and program

personnel. He maintains that academics should learn more about applications and program personnel should learn more about the scientific method.²⁵ Rubin says that social work needs more methodologically creditable experimental research that evaluates the effectiveness of practice.²⁶

Corcoran emphasizes the parallels between research and practice, implying that practitioners would do research if it seemed congruent with their everyday tasks.²⁷ Mutschler, in a study of social workers in a family agency, finds four factors that influence practice evaluation: perceived relevance to a social worker's job responsibilities; utility for immediate action on the part of decision makers; involvement of practitioners; and organizational context.²⁸

However, a recent study by Glisson finds that even social work doctoral programs were not preparing students for independent research. After investigating the curricula of doctoral programs, he concluded that the claim that social work is pursuing a scientific imperative cannot be substantiated. In a survey of 33 doctoral programs in social work, he reports that only in four do required courses address all the areas that he feels are essential to research.²⁹ If this is so, it is certainly unreasonable to expect clinicians who are not enrolled in doctoral programs to pursue independent research, especially if they have little support at their work settings, and, perhaps, only a vague memory of a research course they took during their MSW programs. This

suggests that educational changes may not be enough and that the work environment may be a more crucial factor for some social workers.

How Current Practitioners Perceive Research

The discussions above emphasize changes in the way future researchers/practitioners should be trained regarding research. Little has been said to address the issue of research among the large number of social workers who are already practicing.

The problem addressed here is how to bring this new focus to workers who have long been out of school and who are likely to be working in settings where the potential for positive change in regard to research may be limited. Most of these professionals are unlikely to abandon their current practices and return to school to be retrained to fit the new model of the researcher/practitioner. Even those workers who espouse the goal of this model of practice may have real difficulties in translating words into deeds. Many professionals still find implementation of empirical practice or program evaluation difficult.³⁰

In 1976, Kirk, Osmolov, and Fischer polled more than 1,000 NASW members to discover not only whether they engaged in research, but also whether they used research in their practice.³¹ The results were very discouraging. This situation has changed very little in the ensuing decade. Most of the social workers who said they did not read research at that time are still

practicing.

Other researchers have discovered that even new graduates, who are exposed to curricula in which research and practice are integrated, have difficulty carrying out research projects because of lack of support at the agency at which they are employed.³²

In health care settings -- for which this project was designed -- the burden of chart recording, as well as the lack of perceived rewards for research, have slowed the use of empirical methods. Peterson and Anderson, in a recent review of the literature produced since 1979, found only 15 articles that addressed intervention effectiveness in the health care field.³³

Yet Tripodi and Epstein; Hudson; Bloom and Fischer; and numerous others have written volumes designed to help clinicians integrate research methods into their clinical practice, and no doubt they have had some success.³⁴ Berkman and Weisman urge social workers to view the health care setting as a "living laboratory"; however, there is little question that the gap between research and practice--in the health care area and elsewhere--still exists for many social workers.³⁵

In a recent editorial, Berkman urges social workers to make publishing a professional priority. She claims that at no time in history has the need been as clear for developing a replicable, empirical basis for social work practice.³⁶ Even writing an article that is not based on strictly objective research would be helpful in stimulating a practitioner to document his or her

work. In these days of shrinking social service domains, increasingly limited funds, and governmental attacks, the old excuses must be abandoned. It is no longer acceptable to have "no time to write" or to leave the task of looking at practice to academicians or professionals on sabbaticals.

Berkman insists that social workers must ask how research can best serve the interests of both clients and the profession. If social workers do not write about what they do, asserts Berkman, others will write about those subjects.³⁷ Social workers must write not only to ensure their domain but to alleviate the crush of day-to-day problems and to find reliable methods for producing change. In addition, research and writing are the primary means by which social workers can add to the profession's knowledge base.

If recent changes in social work education aimed at producing researcher/practitioners are to succeed, then line professionals in the workplace must be receptive and understanding. Research-oriented social workers require organizational support for their efforts, for it is crucial that the knowledge that social workers have be shared. The social work model of learning by doing must be expanded to include sharing what one learns with other professionals in a systematic way.³⁸

Marsh sums up this issue as follows:

Although the demands of service delivery place limits on the nature and amount of research that practitioners can do, they do not diminish the importance of their contribution. Previous discussion of research and practice in social work has been unidirectional--concerned with how practitioners can better learn from researchers. The potential contribution of

practitioners provides a challenge for the field to devise knowledge-building approaches that more effectively use practitioner knowledge and experience.³⁹

Efforts to Integrate Research and Practice

Not all the efforts to integrate research and practice have been unsuccessful. Kane was successful in encouraging social work students to write for publication.⁴⁰ Weinbach and Fortune demonstrated that student research by MSWs can be made useful and relevant.⁴¹ Other recent efforts have focused on non-behavioral use of single subject research,⁴² while some writers have focused on the use of case records⁴³ or have considered the clinical interview as a research tool.⁴⁴

The prolific writers in the empirical practice group⁴⁵ have many followers, as do writers who view research as another way of thinking, such as Caputo, Corcoran, and Wood.⁴⁶ Yet these writings, leave the bulk of practitioners unsure of where or how to begin.

What is needed is a first step. Gordon asserts that there is a need for practitioners to read reports of research and to use the knowledge and techniques gleaned from reading them. He suggests that the problem of practitioners not reading research reports must be dealt with before any of the models proposed by the theorists can be successful. His claim is that the ability to interpret research is a learnable skill.⁴⁷ Munson says that the key to a research orientation in practice is that the research

focus must remain simple, understandable, and connected to clinical practice.⁴⁸

Welch proposes using less rigorous methods for evaluation as an early step in moving practitioners who never participate in research toward more of a clinician/scientist perspective.⁴⁹

Berkman and Weissman urge the use of descriptive and process studies as beginning steps for bringing practitioners into the research forum.⁵⁰

Notes

¹See Deborah Siegel, "Defining Empirically Based Practice," Social Work 29:4 (July-August 1984), p.325; and Claudia Coulton and N. Butler, Health and Social Work 6:3 (Summer 1981), p.4.

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III: THE METHOD

The project is a professional growth seminar designed to be given at the workplace. It is a model of how research can be incorporated into a social work setting. The program is in two parts, a didactic segment of five one-and-a-half hour sessions on research topics, and an experiential segment of five individual tutorial sessions given at the work site during work hours. During the tutorial sessions the participant and the instructor work together on a research project chosen by the participant.

The Seminar Sessions

To reduce the anxiety of the participants, the program takes an incremental approach and emphasizes the parallels between research and practice. With small groups of ten participants or fewer, the sessions are designed to encourage participation and to promote peer support. The reading materials are selected so that they reflect the areas of the participants' interests, whenever possible. With the first session as an orientation, the five sessions are outlined below:

Session One: Introduction to the course, to research, and to one another. Discussion: Why do research? Why did the participants enroll in the seminar? What are their major areas of interest? Get a sense of their levels of competence. Discuss reading and critiquing social work research. Hand out questionnaires to be returned at Session Two.

Session Two: Description of the types of research and research methods. Review questions they would like to

explore that have arisen in their own practice. Discuss descriptive studies and review two articles with the group. Give them additional articles to read before the next session. Discuss how to use available data.

Session Three: Further exploration of research methods. Discuss survey research, followup research, outcome studies, needs assessment, and questionnaire construction. Have participants critique articles. Discuss literature searches. Have each participant discuss an area of interest and a possible topic for individual consultations.

Session Four: Practical applications: formulating problems and setting goals and objectives. Introduce goal attainment scaling and time series analysis. Emphasize the parallels between the clinical process and the research process. Discuss the use of research techniques in non-behavioral clinical practice.

Session Five: Discussion of data analysis and program evaluation, and, briefly, statistical methods they are likely to use. Discuss the topics they plan to pursue in the consultations and have each person fill out a form and make an appointment for the first session.

The Questionnaire

At the initial session participants are asked to fill out a questionnaire that asks for demographic information and presents them with six vignettes, or brief descriptions of hypothetical research situations. Participants are asked to describe a research strategy that addresses each situation and are told that there are no "right answers."

The concept of vignettes has been used by Solomon in her dissertation research on social work practice with the aged.¹ The vignettes are used to assess how the participants react to

research problems, as well as their ability to attack these problems and to articulate a plan for dealing with them. The vignette approach is one that simulates actual practice and elicits participants' thinking about hypothetical situations.

The six vignettes used here are adapted from Tripodi and Epstein.² The questionnaire, with the vignettes, is included in the Appendix, as is the curriculum.

The Consultation Sessions

Five one-to-one consultation sessions are scheduled for each participant at a time that is convenient to both consultant and participant. An effort is made to schedule the first consultation no more than one week after the last seminar. The participant determines the content of these sessions.

The consultation sessions parallel the field work experience in social work education. Their emphasis is on learning by doing.³ Like the seminars, these sessions are offered during work hours whenever possible, so that participants clearly perceive the sessions as part of their work responsibilities. An in-service setting helps busy professionals make the time available to complete the sessions and the course.

The main objective of the consultation sessions is to help the participant accomplish a research-related task. These sessions are especially valuable for participants whose level of empirical anxiety is very high and whose level of research knowledge is correspondingly low. Such participants are encouraged to begin with

a very modest project that is well within their capabilities. They might develop an abstract for a workshop or a symposium, or edit a clinical paper for submission to a journal.

More confident and skilled participants may choose to develop a time and activity study or to prepare and submit a grant proposal. It is important that the choice of the project be the participant's. The only time the consultant might recommend changing the proposed project is when it is too large to be completed within the five-session model or when it seems too ambitious for the participant's level of skill and knowledge. In either of those cases, if the participant seems really committed to the project and determined to continue, the consultant should accede to that choice. Interest in a project is the prime motivating force for persisting and completing it.

The process of consultation is interactive. The consultations often involve numerous telephone calls and letters in addition to the one-to-one meetings. Sometimes the participant might produce a series of draft questions that the consultant would edit and mail back for the student to rework prior to the next session. On occasion, the consultant might have to do some reading to become familiar with a particular topic or to make recommendations to the participant. Thus, although five consultation sessions may seem a small number, they can be spaced so as to carry the participants through substantial projects, especially when augmented by written and telephone contacts.

After the five sessions all participants are contacted to follow their progress. Some may need additional sessions or telephone contacts to complete their projects. Others, who might have dropped out of the consultation sessions because of work pressures or empirical anxiety, can be stimulated to resume the process by a letter or a telephone call.

The Setting

As mentioned above, the program was offered twice. Both times ("Cycle I" in 1983 and "Cycle II" in 1984) the setting was a licensed 504-bed Skilled Nursing Facility (SNF) -- hereafter referred to as "the hospital" -- located in a large metropolitan area. The hospital is a private, non-profit institution that admits chronically ill persons over sixteen who require long term medical, rehabilitation, and nursing care. It is an affiliate of a large, prestigious medical center -- hereafter referred to as "the medical center." The medical center has various components and affiliates of which the hospital is one. Aside from the SNF program, the facility has developed a hospice program with sixteen in-patient beds and a large home care component, a day care center for handicapped adults who need rehabilitation or socialization, a housing development for well elderly, a certified home health agency, and a case management project for severely disabled adults in the community.

Additional resources include a small social work library with books and circulating journals, a staff development committee that plans agendas for in-service staff meetings, and a small budget

for travel, workshops, seminars, and tuition reimbursement for professional education.

The program was conceived as an elective in-service course for members of the Social Services Department at the SNF, for social workers and therapeutic recreation specialists in the community programs, and for some social workers from other sites within the medical center. The course was given by the author, who is director of the Department of Social Services at the hospital. This department is responsible for social work, therapeutic recreation, and admissions and discharges. It has nineteen professional employees excluding the director, as well as another eight professionals in the community programs.

Notes

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IV. THE IMPLEMENTATION

Cycle I

How the program was introduced in the hospital. In order to offer the course at the hospital, a series of administrative approvals had to be obtained. First it was approved by the hospital administrator, who reviewed an abstract of the proposal and course materials. Since he had direct supervisory responsibility for the Department of Social Services, he also granted approval for the course to be given during working hours. The commitment of worker time is a substantial cost to the institution, and the author was fortunate to gain approval which, in other circumstances, might have been more difficult to obtain.

The administrator requested an oral report that included a statement of expected gain, a summary of each session of the program, and a narrative description of the expected outcomes. He also approved the opening of five spaces in each group for professionals from other sites in the medical center. This was done for two reasons: to increase the number of social worker participants in the course and to improve relations with colleagues at other sites. The author restricted the number of these slots to five because of time constraints. In other hospitals, this would have been a more complex process. A presentation would have had to be made to both

the director of in-service training and the department heads. At this facility, protocol required a presentation to the hospital's research committee. This presentation included a one-page abstract, a course outline, and a verbal discussion of the material. After having been approved by the research committee, the proposal was presented to the department's staff development committee for the final approval in the process.

The next step was to select the time and place for the seminars. In scheduling the classes, work stresses were a very important consideration. The starting date had to be chosen in the light of worker vacations, work pressures, weather, and such special events as an open house and a facility fundraiser. During 1983 the state survey was a crucial factor, since it was very long and time-consuming. This is an annual visit by inspectors from the New York State Department of Health, which can consume up to six weeks. Weather was also important; because of summer vacations and inclement winter conditions, spring and fall were considered the most suitable seasons.

The end of the work day was chosen because most of the hospital's interdisciplinary team meetings are held during the day shift that ends at 3 p.m. Thus, if offered at 3:30 p.m. the seminars would be less likely to conflict with other conferences. The end of the work day was optimal for those participants coming from other sites within the medical center, as it reduced the impact on their work day. Some participants did express a

preference for the early morning, but since the author had commitments on most mornings, she preferred the end of the day.

Ideally, the seminars should be held in a conference room that is small enough to encourage group interaction and that has a table that allows participants to take notes. At the hospital, the seminars were held in the social services conference room. The conference room was reserved for all five meetings two months in advance.

The next step entailed advertising the course to prospective students. Two months before the course was scheduled to begin, members of the Social Services Department received a memo from the department head, describing the two part model thus:

...a combination of seminars designed to promote familiarity with the content of practice based research, to gain knowledge of simple evaluative tools and including an on-site mentor/consultant who will act as an interpreter and facilitator to those staff members who are interested in implementing the techniques that will be presented in the seminars. The seminars will not only explore issues of awareness of techniques and relevance to social work roles, but will also offer the opportunity to combine the traditional social work model of learning by doing with the new knowledge guided practice. Research will be taught, not as a separate activity, but as a set of operations designed to facilitate answering questions accurately.

The directors of the various community programs at the hospital were contacted and the course was described to them. With their approval, copies of the memo were sent to the social workers and therapeutic recreation specialists in the community programs. The

memo included a description of the course, the time, and the location. It did not ask for responses, merely requesting those who were interested to attend the first session. The author had no idea of the number of participants that would appear for the first class, and the lack of formality may have contributed to a feeling on the part of participants that attendance at the seminars was more casual than the author intended. This error was not repeated in Cycle II.

Recruitment from other settings in the medical center. The process of recruiting social workers from other sites within the medical center was more complex. The author made a brief verbal presentation to the executive committee of the medical center's Social Services Department and distributed abstracts and a brief bibliography. The committee approved the program as part of their in-service training schedule and distributed a memo to their staff that contained a course description, the location, and the time. As a condition for offering the course, the author required that the participants be given work time to complete both the seminars and the mentor sessions. The author believed that institutional support was a vital link in establishing the course and in giving it importance to a harried and reluctant staff. Knowles; Lauffer; Doelker and Lynett; Starr; and Mutschler share this view.¹

After the memo was distributed, the program was described at a general staff meeting at the hospital. There was an opportunity at that meeting for the staff to express their feelings and to ask

questions. The author introduced the model by stating her belief that although the idea of research alienates most direct service practitioners, it is necessary. She also stated her belief--one that is shared by most practitioners of social work--that social work is an effective and powerful medium for helping individuals and small groups to solve problems.

But she also insisted that beliefs and personal statements must be supported by objective information. The seminar series and the mentor sessions that were to follow were introduced in order to give practitioners the tools needed to substantiate their beliefs in their own effectiveness in ways that people outside their own departments could understand.

Participation in the seminars was not mandatory, but the fact that the head of the department was offering the course probably influenced some staff members to take it. Conversely, it is possible that others stayed away from the course for fear of revealing gaps in their knowledge. Hence people enrolled for a variety of reasons: simple curiosity, a perceived need to impress the department head, or a genuine desire to learn something. In every possible way, an attempt was made to maximize interest and to entice staff to participate in the exercise. The seminar series focused on practice-related activities, and concrete tasks related to the workers' day-to-day activities. It also differed from continuing education programs that are usually given after work and that require a large commitment in after-hours reading.

The course was held during working hours to encourage the

maximum number of participants. The "in-service" designation was used to emphasize the importance of the course as well as management's assessment that the course content was central to the professional growth of the staff and also of direct use to the institution. The number of sessions was set at five by balancing the number of hours needed to cover the material against the amount of time that could be spared from traditional activities.

The course could have been made mandatory for the hospital's professional social services staff. Yet the author decided to use inducements instead of making the course mandatory because she believed that staff might resent being forced to participate, and feeling hostile, could passively undermine efforts to involve them in research-related activities. The fact that the department head was the seminar leader was considered sufficient pressure to encourage the enrollment of all those who were contemplating participation.

A description of the five seminar sessions. The first session began on October 5, 1983. Eleven persons attended. Seven participants were from the Department of Social Services at the hospital, six were MSW-level social workers, and one participant was a BSW-level social worker. Four participants were MSW-level social workers from different sites in the medical center. Another social worker from the medical center had signed up but never attended the course.

None of the social workers or therapeutic recreation staff from the hospital's community programs enrolled in the course.

This was for a variety of reasons: some were dissatisfied with the time when the course was offered, while others thought research was not suitable for them because their programs were new. Others simply could not commit their time. However, one community program worker did enroll in Cycle II, while a few came to the author for consultations on their own initiative.

The first seminar began with introductions all around. Participants were asked about their reasons for taking the course, their research backgrounds, and their areas of clinical interest. The reasons people gave were varied. Some vaguely felt that they needed to know more about research because they had never understood statistics in school and wanted to learn. Others had students who wanted to do research projects as a part of their field placements, and, as supervisors, they felt unable to help their students with research activities. Some expressed interest in addressing a research question or in writing up an innovative project that had been successful. One participant was involved in a federally-sponsored research project at her work site and felt that she needed tools to help her understand and contribute to the research effort.

After the introductions, the author distributed an attitude index and asked the participants to take a few minutes to complete it. The author explained that the course was to focus on increasing workers' interest in research-related activities and that the index would be used to measure interest in research. The rest of the first session focused on a description of the course,

why social workers must do research, and a discussion of empirical social work and the clinical-research model of practice.² (See the Appendix for an annotated lesson plan and the attitude index.)

At the end of the first session the author distributed the questionnaire. She explained its purpose in detail, including the fact that it was to be a tool for her doctoral dissertation and that if not for the dissertation, she would have used the questions in a group process.

The vignettes were described as research case studies with some open-ended questions that would offer participants an opportunity to articulate or formulate ideas related to their practice. They were encouraged to react to the material with a minimum of restrictions. The instructor was interested in gaining information about the respondents' reactions to the questions, the frame of reference in which the questions were perceived, and the ability of the participants to articulate what they were doing, rather than to select appropriate responses.³ The participants were asked to complete the forms at home and to bring them back at the start of the next session.

The second session was held on a day of pouring rain. Only eight persons attended the session. Two of the off-site social workers called to cancel. There was a leak in the conference room ceiling, the state surveyors made an unplanned visit to the hospital, and the seminar's start had to be delayed while the surveyors were dealt with. One hospital social worker withdrew after the first session. She was a temporary employee who felt

she could not handle the course in addition to her regular tasks.

Because of these disruptions, the second session got off to a very disjointed beginning. Only six of the participants had returned their questionnaires, so discussion of the content of the vignettes was postponed. The session began with a discussion of the traditionally accepted dichotomy between research and practice. Participants were then asked to raise questions from their own practice that they would like answered. The response was very limited and the group interaction was minimal. It was difficult to determine whether the lack of discussion was attributable to the students' inability to formulate research questions, the terrible environmental conditions, or some other factor. The author made an effort to lighten the mood and to elicit some discussion, jokingly commenting, "Don't all jump in at once." She then explained that the questions did not have to be big ones, that small ones would do, then initiated a discussion by asking how many clients each worker had to handle. Slowly the group began to relax and the class followed the curriculum for the rest of the session.

The third seminar was much more lively. Eleven individuals attended. Two BSWs from the hospital, who had not attended the first two seminars, asked if they could join. Both were asked to fill out the attitude index. They were given the syllabus to read before the session. One person from the medical center group did not attend, and one hospital worker was out sick.

The class began with discussion of a short article that the

instructor handed out. There were no emergencies, and the participants were involved and interested. The class discussed client satisfaction and needs assessment studies. Some of the participants were able to relate these methods to their own practice. One MSW, a new employee at the hospital, asked to withdraw after the third session. She stated that she had just begun at the hospital and felt unable to think about research when she had so much to learn about her job and the facility.

The fourth seminar was attended by eleven persons, eight from the hospital and three from the medical center. One of the hospital students was new to the course, as she had been away. She asked for, and was given, a copy of the lesson plans for the first three sessions and the reading materials. In the end, she wrote a grant proposal that succeeded in landing the first federal grant the hospital had ever received. The class began with a brief review of descriptive and follow-up studies. There followed a discussion of the fact that changes in client behavior may not be due to treatment but to other causes. Only by research methods, such as interrupted time series designs, can the cause of the change be determined with reasonable certainty. This discussion produced considerable group interaction.

Next was a didactic presentation of effectiveness outcome/evaluative studies and two research methods that have been used extensively in social services research: goal attainment scaling and single subject research. This session involved the

first fairly sophisticated research subject of the course. Some of the participants were not familiar with the topics, and although opportunities were given for them to ask questions, few could formulate any questions. After the class, two BSW's from the hospital withdrew from the course, explaining that they felt unable to participate. They were especially concerned about the mentor sessions, and they expressed their lack of interest in formulating a research question and concern about what was expected of them.

Ten persons attended the last session. There was lively discussion and good group support for each student's proposed research project. The participants were thinking and were involved with one another. The group offered suggestions on ways to approach each question. Only half of the participants had projects in mind for the consultation portion of the course, despite numerous reminders and several group discussions of ideas.

The final discussion was devoted to a brief evaluation of the program and a summation of the course material. A brief bibliography was distributed and the resources of the department's research library materials were outlined. The group seemed reluctant to disperse. Individual consultation forms were distributed, completed, and collected by the author during the last part of the session. (See the Appendix for a copy of the form.)

Observations about the seminars. A total of fifteen individuals attended at least one seminar. Eleven participants

were hospital employees and four were from the medical center. Three were BSWs and all the others were master's prepared. Thirteen were female, two were male. Fourteen participants completed questionnaires. Only three individuals attended all five sessions and four more attended four sessions. Less than half of the total population attended most of the sessions.

Four individuals withdrew from the exercise during the seminar cycle. Three of the four participants who withdrew had a low commitment to the agency; one was a temporary worker, one was a brand new employee, and one was looking for another job. The four individuals who attended three seminar sessions or fewer did not withdraw formally. One was on vacation for two sessions, one was ill, and two social workers from the medical center had emergencies. Neither of the medical center employees withdrew formally, but their level of involvement was very low. In general, the level of involvement and interest of the medical center participants was considerably lower than that of the hospital workers. The former complained of serious scheduling and transportation problems, and none attended all five sessions. The commitment among the hospital participants varied as well. Some were attentive but passive and reluctant to ask questions or to participate in the discussions. Some were obviously there because they felt administrative pressure to attend but were reluctant or uninterested. Some were eager to learn.

The high dropout rate and poor attendance caused additional, unanticipated problems. Since people joined and left at every

session, the group was never constant. Because the number of sessions was limited and the amount of material to be discussed was extensive, the poor attendance made comprehension of the material more difficult for some of the participants. It also interfered seriously with the anticipated peer support among members of the group.

The quality of the sessions differed greatly. As the complexity of the material increased, the amount of discussion decreased. Only when individual projects were discussed were the discussions lively. For some older workers even the beginning sessions produced anxiety and confusion that were difficult to overcome.

Of the fifteen participants in the seminars, fourteen completed attitude indices and eleven completed participant questionnaires. One participant completed two questionnaires, having thought the first one lost. Interestingly, the answers on the two questionnaires were very different. There were differences even in the reported year of graduation from social work school and in the reported number of workshops attended in the last year. The responses to the vignettes were actually more consistent than the responses to the demographic questions.

Responses to the questionnaire and the vignettes. Only eleven individuals completed participant questionnaires; the others either refused or "forgot" to turn in the completed forms despite the author's repeated requests to return them and assurances that there were no grades. (See the Appendix for a copy of the

participant questionnaire.)

There was a large range among the participants in the length of time out of school. One had graduated from college with a B.A. 43 years before, while another was currently enrolled in a doctoral program.

As far as participation in some form of research activity is concerned, only three respondents had participated in research studies and only one had written a paper for a professional journal. However, eight people had conducted seminars or workshops. One participant had conducted a series of three workshops in the past year, and three other participants had conducted either one seminar or one workshop in 1983.

The next five questions were an attempt to assess the participants' level of research awareness and the degree to which they consumed and applied research findings in their practice. Two respondents said that they consulted practice literature most of the time and eight said they referred to research studies some of the time. One reported seldom consulting research literature. Two respondents reported that they used the knowledge gained from reading research literature most of the time, while the remaining nine said that they used the material they read some of the time.

Most of the respondents reported that they subscribed to one or two professional journals. One reported subscribing to four journals and one reported subscribing to three journals. Only one did not subscribe to any journal. The respondents reported having read widely differing numbers of articles during the last month,

from a high of 25, to "a lot," and down to two. Only one person reported having taken any statistics or research course after leaving school. (This was not the doctoral student.)

Most of the respondents had attended professional seminars during the year. One said she had attended eight seminars and two reported having attended four each. Three others attended two each and two reported not having attended any other workshops in 1983.

A perusal of the responses to the vignettes shows a wide range of sophistication. Some of the respondents were able to approach the research strategies suggested by Tripodi and Epstein.⁴ One can speculate that those participants who were most unsure of their abilities refused to complete their questionnaires. One of the four medical center participants did not turn in a completed questionnaire, nor did three of the four hospital social workers who withdrew. One of the medical center respondents turned in a questionnaire with only the objective questions answered, leaving the vignettes blank.

The following is a summary of each of the six vignettes, and the responses of the participants. The narrative responses to the vignettes are analyzed question by question.

Vignette One suggested that it would be helpful in the future to develop a standardized interview to assess applicants' problems in a systematic way. Eight respondents suggested some variation of a standardized intake interview that would permit compilation of initial data. Two individuals, both BSWs, addressed management

issues such as the use of staff so that only one person would do intake, or rotation of responsibility for intake. The participant with post master's education developed the most elaborate plan for a standardized interview, but the other seven respondents who opted correctly for systematizing the applications interview also had well-thought-out plans for developing the interview and collecting the data.

Vignette Two discussed the use of available research instruments to help the clinician make assessments on the basis of existing tests or classification systems. Only one of the respondents suggested reviewing the literature for appropriate instruments. Two people simply did not respond to this vignette. Most talked about clinical issues in role theory and how to make differential diagnoses.

Vignette Three gave a case example of an educational situation in which systematic observation of the students' behavior would help make assessment of children and teachers more accurate and less subjective. Five respondents described a range of pupil assessment forms that measured frequency of occurrence and described the occurrence. Several plans were more elaborate in classifying disruptive and positive behavior, and one included an analysis of teacher perceptions. One person suggested a systematic form of logging behaviors. The remaining five respondents focused either on the social worker making an assessment of each child, or on helping teachers define good and bad behaviors, or on administering a questionnaire to students to assess underlying

psychological issues.

Vignette Four addressed the need for a content analysis of a student's process recording to locate a problem she was having. Four of the respondents recommended reading and analyzing the student's process recordings. The other six developed various schema for analyzing the student and determining if in some way her caseload was different from those of the other students. Only one of the ten actually used the term "content analysis" and seemed familiar with the concept. One respondent suggested doing a consumer satisfaction survey of all the student's clients.

Vignette Five called for the use of sample surveys when it is too time consuming to follow the entire population. However, the case illustration gave only the size of the population to be followed. The eight respondents who suggested doing a followup survey all proposed contacting the entire caseload of clients. The other two respondents did not even mention a survey in their responses. One vaguely suggested collecting data for other institutions to use and the other suggested evaluating patient outcomes by assessing symptoms or coping mechanisms.

Vignette Six exemplified a situation in which interrupted time series designs would be useful in assessing whether a proposed clinical group treatment for parents would be an effective intervention. This one demanded the most sophisticated and complex research strategy of the six vignettes. Two respondents suggested randomly assigning the students to treatment and control groups and comparing the results, while another proposed using the case

study method. None of the other eight respondents had the slightest idea about how or where to begin and none suggested interrupted time series designs.

As was apparent from a review of these vignettes, several of the participants had some research expertise, although none of them was able to reflect this consistently in his or her responses to all the vignettes. Those participants had obviously learned traditional research approaches that focused on questionnaire construction and a systematic collection of data. The responses to Vignettes One and Three demonstrate this knowledge.

Vignette Two was most revealing, in that only one respondent suggested looking in the literature for an applicable measure, despite the fact that eight of the respondents reported in Question Four that they referred to the literature in solving difficult questions.

Finally, Vignette Six demonstrates that all of the current writing about clinical research and interrupted time series designs that has filled volumes of recent journals has not reached this group of social workers. Not one respondent suggested anything even remotely similar.

Responses to the attitude index. Results of the attitude index indicated that the respondents were interested in social work research. Fourteen respondents completed the five-question index designed to explore their attitudes toward research. (See the Appendix for the attitude index.)

Twelve of the fourteen respondents believed that research was

useful to practitioners. Ten of the fourteen felt that research was useful in generating practice knowledge, while nine felt that research is an essential component of policy and program development. All of the respondents felt that workers should utilize more research findings.

Only on Question Four was there evidence of negative attitudes toward research. Only five respondents agreed even slightly with the statement that practice should be more science than art. Nine respondents said they felt that practice should be more art than science.

It is surprising that this sentiment was expressed so strongly by a group of practitioners who had positive attitudes toward research and were enrolled in a course on research. The responses from a more general group would be likely to be even more negative. Clearly these practitioners were conflicted and ambivalent about the subject. They believed that social work is an art, yet they were under pressure to be scientific and to document their practice.

The gap between research and practice will continue to be a concern if practitioners emphasize that social work should be an art rather than a science. The effect of all the recent writings on this issue is shown in the unanimous response that social workers should use more research findings than they now do. The message that workers must learn from one another is getting through, but one suspects that the message that social work skills can be improved and expanded by systematic exploration (research)

has not yet been accepted by the bulk of practitioners.

The consultation sessions and their results. At the end of the seminar series an individual consultation form was distributed to all participants and an attempt was made to schedule the first mentor session with each participant at that time. Several individuals did make specific appointments during the last seminar; others had to be called by the author to schedule the first appointment. Ten individuals attended at least one consultation session.

The results of the consultations were mixed. Most of the participants did not attend all five consultation sessions. However, six people did become involved in research projects. Although it is not accurate to say that the research projects were a direct result of the program, it may be safe to assume that the program helped to stimulate and support these projects.

The most outstanding success was achieved by a senior employee, who used the sessions to revise an earlier proposal to meet the requirements of an RFP she had read while in the seminar series. It had reminded her of a proposal she had helped to prepare in 1979. She brought in the old proposal with the RFP, and asked for consultations to help her modify the proposal to suit the new RFP. The proposal's title was "Life Enrichment of the Well Elderly as Volunteers with Mentally Impaired Persons--A Training Module."

Because of the deadline for submission of the proposal, the consultations were all held within a two-week period following the

seminar series. The proposal was completed and submitted on time, complete with supporting documentation. Her idea had lain dormant since the rejection of her earlier proposal, and the seminar sessions helped to stimulate her interest in the research question. The consultation sessions helped her in editing and organizing the writing, as well as in making the extra effort needed to complete the work and submit the proposal on time. The proposal was favorably reviewed by the Administration on Aging, and the hospital was awarded the first federal grant in its 65-year history.

One of the participants from the medical center completed all five sessions and used the time to develop an abstract about social work practice in the emergency room and submit it to an upcoming NASW symposium. The series of consultations focused on refining the abstract. The participant brought a rough draft with him to the first session, and the next two sessions were spent on refining, editing, and submitting it. There followed a hiatus. A reminder letter was sent, and the participant came in again to work on developing the abstract into a full paper. During this period he received word that the abstract had been accepted for presentation. The final session focused on selecting material to use in the presentation.

One MSW from the hospital group who attended only one consultation session had an idea for a paper entitled "The Practice-Educational Partnership: An Interagency Response." After a long hiatus, she picked up the project and began to work

on it again. She was given support and administrative time to work on it, and submitted it to the Journal of Education for Social Work and for presentation at an annual meeting of the Council on Social Work Education. It was accepted for presentation at the 1985 meeting. She has not yet received notification from the journal.

Another MSW was promoted shortly after completing the seminar series. In her new administrative capacity she was responsible for developing a plan for evaluating a program. Over the course of three mentor sessions the author gave her material to read and explored the requirements and other constraints she had to face. A rough three-part evaluation plan was sketched out and the participant developed it into a plan that was included in her policy and procedures manual.

One hospital MSW who completed the five-session series used the time to design an evaluation system for a family support group she was planning. She and the author first discussed the focus and the format of the group and the need to establish goals and objectives. We then searched the literature for available instruments and looked at several indices she had located.

Finally, she combined halves of two different indices into one instrument that seemed to meet her needs. We discussed anonymity and amended the wording of some questions. She administered some pretest questions, added some consumer satisfaction questions, and administered the questionnaire at the end of the group. During the last sessions we discussed the completed forms and how to analyze

the results, and we planned a paper to follow. We discussed possible journals to which the paper could be submitted. She took some issues of the journals to review. In the end, although the family support group was successful, this participant abandoned the evaluation process, claiming she "did not feel comfortable."

Another MSW wanted to discuss a paper she had written while in social work school. A professor had suggested submitting it to a journal after editing, but she had not followed through. We met four times. After reading the paper, I made several general suggestions for amending the format. She came back with a request that I edit the piece, as she did not know where to begin. I suggested we review the piece together at first. We met and discussed specific ideas and theoretical issues. We also discussed appropriate journals. She left with copies of the Journal of Gerontological Social Work and renewed enthusiasm. She restructured the paper, and we met again to discuss polishing the paper and submitting it after her first draft was complete. Unfortunately, this social worker left the agency, and the author was not able to track her results.

Four of the participants attended one consultation and either said they were not interested in doing research at that time or else did discuss questions they wished to explore but never returned for a second consultation. Those who dropped out were sent reminders, but they called to say they were unable to proceed.

Because few participants completed the first program, the

author decided to conduct another cycle to clarify some of the issues raised by the first cycle. The experiences of the first implementation were reviewed and changes made in the curriculum.

Integrating the experiences of the first cycle. Before implementing Cycle II, the author modified the program, taking into consideration the experiences of the first cycle. It was clear that open enrollment, which had permitted participants to join after two or three sessions, had been detrimental to the flow of the seminars and had prevented the formation of supportive relationships among group members. It had also impeded the students' learning, as very few were present for all sessions, and often questions were asked about material that had been covered earlier.

The curriculum for the seminar sessions remained essentially the same; however, there was one difference. During the first seminar series, some work-related materials that were not listed in the original curriculum had been distributed for students to read and critique. The exercise seemed useful to students and was expanded and incorporated into the curriculum for Cycle II.

The segments of the curriculum that were less didactic seemed to work best, and emphasis in the second cycle was placed on encouraging group interaction, especially in developing ideas for the individual projects. During Cycle I, the participants seemed to enjoy listening to one another's ideas and working together on ways of addressing problems. They appeared to find that the group process was stimulating, reduced anxiety, and permitted even

the more unsure individuals to venture suggestions and ask questions.

The author also changed her approach to the attitude index and the participant questionnaire. To reduce participants' anxiety, the attitude index was introduced as a form necessary only for the author's dissertation. The administration of the questionnaire was prefaced by a more thorough explanation of the vignettes and their use as a learning exercise rather than as a test.

The second implementation also featured a reduced emphasis on the lecture format, and an increase in the amount of article reading. The idea was to simulate a journal club and develop interest in reading research-related material. Because the participants seemed both to enjoy and to learn from the process of reading and critiquing articles, additional articles were assigned to be read outside of class. The author also asked participants to suggest articles they found either stimulating or difficult to understand, and these were included in the course material.

Cycle II

The seminars. The program was again offered to social workers and therapeutic recreation workers in the hospital and the community programs, as well as to social workers in other parts of the medical center.

A description of the course was distributed in the medical center departmental listing of in-service offerings. The author had again agreed to accept a maximum of five students from the medical center.

Potential participants were asked to register for the course by contacting the author at least five days before the first seminar was scheduled. After the experience of the first cycle, the author decided to restrict enrollment to those who were prepared to attend the full five seminars and to accept no additional participants after the course had begun.

Seven participants enrolled in the second cycle: two social workers from other sites in the medical center and five people from within the hospital. Two of these were master's-level therapeutic recreation specialists and three were MSW-level social workers. One of the MSWs was from a community program.

The first session. The first session of the second cycle was held on November 30, 1984. Six individuals attended. One MSW was out ill. We began with introductions. Participants were asked about their areas of professional interest and why they had come to the course. The group leader then gave a brief overview of the course and of the nature of the tutorial sessions.

Participants were asked whether they had any ideas for the consultation phase of the course. The social worker from the community program expressed an interest in burnout and staff conflict. A therapeutic recreation specialist wanted to explore the related area of staff attitudes. An MSW from the medical center was interested in supervision and structural changes. Another medical center MSW planned to look at her practice in a systematic way. The two remaining participants were not sure what their focus would be.

The author undertook to find some articles in the areas of the participants' expressed interests. She also asked the participants to provide articles for discussion at the next seminar. This led to the subject of the number of articles they read on a monthly basis and the concept of the journal club. One medical center social worker spoke about a journal club in which she had participated. Other issues included the need to read tables; the difficulty in finding the time to read professional literature; and the fact that they found some of the articles incomprehensible.

Someone remarked that some of the articles did not seem relevant to the participants' daily practice, and others were concerned that so many articles seemed product- or outcome-oriented. The author raised the issue of effectiveness, suggesting that not all research must address effectiveness. There was discussion of the fact that effectiveness is not synonymous with accountability.

The author then led into a discussion of the importance of defining problems, urging participants to be careful of person-centered measures, lest lack of perceived success be translated into blaming the client.

The subject then shifted to the question, "Why do research?" Participants were asked whether they had been involved in research activities. One medical center social worker was involved in collecting data for a study of the activities of a federally funded project. Because she had not been included in the planning

or the evaluation phases, she experienced the activity as a burden, rather than as an activity in which she had an important role.

The author used this example as an illustration of an often typical situation: one group of individuals conceives of the research and evaluates the data, while another group provides the data. This raised the concept of the clinician/scientist or practitioner/researcher, in which the same individual conceives of the research, implements it, and evaluates it -- combining the functions of the practitioner and the researcher. We discussed some of the formulations and major proponents of this concept.

Some of the participants doubted their ability to combine research and practice. Yet they all paid at least lip service to the idea of looking at what they were doing and reporting it in a systematic way. They were asked to think of questions they would like to explore, and potential questions were raised and discussed.

In the final segment of the first session, the author introduced the participant questionnaire, explaining that she intended to use the material in the dissertation process. The participants were asked to view the vignettes as case examples with a research focus, and to tackle them much as they would clinical case material. There was a discussion of the author's expectations, the participants' concerns -- which focused on their lack of knowledge or perceived lack of ability to answer questions "correctly" -- and the nature of the vignettes. The participants

were encouraged to make an attempt to analyze each situation and respond to it as best they could.

The second session. Eight individuals attended the second session, which was held one week later: the six participants from the first session, the MSW who had missed the first session, and a social work student who asked just to observe.

The leader asked if the questionnaires had been completed. All seven participants had completed the survey. The MSW who had been absent had received the questionnaire and reviewed the first session curriculum. When the leader asked if there were any comments on the exercise, most of the group were very quiet and had blank expressions.

The leader then asked if there were any questions or comments about the first seminar. Again, the group was very quiet. She then moved to the didactic material, which included an overview of research methods and the difference between formative and summative evaluation. (See the Appendix for specifics of the curriculum.) The main focus of the session was descriptive studies. An outline for descriptive papers and a table to demonstrate ways of presenting descriptive material were distributed and discussed.

Since the group was still very quiet, the author distributed an article about burnout among hospice staff, asking the participants to read the article during the class and then discuss it as a group.⁵ The author related this activity to the first seminar, when the group discussed their reading of professional

literature. Observing the participants as they read, the author noticed that each of them started off energetically, but as they progressed, each demonstrated negative behaviors. One skipped to the last page; another looked up at the leader and made a face. Another MSW sighed audibly, and the community program (hospice) social worker -- who had expressed interest in burnout -- began to squirm. One MSW from the medical center began skipping pages and another kept looking up. After about fifteen minutes, the author asked those who were not finished to stop reading.

Then she asked for opinions or comments. There was a period of silence before one participant remarked that there were some good ideas in the article, but she did not see how the authors had arrived at those ideas. No one else spoke. The leader asked if there were any other comments, but, again, no one spoke up. Then she asked who had read the tables, and only the participant who had spoken raised her hand. The seminar leader said that was unfortunate, because the tables had some interesting information. The group then was asked to turn to the tables. The author led a discussion of the content of the tables. Participation was lively.

The author then asked the social worker who worked in the hospice what she thought of the article. She very slowly admitted she had had some trouble reading it because she thought it had not made very many good points. No other participants spoke up. It seemed that they all had some negative feelings about the article but were afraid to speak, evidently assuming that their own

limitations in the area of research had prevented them from understanding the article.

Finally, the leader said that in her opinion the narrative was confusing and pedantic. The group responded by looking up and paying attention. The point of giving the group the article to read had been to demonstrate that not all published articles are good. Several participants commented that they did not agree with the conclusions of the article. The hospice social worker said that she had been disappointed because she had hoped for more information.

At the leader's suggestion, the group again looked at the tables and discussed the information and why it was not fully reported in the text. This article had been based on data that were prepared for a larger hospice study, so it was a secondary analysis. The tables had been prepared for the larger study. The discussion was lively, and several participants said that they were surprised that they too had found the information in the tables more interesting than the text.

The leader then discussed the purpose of the group exercise, which was to help the participants develop their critical faculties. The author raised the possibility of assessing an article rather than merely abandoning it if it seems boring. The author then steered the group toward the idea that assessing and analyzing articles in a more systematic way is an important skill that can be learned and practiced. She assigned an article, distributed it for review before the next session, and asked the

participants to suggest articles that the group could review together.⁶ The leader told the group that the assigned article was a different kind of article, a literature review. Discussion turned to the journal club as a way of reading and analyzing professional literature in a group.

The author said that the next session would also address followup studies and questionnaire formulation, and asked the group to think of areas in which these methods could be of use in their own practice.

The third session. The third seminar was held on December 14, 1984, one week after the second seminar. Six individuals attended the third seminar. The social worker from the community program had another meeting that conflicted with the seminar, but came up to review the material before the class.

The session began with a discussion of the assigned article. Several participants said that they thought it was a good article, better than the article on burnout, but there were no specific comments. The discussion moved to the tables and the case example in the article. There was good group participation, and several of the participants said the article had given them some ideas they would like to pursue further. There was interest in reviewing other articles as a group.

The leader asked if any of the participants had ever been in a journal club. Three participants had had some experience. Two had attended clubs in which a departmental administrator or team leader had selected the articles and led the discussion. Both of

these participants reported that the groups had started well, but interest had died out after a while, and they were only somewhat satisfied with their experiences.

The third participant was involved in a journal club at the medical center that was still functioning after two years. This was a peer group that circulated articles among themselves. Each member could suggest articles and take responsibility for circulating copies to the members before the next meeting. This stimulated a lively discussion. The group suggested that this journal club had survived because of its "shared" nature; i.e. everyone could suggest articles, and no one individual took control. The group discussed authority problems and how such problems could have contributed to the failure of the other two groups.

The author moved the discussion from the topic of journal clubs to the general topic of how to share information. The group discussed ways of sharing articles they read with colleagues. There was an active discussion of ways to increase the consumption of written material in their own work settings. Several members expressed the belief that reading and discussing professional literature keeps workers current. Other group members wanted to start journal clubs or at least to set personal goals for reading professional literature every month.

The remainder of the session was devoted to followup studies and needs assessment surveys. The group was particularly interested in consumer satisfaction questionnaires that could help

them obtain feedback from clients. The discussion was spirited and it was difficult to cover the didactic material in the time allotted. One participant brought in an article about systematic observation for participants to discuss at the next session.⁷

The fourth session. The fourth session was held on December 21, 1984, one week later. The session was held right before the holiday weekend and three people could not attend. The session began with a discussion of the scheduling problems caused by the holiday season. It was decided that the fifth session would be postponed until a week after the new year.

The focus of the session was on the parallel between solving clinical problems and planning research. To illustrate the process of diagnosing problems and formulating a research plan, the group reviewed the six vignettes. (See the Appendix for copies of the vignettes.)

The discussion of the vignettes was somewhat limited. All of the hospital employees had left a holiday party to attend the seminar and they seemed to have difficulty focusing on the task. The vignette that produced the most comment was the fourth one, which involved analyzing the content of a student worker's recording. All the participants said that they had thought of looking at the student's process recording, but they had not thought of doing it in an organized way. After discussion, they agreed that systematic analysis and comparison of the records of the students was a useful idea.

The other vignette that produced comment was the third one,

which featured systematic observation as one way of obtaining information. They had been assigned an article on systematic observation, and the article helped make the technique clearer. Several participants said that they would be able to apply the technique in some of their activities to produce some useful information. The group then discussed the article briefly.

One participant from the hospital suggested that the discussion would have been more helpful if the participants could have reviewed their own answers while discussing the vignettes. The group concurred that they would have liked to have seen what they had written.

The remainder of the session focused on a discussion of goal attainment scaling and single subject designs. The material was quite technical and several of the participants looked somewhat confused. There was little discussion and there were few questions, although the leader stopped frequently to ask for comments.

The final segment of the session addressed ways to look at the data. Most participants were familiar with measures of central tendency but few had even heard of exploratory techniques such as looking for patterns in the data or outliers, e.g. measurements that are very different from other data. One member of the group was interested in obtaining more information about outliers. The author urged her to read a book by Hartwig and Dearing and offered to lend her a copy after the session.⁸ The individual consultation form was distributed for participants to complete by

the fifth session. (See the Appendix for a copy of the form.)

The final session. The fifth session was held two weeks later on January 4, 1985. Six people attended. The social worker from the community program did not attend. The session began with a discussion of program evaluation. Although only two of the participants had had any personal experience in program evaluation, there was considerable interest in the topic.

The bulk of the session was spent discussing the research questions the participants had been considering. The framework for the discussion was as follows:

- o What is the area of concern?
- o What is the expected change?
- o How can you measure this change?
- o How can you measure the intervention?
- o What are the goals of the intervention?
- o What would you consider success?

The first participant to discuss her topic was a worker from the medical center who was interested in looking at elderly patients after discharge. She believed that social work followup reduced the number of readmissions. The group was very active in helping her define what social work followup was and how she could measure it. They urged her to try to get cooperation from her fellow social workers on the same service and to track all of the patients who were 65 and older on that service. The interaction was very spirited and the social worker was busily taking notes on the group's suggestions.

A social worker from the hospital said she was interested in the question of how she spent her time. The group helped her to systematize her question by placing it in the conceptual framework of assessing the nature of social work practice in a long-term care facility. She decided to try a time and activity study that would help her assess what portion of her time was spent directly with patients, with families, and on documentation. All the group members were actively involved in this problem solving session.

Another social worker from the medical center wanted to "do something" with a two-year effort to develop a peer supervision system. She believed that many people grow professionally in this process. The group encouraged her to document her observations. Initially she had thought of doing a consumer satisfaction survey of the participants, but the group urged her to develop a descriptive paper on the process and the protocol for supervision. Accordingly, she decided to focus on preparing a report for an upcoming NASW symposium.

A social worker from the hospital, who was about to embark on a new project to train volunteers, wanted to evaluate the project. After discussion with the group, she was able to articulate her intent more clearly. She was interested in seeing whether the training program produced a change in the volunteers' ability to deal with difficult patients; thus, she decided to try to develop a pre- and post-test that would measure the volunteers' feelings of confidence about their own abilities.

The two therapeutic recreation specialists had not actually

decided on a project. They asked if they could work on a project together, since they were both interested in exploring work with terminally ill patients. The group tried to help them focus on a less global theme, but they were not ready to narrow their area of interest. At the end of the session, all the participants turned in their consultation forms and three participants made appointments for their first consultation session.

The group interaction was very important in this session. The participants were interested in helping one another. The group was able to focus on problem formulation because they were interested in one another's questions and were able to use their energies to think of ways to explore each question. They also experienced a feeling of competence and of being able to cope with research problems. The group members were supportive and creative in developing solutions to other participants' research questions, and they received positive feedback from one another that kept them interested and involved.

The consultation sessions. At the end of the last seminar, the author had distributed the individual consultation registration forms and, where possible, had made appointments for the next week. (See the Appendix for a copy of the form.)

By that time, five of the seven participants had brought ideas for their individual projects to the seminar sessions, and the group had discussed them. Two people had not developed research ideas that they were interested in pursuing. One of these, a new MSW in the hospital, chose to drop out right after the seminar

series, explaining that she was not ready to engage in research at that time. The other, an MSW from the community programs, had missed two of the five sessions. While she was able to express an interest in learning to do research, she was unable to narrow her focus to a specific research question.

Nevertheless, she came to a consultation session and expressed the intent of doing a consumer satisfaction survey about hospice services. She had not clearly identified the target population, since all hospice patients enter the program when they are already very ill. The first session was spent helping her focus on a followup questionnaire for survivors (relatives). The author gave her two articles to read on consumer satisfaction in social work. By the end of the session, she had drafted a brief list of possible questions. She was then going to draft a sample questionnaire and bring it back to the next session, which was scheduled for the following week.

However, before the next scheduled session, she called to cancel, pleading pressure at work. Although she was not prepared to reschedule at that time, she said she would call. After a series of postponements and excuses, and after the author made repeated efforts to encourage her, the author asked her why she had not continued. The participant said that she felt that she had so much to do already that she was just adding another burden to her work responsibilities. She also mentioned the fact that she had received no support for the idea among the other team members, and this made her unwilling to pursue it.

The other participant who had not developed a research idea during the seminar series was a therapeutic recreator. She came to the first consultation session interested in pursuing some kind of diagnostic tool or assessment of factors that affect therapeutic recreation with terminal patients. Shortly after that meeting, both therapeutic recreators came to ask if they could collaborate on a grant proposal. They had seen a request for proposal (RFP) in a flyer and were anxious to respond. The author encouraged them and offered assistance.

The consultation sessions were held in the space of a few weeks as the two participants struggled to get the proposal out in time. The author met with them to plan their submission, to help prepare the text, and then to edit the drafts. The proposal was completed and submitted. Although the number of consultations -- eight in all -- was greater than the original five that were planned, most of the meetings were brief. The scope of any grant proposal makes it a difficult project to complete in five sessions.

An MSW from the medical center completed a more limited project in five sessions. She had participated in a two-year-long staff development project that had reviewed the process of supervision and led to the development of a new system. Her interest was in writing up the experience as a case study and submitting it to an upcoming professional conference. The five sessions were held during a six-week period. At the first meeting, the author and the participant talked about how to focus

and structure the paper and how to organize a review of the literature. Before the next meeting, which was scheduled for one week later, she agreed to send the author copies of the notes and protocols she had collected during the project. She also volunteered to have a draft of the abstract ready for discussion.

The second session was devoted to revising the draft line by line and reviewing the background material she had collected. The draft was very good, but she felt unsure of herself and was worried that the writing was inadequate. We discussed how to organize and focus the paper so that it could reflect two years of work in twelve pages.

The third session was set for one week later. The participant expressed the belief that having the meetings gave her the structure and deadlines she needed to complete the task. She agreed to bring in the revised abstract and an outline of the full paper for review.

At the third session the author asked her if she had obtained informal administrative approval of the abstract. She had avoided doing this, thinking that the material was not interesting or that the administrator might not think the quality was good enough for submission. The author assured her that the material was both interesting and ready for administrative approval. The next meeting was scheduled for one week later.

She brought the revised draft to the fourth meeting, after having shown it to her director. The draft was excellent. We spent most of the session discussing a title and working on

supporting some general statements with citations or quotes from the literature. She also required assistance with the mechanics of setting up references and formatting the material for submission.

At the fifth session she shared the final material for submission, and spent the remainder of the time planning the rest of the paper.

Another MSW from the medical center had not made an appointment at the last seminar, saying she would call. The author called her after a week had passed, and a first meeting was set for the following week. During the telephone conversation, the participant mentioned that she wanted to continue with the idea that she had raised during the seminar sessions -- a review of followup on elderly patients discharged from the hospital. After a brief discussion, she was urged to put some of her ideas on paper before she came for the first consultation.

She arrived at the first session with an outline of what she wanted to do, and the time was spent helping her conceptualize what she hoped to learn and formulate her objectives. By the end of this session she had decided to do a followup study of all patients on her service over 65 who were discharged from the hospital to their own homes. The study would be a combination of a chart review and a telephone survey of patients one month after discharge. She was interested in evaluating ongoing social work service, and determining whether ongoing social work would reduce hospital readmissions.

The worker decided to try to elicit the cooperation of the

other social workers on her service in reviewing all individuals discharged to their homes during a two-month period. This time frame was chosen to ensure that she would have a minimum of 50 subjects. For the next meeting, which was scheduled several weeks later, she was to develop an outline, get administrative approval to proceed, hold a group meeting to present the idea to her colleagues, and mail the author a copy of the outline.

The participant called prior to the second session to report the results of the meetings with her supervisor and with her colleagues. She was very excited because the unit received her idea warmly and agreed to participate in the project. The supervisor also thought it was a good idea and approved some clerical support.

The second session was spent expanding the outline into a more traditional proposal with a rationale and a method that included a draft of a questionnaire. For the third session, several weeks later, the participant agreed to submit the protocol for the chart review and the draft questionnaire.

This was done, and the fourth session was spent polishing the format and discussing the mechanics of beginning the project. She agreed to develop a time line and to revise a few items on the questionnaire before beginning the project. She called the author a week later to report that the project would begin the first of the following month. Sampling would continue for two months, or longer if they did not have 50 cases by the end of the second month. The fifth session was to be scheduled when she was ready

to analyze the data, and the worker agreed to call if there were any problems.

After two months had passed, the author called to check on the progress of the project. The worker had had some difficulty in obtaining the promised cooperation from all of her colleagues, and there was considerable discussion of ways of handling this problem. The author urged her not to give up but to think of how she could complete the project with the cooperation of those colleagues who were willing to participate. She agreed to pursue this option. The author called again in two weeks and the participant said she was still working at it.

When there was no word for several weeks, the author called to ask how things had progressed. The worker had collected much of the data, but was in the midst of interviewing for a job at another hospital and had postponed work on the project. The participant has not finished the project as of the date of this report.

An MSW from the hospital had been interested in developing some kind of systemized closing form based on material she had seen in a handout at a seminar she had attended. When she came for her first consultation session, she was dissatisfied with that idea, so the discussion focused on finding out what she really wanted to know. She had originally been thinking about performing a time and activity study to analyze how she spent her time, but had thought that would not be worthwhile. The author assured her that it could be developed into a very interesting study of the

way social workers at the hospital spend their time.

The rest of the session was spent developing a conceptual framework for the activities she generally performed. She decided to use the groupings employed by the statistical reporting form as a guideline, and to contrast the two floors she carried. She agreed to do a pretest. The author suggested conducting the pretest for a week, but the participant thought that a month would be better because meetings and other tasks could skew the results. She took some reference material and agreed to turn in her forms for review before starting the pretest.

She turned them in three days later, because she was anxious to begin on the following Monday, the first of the next month. The author reviewed the forms and made several changes. The MSW returned the revised forms in two days, and was able to begin the pretest on schedule.

During the month of the pretest, the worker mentioned the study at a section meeting, and two colleagues volunteered to participate in the study. When she submitted the material to the author at the end of the pretest, she included an expanded outline of the design to reflect the participation of two additional social workers.

After the author had reviewed the material, she met with the social worker to discuss it. The next step was to code and tabulate the activity and to translate the raw numbers into percentages by week or by month. In reviewing the data during the second session, it became apparent that some definitions had to be

made more specific to prevent overlap. The social worker and the author sharpened the definitions, establishing clear and exclusive categories. When the worker tabulated the time spent on the more important functions, she was surprised at some of the findings. In the first session she had listed some of her expected results, and there was considerable variance between the expected and achieved results. She decided not to share the results of the pretest with the other social workers, so that they could approach the subject with no preconceived idea of expected results.

The participant agreed to rewrite the definitions, refine the protocols, and review the study with the two other participants prior to the next meeting. At the third meeting, we discussed the revised material and established the time frame for the full implementation. At that session there was a lengthy discussion of what the worker planned to do with the results. In addition to presenting them at a departmental staff meeting, the author urged the worker to write an article for the Journal of Gerontological Social Work. The social worker took several volumes with her for review.

The fourth session took place after the data collection had been completed and was devoted to analyzing the material. This session focused less on the mechanics than on ways of comparing the results by different workers, by different units, and by weeks within the month. There was also discussion of how to write up and present the material.

The fifth session consisted of a series of mail and telephone consultations while the worker was out on maternity leave. The author reviewed and edited several drafts, and the participant added a brief literature review and expanded the conclusions. Several months later, the paper was submitted to the Journal of Gerontological Social Work.

The participants in Cycle II seemed to expand their concept of social work practice to include sharing what one learns with other professionals in a systematic way. They gained skills in assessing research reports written by others, and some showed interest in beginning research studies to evaluate questions related to their own practice. The consultation sessions seemed to help some of the participants to learn about research by doing research-related activities. This process, which parallels the traditional model of social work education, appeared to reduce the participants' anxiety and to permit them to take incremental steps toward achieving the perspective of clinician/scientist.

Notes

¹Malcolm Knowles, "Innovations in Teaching Styles and Approaches Based Upon Adult Learning," Journal of Education for Social Work 8:2 (Spring 1972), p.32; Armand Lauffer, "Continuing Education as Problem-Focused Extension," Journal of Education for Social Work 8:2 (Spring 1972), p.40; Richard Doelker and Patricia Lynett, "Strategies in Staff Development: An Ecological Approach," Social Work 28:5 (September-October 1983), p.383; Rose Starr, One Year Residence Program Faculty Advising Project, unpublished doctoral dissertation (New York: The City University of New York, 1983), p.276; Elizabeth Mutschler, "Evaluating Practice: A Study of Research Utilization by Practitioners," Social Work 29:4 (July-August 1984), p.332.

²See Martin Bloom and Joel Fischer, Evaluating Practice: Guidelines for the Accountable Professional (Englewood Cliffs, N.J.: Prentice Hall, 1982), p.8.

³Renee Solomon, Curriculum Design in Social Work Practice With the Aged, unpublished doctoral dissertation (New York: City University of New York, 1979), pp.87-88.

⁴Tony Tripodi and Irwin Epstein, Research Techniques for Clinical Social Workers (New York: Columbia University Press, 1980), pp. 30, 49, 68, 116, 181, 226.

⁵See Vincent Mor and Linda Laliberte, "Burnout Among Hospice Staff," Health and Social Work 10:4 (Fall 1984), pp.274-283.

⁶See Jean Peterson and Sandra Anderson, "Evaluation of Social Work Practice in Health Care Settings," Social Work in Health Care 10:1 (Fall 1984), pp.1-15.

⁷See Norma Stumbo, "Systematic Observation as a Research Tool for Assessing Client Behavior," Therapeutic Recreation Journal, (Fourth Quarter 1983), pp.53-59.

⁸F. Hartwig and B. Dearing, Exploratory Data Analysis (Beverly Hills, California: Sage Publications, 1979).

V. SUMMARY AND CONCLUSIONS

The Rationale

A great deal has been written about the need to increase workers' involvement in research activities.¹ However, theorists disagree widely about how best to accomplish this task.²

The project described in this dissertation was one attempt to bridge the gap between research and practice in social work. It consisted of an in-service program that the author designed and implemented for members of the social services department in a long-term health care facility. Its purpose was to involve these social service practitioners in practice-oriented research. Offered as additional in-service training during work hours, the program combined classroom learning with a practicum consisting of a series of consultative sessions.

For the purposes of this project, research was defined as any systematic inquiry into practice. The idea was to make research more accessible to social workers by expanding its definition to include a wider range of activities than traditional summative research designs. Two assumptions were made: first, that research does not have to be restricted to formal studies alone, and second that the practitioner could become involved in research incrementally. The course attempted to increase practitioner interest in research-related activities by helping them take a

first step toward systematic inquiry. They could do this by reading research material, counting and describing client populations, or writing abstracts and articles for submission to professional conferences or journals.

Bruner said that "the best way to create interest in the subject is to render it worth knowing."³ By making research more accessible and relevant to a practitioner's day-to-day activities, the project attempted to increase the involvement of program participants in research. The concept of research involvement used here followed that of Kirk, Osmalov, and Fisher, who measured social workers' research involvement in three areas: production of research, use of research, and consumption of research.⁴ They measured production of research by the number of formal research studies conducted, papers written, and/or workshops led; use of research by how often social workers consulted research studies or practice literature to help them solve difficult social work problems and how often they applied the results of their reading in their practice; and consumption of research by the number of articles they read, the number of periodicals to which they subscribed, and the number of professional seminars and workshops they attended.

Among social work educators there appears to be a growing acceptance of the need for empirically based practice; however, line practitioners and agency administrators are often unsure about how to implement research in their work roles.⁵ The in-service program described here was an attempt to integrate

research and practice in one social service work environment. This project offers one way of approaching a solution to this problem. It is not an attempt at the solution; it is one approach among many.

The Project Design

The project was conceived as a model of how research can be incorporated into a social work practice setting. It took the form of a professional growth seminar designed to improve the participants' research interests and skills. The course was in two parts: a didactic segment of five 1 1/2-hour sessions on research topics and an experiential segment of five individual tutorial sessions. During the tutorial sessions the student and instructor worked together on a research project chosen by the student. The program was offered at the workplace so that the department's administration could visibly demonstrate its interest and support for research endeavors.

The program was conceived with three major goals:

- o To develop positive attitudes toward research
- o To involve the participants in research-related activities
- o To interest them in using systematic evaluation and research techniques in their own practice.

The didactic sessions were a combination of lectures on research methods, group discussion of the material, and a journal club in which the participants reviewed and analyzed research articles. The sessions began with an overview of the integration of research and practice and the need for practitioners to become more involved in research-related activities. The sessions moved

incrementally toward more complex research techniques, such as single subject designs and program evaluation. Group participation was encouraged in all sessions. The research vignettes and possible individual projects were discussed in class to help participants express a practice issue in the form of a research-related problem.

The five one-to-one consultations that followed the didactic sessions emphasized learning by doing. These five consultations constituted a practicum that offered the participants an opportunity to work with a mentor to complete a research-related task.

This design followed from the suggestion of writers such as Munson, Dailey, and Welch that in the early stages of moving practitioners toward more of a clinician/scientist perspective, research as a part of practice must be simple and connected to clinical activities.⁶ Also, Kane and Fortune suggest that practice in research or writing can produce an interest in those activities that will continue.⁷

The program was conceived as a first step toward involving clinicians in research. Gordon, Munson, and Welch feel that the key to helping practitioners begin to do research is to use less rigorous research methods, focus on consuming research material, and keep the content relevant to the workers' practice. These precepts were the basis for the design of the course.⁸

The Implementation

The course was given twice. The first cycle was given in the

fall of 1983 and the second cycle in the fall of 1984. Before implementing the program a second time, the author revised it based on the experiences of the first cycle. The curriculum was modified to include more opportunity for group participation. Additional articles for participants to read and critique were also included. Fifteen persons enrolled in the first cycle and seven in the second cycle. Not all of these 22 individuals completed both sections of the course. (See Table 1 in the Appendix.)

Eleven of the 22 completed both phases of the course. Proportionately fewer individuals dropped out during Cycle II than Cycle I. In the first cycle, four participants withdrew during the first part and one after completing the five didactic sessions. In the second cycle, one individual withdrew after the five didactic sessions. There were also some differences in the composition of the two groups. In Cycle I, two of the five persons who dropped out during or after the first part of the course were BSWs and a third had a master's in an allied field but worked in a BSW position. All participants in Cycle II held master's degrees.

There were also differences in the types of projects chosen by the two groups of participants. In Cycle I more participants chose writing projects and no one chose to design and implement a research project. In Cycle II the majority of the group attempted research projects or wrote grant proposals (see Table 2 in the Appendix). Some of the differences may have been due to differences between the two groups of participants -- e.g., there

were no participants with only bachelor's degrees in Cycle II. Other differences may have been attributable to the refinements made in the model from Cycle I to Cycle II.

The second group tended to choose more sophisticated projects. Although it is not clear why this is so, one might speculate that the difference is attributable at least in part to improvements in the curriculum. Cycle II benefited from the experience of Cycle I: The author restricted access to the course so as to achieve a more cohesive group. She also incorporated more reading, especially of articles, and, with practice, generally improved her teaching methods.

The curriculum of both cycles contained basic research approaches and methods. Topics included--among others--descriptive and followup studies, effectiveness outcome/evaluative studies, goal attainment scaling, and single subject research. During both cycles, the liveliest discussions tended to be on those subjects that related most closely to the actual practice situations of the participants. In particular, participants were able to help each other substantially in developing their proposed research projects.

During the second cycle, the author gave less emphasis to the lecture format and encouraged more discussion of ideas. She spent a considerable amount of time discussing various journal articles in depth. These included articles suggested by participants as well as by the leader.

In both cycles, the author used two assessment tools: an

attitude index and a questionnaire to assess the level of the participants' research awareness. The latter included vignettes that were adapted from Tripodi and Epstein to test sophistication in research techniques.⁹ The results of the attitude index and the questionnaire were used to assess the participants' level of research awareness and their ability to conceptualize a research problem. The vignettes were used in addition as a teaching tool. The author reviewed the vignettes in a class session as a didactic tool for research conceptualization.

The Major Findings

The project was a formative study that focused on helping professionals become involved in research. Following a process model, it is not experimental but exploratory and descriptive, and any findings have to be viewed as suggestive rather than definitive.

The two cycles of program implementation were judged to be relatively successful. Because of the small number of participants, the results must be considered suggestive of areas for further exploration. Eleven persons completed both phases of the course. Of these, several achieved individual successes in incorporating research into their practice. There was the participant whose grant proposal obtained the first government grant in the hospital's history. She attributed her success to a combination of the course and the support of the social services department. The department benefited from this positive outcome, and the hospital administrator felt vindicated for his support of

the project. Indeed, the social services department was one of the few clinical departments that had ever produced any grant proposals. That worker went on to write other proposals and make presentations about the grant project at several national meetings.

Other successes were less dramatic but no less satisfying. The hospital MSW who presented her project at the Council on Social Work Education had been out of graduate school for more than 30 years. In the more than 20 years she had worked at the hospital she had never presented anything at a national social work meeting. Two of the four participants who attempted writing projects had their work accepted, and one of the remaining two is still waiting for an answer. The one participant whose work was not accepted has said she will rewrite the material and resubmit it.

The participant who did a time and activity study used the results to help streamline her work load. She presented the results to her colleagues at a departmental section meeting. As a result of information derived from the study, the group developed both a new recording form to reduce time spent on dictation and a new system of case load coverage.

Although the worker who did a followup study did not complete that effort, the data that was collected supported her hypothesis that social work followup after discharge reduced hospital readmissions. As a result, the department head moved to increase staff to permit increased social work followup after discharge for

the population studied.

The participants from Cycle II who wrote a grant proposal together did not have it accepted. However, they have rewritten the project and resubmitted it to another funding source.

All these research activities had had no precedent at the hospital. The records of the hospital's social services department show that prior to this project, no one, except the previous director or assistant director of the department, had ever published anything in a professional journal or book.

It is not possible to say if the influence of the project will hold. A followup study would be necessary to assess whether the effect on the participants would remain over time, and whether participants would continue to engage in research-related activities. Further study would also be necessary to assess the factors that influence participants' motivations, and their success or failure in the course.

Starr points out that both hierarchical support for professional education and commitment to the student's educational goals are important factors in promoting or inversely inhibiting students' completion of projects.¹⁰ The one medical center social worker who attempted a followup research study had considerable difficulty in completing the project. She stated that lack of administrative support and poor collegial commitment to the effort impeded the data collection. Welch and Caputo have written about the importance of agency support for research efforts.¹¹

It is impossible to distinguish between the effects of the project and the effects of the department head's interest in research. Knowles as well as Dane and Epstein stress that adults are more receptive to learning those things that are necessary for gaining mastery of their job situations.¹² Participants were obviously motivated by the author's presence as department director and the value she accords the integration of research and clinical practice. Taibbi states that the mentor serves as a model of full functioning in the field.¹³ The author's dual perspective as a clinician who writes and does research was a clear if unstated model for outstanding job performance within the department.

Limitations of the Study

The question of how important the presence of a researcher on staff was to the success of the project cannot be answered within the scope of this effort. It is unclear whether this program could achieve similar results in a setting where no one on staff has research capabilities, so that the course leader would have to be brought in from outside. Whatever the configuration of the course, it must be given strong administrative support (e.g., as an in-service training program at the workplace during work hours) to maximize the chances of success. In addition, the consultation phase might be more difficult to implement if the course leader were not a member of the institution's staff. For instance, more telephone consultation might be needed to reduce travel time, and all consultations might have to be scheduled on one day to reduce

the costs of the consultant's time.

These differences would be likely to interfere somewhat with the spontaneity of the consultation process. To compensate for the lack of a research presence in the facility, the administration would probably have to emphasize the solution of workplace problems, as well as its commitment to increased worker competence. Thus it is entirely possible that full replicability of the course might be limited to those situations in which there is a staff member who has good research skills.

In all venues, administrative sanction is a most crucial factor in ensuring the successful implementation of the model. On the other hand, the program is uncomplicated and the curriculum can be modified easily to meet the interests and skills of a variety of participants.

Finally, the definition of research used here is very broad. The program seems useful for dealing with practitioners who are unsure or resistant to the concept of integrating research and practice. It addresses this problem by using an incremental approach to becoming involved in research-related activities. For situations in which participants have some research knowledge and capability, the curriculum may be too elementary and may lack sufficient content about research techniques. However, the content of the five seminar sessions can probably be modified to meet the needs of more sophisticated student populations.

Implications for Practice

This project has demonstrated that it is possible to interest

clinicians in writing and in other research-related tasks. In just one small-scale social service department, the two implementations of the program produced grant proposals, evaluation research, and professional articles. This was in a department noted for clinical excellence but not for its written contributions to professional literature or for participation in other research-related activities.

As has been mentioned above, there is little disagreement in the field about the need to increase the involvement of social work practitioners in research activities.¹⁴ No doubt many kinds of efforts are needed to bridge the gap between practice and research.

This program addresses the specific needs of the clinician in the field who requires help in beginning to integrate research and practice in a social work environment. It teaches skills by means of an incremental approach, using material related to the participants' own practice. Its combination of didactic and experiential learning parallels the traditional classroom/fieldwork paradigm that is used in graduate schools of social work. And finally, to help participants overcome anxiety, the project uses a mentor, a one-to-one learning relationship that facilitates learning by doing.

This program also helps participants develop skills in analyzing research articles so that they may become more effective consumers of research. Increasing practitioners' reliance on others' published work can help these social workers apply new

methods to improve their own practice. For those participants who were successful in completing projects, the positive reinforcement may encourage them to undertake an evaluation of their own practice at a later date.

While schools of social work address the needs of future practitioners, this program can serve as a model for narrowing the gap between research and practice by attempting to address the needs of practitioners in the field. Even fledgling clinician/scientists emerging from social work schools will need support for their research efforts from colleagues and supervisors at the workplace in order to implement what they have learned.

Conclusion

The overall value of this project lies in its demonstration that an intervention can change workers' attitudes toward research-related activities. The project's findings point to the usefulness of new approaches to the problem of integrating research and practice, approaches that build on the strengths and the needs of social workers in the field who desire continued professional education.

The findings also point to the crucial importance of administrative support for research activities. Administrations have a major influence on the educational process in the department and in the institution. As a result of the two implementations of the program presented here, social workers who had previously focused their efforts solely on clinical activities devoted some time and effort to research-related activities. A

group of clinicians who had not previously engaged in research were able to produce grant proposals, scholarly papers, and research studies.

In the setting described here, the program produced changes in the participants' attitudes toward research. However, to demonstrate its replicability, it would require further testing in other venues.

Notes

¹See Deborah Siegel, "Defining Empirically Based Practice," Social Work 29:4 (July-August 1984), pp.325-331; Jesse Gordon, "Creating Research-Based Practice Principles: A Model," Social Work Research and Abstracts 20:1 (Spring 1984), pp.3-6; K. Jean Peterson and Sandra Anderson, "Evaluation of Social Work Practice in Health Care Settings," Social Work in Health Care 10:1 (Fall 1984), p.1; Jeanne Marsh, "Research and Innovations In Social Work Practice: Avoiding the Headless Machine," Social Service Review 57:4 (December 1983), p.595.

²See Betty Blythe and Scott Briar, "Developing Empirically Based Models of Practice," Social Work 30:6 (November-December 1985), p.483; Gary Welch, "Will Graduates Use Single-Subject Designs to Evaluate Their Casework Practice?" Journal of Education for Social Work 19:2 (Spring 1983), p.42; Helen Reinherz, Mollie Grob and Barbara Berkman, "Health Agencies and a School of Social Work: Practice and Research in Partnership," Health and Social Work 8:1 (Winter 1983), p.40; Charles Glisson, "Research Teaching in Social Work Doctoral Programs," Social Service Review 56:4 (December 1982), p.629; Martin Bloom and Joel Fischer, Evaluating Practice: Guidelines for the Accountable Professional (Englewood Cliffs, N.J.: Prentice Hall, 1982); William Reid and Audrey Smith, Research in Social Work (New York: Columbia University Press, 1981).

³Jerome Bruner, The Process of Education (Cambridge: Harvard University Press, 1960), p.31.

⁴Stuart Kirk, Michael Osmalov and Joel Fischer, "Social Workers' Involvement in Research," Social Work 21:2 (March-April 1976), pp.121-124.

⁵Carol Meyer, "Integrating Research and Practice: An Editorial," Social Work 29:4 (July-August 1984), p.323; Jon Conte and Rona Levy, "Problems and Issues in Implementing the Clinical-Research Model of Practice in Educational and Clinical Settings," Journal of Education for Social Work 16:3 (Fall 1980), p.60; Bart Grossman, "Teaching Research in the Field Curriculum," Social Work 25:1 (January-February 1980), p.60.

⁶Carlton Munson, An Introduction to Clinical Social Work Supervision (New York: The Haworth Press, 1983), p.179; Dennis Dailey, "A Learning Paradigm for the Teaching of Social Work Research," Journal of Education for Social Work 11:2 (Spring 1975), p.25; Welch, op. cit., p.46.

⁷Rosalie Kane, "Encouraging MSW Students to Write for Publication: A Realistic Goal of the Research Curriculum," Journal

of Education for Social Work 14:3 (Fall 1978), pp.78-85; Arne Fortune, "Teaching Students to Integrate Research Concepts and Field Performance Standards," Journal of Education for Social Work 18:1 (Winter 1982), p.5.

⁸Gordon, op. cit., p.4; Munson, op. cit., p.179; Welch, op. cit., p.46.

⁹Tony Tripodi and Irwin Epstein, Research Techniques for Clinical Social Workers (New York: Columbia University Press, 1980), pp.29-30, 48, 67, 115, 180-181, 225.

¹⁰Rose Starr, One-Year Residence Program Faculty Advising Project, unpublished doctoral dissertation (New York: City University of New York, 1983), p.276.

¹¹Welch, op. cit., p.46; Richard Caputo, "The Role of Research in the Family Service Agency," Social Casework: The Journal of Contemporary Social Work 66:4 (April 1985), p.206.

¹²Malcolm Knowles, "Innovations in Teaching Styles and Approaches Based Upon Adult Learning," Journal of Education for Social Work 18:2 (Spring 1972), p.32; Elizabeth Dane and Irwin Epstein, "A Dark Horse in Continuing Education Programming at the Masters Level: Monitoring and Evaluation Skills for Social Workers in Middle Management," unpublished manuscript submitted for publication to the Journal of Continuing Social Work Education, (October 1982), p.2.

¹³Robert Taibbi, "Supervisors as Mentors," Social Work 28:3 (May-June 1983), pp.237-238.

¹⁴See, for example, Blythe and Briar, op. cit., p.483; Siegel, op. cit., p.225; Gordon, op. cit., p.3; Marsh, op. cit., p.595; Welch, op. cit., p.46; William Eldridge, "Conceptualization of Self Evaluation of Clinical Practice," Social Work 28:2 (January-February 1983), p.57; Meyer, op. cit., p.323; Barbara Berkman, "Publishing: A Professional Priority," Health and Social Work 10:3 (Summer 1985), pp.162-163.

APPENDIX A: TABLES

Table 1Comparison of Cycle I and Cycle II Participants

	<u>Completed Parts I and II</u>	<u>Withdrew during or after Part I</u>	<u>Did not Complete Part II</u>	<u>Total</u>
Cycle I	6	5	4	15
Cycle II	5	1	1	7

Table 2Types of Individual Projects

	<u>Writing</u>	<u>Grant Development</u>	<u>Research Design</u>	<u>Program Evaluation</u>	<u>Total</u>
Cycle I	3	1	0	2	6
Cycle II	1	2	2	0	5

Table 3Comparison of Hospital and Medical Center Participants

<u>Job Site</u>	<u>Completed Parts I and II</u>	<u>Withdrew during or after Part I</u>	<u>Did not Complete Part II</u>	<u>Total</u>
Hospital	8	4	4	16
Medical Center	3	0	3	6

APPENDIX B

1. CURRICULUM: CYCLE I

Session One

- An introduction to the series will be given beginning with an overview of the integration of research and practice.
- Why do research?
 - o The need for accountability
 - o The importance of replicability and the need to move away from practice wisdom. Why reinvent the wheel?
- Why don't social workers do research? Some common-sense reasons:
 - 1) Takes too much time.
 - 2) Clients resist it.
 - 3) Some variables can't be measured.
 - 4) Evaluation doesn't add anything.
 - 5) Can they suggest any?
- What is empirical practice/scientific social work?
 - o The clinician/scientist: one who has
 - a) a clear idea of the independent variable,
 - b) a thorough working knowledge of the client system,
 - c) an empirical and objective orientation toward the

process of intervention,

(d) an ability to put research designs and measurement procedures into operation,

(e) an ability to functionally use empirical feedback that is obtained during intervention, and

(f) an ability to evaluate, incorporate, and use the research of others.

- Give a brief review of the major proponents of research-based practice.
- Give a short bibliography.
- Discuss their opinion about research. Have any of them participated in any research projects? Done any informal reviews of their practice?
- Did taking the pretest questionnaire raise any questions? Try to probe for feelings about research.
- A brief assignment for the next week will be given. Workers will be asked to think of questions in their work that puzzle them or that they would like to explore. Some examples of potential questions will be given, e.g., how many of your patients have actively involved families? What treatment method works best with slightly confused, passive clients?

Session Two

- What is research? Explore what the group thinks about research. Lead the discussion to a review of the traditionally accepted dichotomy between research and practice. Rothman says that research is often viewed as

understanding the world, while the purpose of practice is seen as changing the world. Invite comment. Restate the position of empirical research.

- Ask what questions about their own practice they would like answered.
- Move to a discussion of different research methods. Provide an explanation of the difference between "academic" traditional summative research and evaluative research that is formative in nature and provides information/feedback to the practitioner as a tool for planning or decision making.
- Provide an overview of research methods organized around three types of studies:
 - 1) Descriptive and exploratory studies
 - 2) Followup research/client satisfaction studies
 - 3) Effectiveness/outcome/accountability studies.
- Descriptive studies:

These studies can detail patients' problems, patients' and workers' characteristics, and the activities of social workers. They are means of exploring the characteristics of the work, the clients, and the staff. These studies involve categorizing and grouping activities, e.g., lists of presenting problems, counting the number of men and women, developing lists of interventions and grouping responses. It is important for beginning "researchers" to see that counting can be a kind of research. Also learning that descriptive

studies are important in hypothesis formulation and that finding out what questions to ask is a research function.

- Followup research:

Client satisfaction studies and followup surveys will be reviewed. This next kind of study involves question formulation followed by questionnaire construction and beginning statistics. The patient's or family's point of view is examined. Needs assessment surveys and exploration of areas where client, social worker and institutional perspectives are not congruent can be used to enhance the quality of patient care and to provide feedback about the way services are perceived and delivered.

A discussion of some basics in questionnaire design will include:

- a) a funnel approach which begins with general questions and leads to more specifically detailed ones and
- b) an umbrella approach in which all segments of a subject are exhaustively explored.

Telephone and mail questionnaires, their construction and implementation will be explored. Suggestions including sample introductory letters, observations on training volunteer and/or paid interviewees and tabulating results will be discussed. Some sample questions will be distributed and discussed.

- Effectiveness/outcome/evaluative studies:

These summative evaluation strategies will be discussed with

an eye to making them applicable to the social workers' tasks. Questions will be explored, such as: Did the social workers' efforts make a difference? Did the changes in a patient occur because of the intervention? The issue of the difference between showing change and showing the cause and effect will be explored. How to measure change will be briefly discussed, including the use of existing scales. How to quantify and form measurable objectives will be discussed briefly.

- A homework assignment of selecting a question they would like answered and finding a way to develop that question into a research protocol for finding out information about that research question will be given. The protocol will be due at the end of the third session and will be discussed in the fourth session.

Session Three

- This session will explore evaluative methods.
- Begin with how to start a project
 - o When is it appropriate to evaluate?
 - o What needs to be evaluated?
 - o For whom is evaluation focused?
 - o Who should do the evaluation?

These are the questions to be explored before plunging ahead with how to do the research. Emphasize the importance of conceptualization first.

- After these questions are answered, the researcher decides

what method would be best. A very popular method now is single subject designs. Discuss briefly time series analysis and give the basic characteristics of single system designs.

- 1) Specify the problem.
 - 2) Measure the problem--BASELINE DATA.
 - 3) Do repeated measurement (the heart of single systems designs) before, during, and after intervention.
 - 4) Analyze the data.
- Outline evaluation procedure:
 - 1) Describe the expected changes.
 - 2) Select a suitable measure.
 - 3) Record baseline data.
 - 4) Implement and monitor treatment.
 - 5) Observe changes in client.
 - 6) Collect followup data.
 - Data analysis:

Stress the importance of baseline data and repetition of measurement.
 - Move to a discussion of ways to look at the data. First count, then look for trends in the data. Discuss exploratory techniques, look for patterns, outliers or measurements that are very different.
 - Discuss measures of central tendency--mean, median and mode. Refer to some basic books.
 - Discuss weakness of single subject design. However, emphasize its flexibility and relevance to current

activities.

- Discuss problem formulation as a way to attack problems. Ask if they have any problems with their assignment.
- Summarize the various research designs. Discuss the differences between formative and summative evaluations. Emphasize the importance of conceptualization and the relative unimportance of statistics. Briefly discuss the use of consults, after the original questions have been answered.

Session Four

- Address problem formulation and its parallel to the diagnostic process--the view of practice as a parallel to the process of research. The bulk of the session will revolve around the research questions they have been considering. As a group, approach the questions on a step-by-step basis. Areas to be explored are :
 - o What is the area of concern?
 - o What is the expected change?
 - o How can you measure this change?
 - o How can you measure the intervention?
 - o What are the goals of the intervention?
 - o What would you consider success?
- If the design is a single subject design, ask: What is the variable to be changed? Single case research must manipulate only one variable at a time.
- This session is planned as a group working session, designed

to explore the actual process of moving from asking a question to designing a research project. Discuss the difference between obtaining information and determining cause and effect. A discussion of qualitative versus quantitative research will follow. Qualitative methods can aid in the discovery of something, while quantitative methods can prove something.

- Each participant's question will be discussed and suggestions for implementation given. The discussion will focus most on learning to set measurable objectives and on understanding the process of hypothesis formulation.

Session Five

- Address participants' questions.
- Provide a list of references as sources for further exploration.
- Discuss the use of existing measures.
- Briefly discuss reliability and validity.
- Review the differences between proof-oriented research beginning with a hypothesis and discovery-oriented research having an objective of hypothesis development.
- Use the rationale for the clinician/scientist as a basis for group discussion. Encourage participation.
- Move to exploring the possibilities for research at the hospital, exploring institutional constraints, ways of
- implementing their questions within the fabric of the hospital.

The final segment will be devoted to an overview of the methods mentioned and a summation of all the sessions.

- Access to the author's research library, consultant services, and editorial and writing assistance will be offered to the participants, to aid them in developing and implementing their ideas for research.
- Devote the remaining time to group discussion of individual projects.

INTEGRATING RESEARCH AND PRACTICE SEMINAR

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2.CURRICULUM: CYCLE II

Session One

An introduction to the series will be given, beginning with an overview of the integration of research and practice.

PURPOSE AND DESCRIPTION OF THE MODEL

The purpose is applying learning to practice in a systematic way by offering a range of options to participants, facilitating integration of research into practice. The aim is to improve service. Participants are free to choose a research application related to their practice.

Social work research is coming of age. Expand on the need to know what happens to clients after they receive social work services. Standard complaint that practitioners and researchers are philosophically inclined toward different ways of knowing is no longer enough.

The goal of the program is to help participants in the expression of a practice issue in the form of a research problem.

WHY DO RESEARCH

- The need for accountability: Does what we do count?
- Call for accountability, calls for increased use of the client's perspective in gauging effectiveness.
- The importance of replicability and the need to move away from practice wisdom.
- Why reinvent the wheel? Information must be gathered systematically about whether clients who receive social work services feel better or function better after receiving

services. Jeanne Marsh says that "In their day-to-day contact with clients, practitioners have the opportunity to acquire knowledge and develop perspectives about the nature of social problems and utility of various intervention strategies.

Their experience puts them in a valuable position to contribute to social work knowledge." This quote states a basic premise of the course. How do they feel about this?

Encourage group participation.

WHAT IS EMPIRICAL PRACTICE/SCIENTIFIC SOCIAL WORK?

- The clinician/scientist: one who has
 - a) a clear idea of the independent variable
 - b) a thorough working knowledge of the client system and its environment
 - c) an empirical and objective orientation toward the process of intervention
 - d) an ability to put research designs and measurement procedures into operation
 - e) an ability to functionally use empirical feedback that is obtained during intervention, and
 - f) an ability to evaluate, incorporate and use the research of others.

- According to writers in the field research is generally ignored as a basis for decision making, most social workers relying on consultation, coordination and consensus involving others in their organizations, e.g., peer support. What do they think?

- The clinical research model of practice: The clinician/
researcher:
 - 1) uses with his or her clients the practice, methods, and techniques that are known empirically to be the most effective
 - 2) continuously and rigorously evaluates his or her own practice
 - 3) participates in the discovery, testing, and reporting of more effective ways of helping clients
 - 4) uses untested, unvalidated practice methods and techniques cautiously and only with adequate control, evaluation and attention to clients' rights
 - 5) communicates the results of his or her evaluations and practice to others
- Give a brief review of the major proponents of research-based practice.
- Give a short bibliography.
- Discuss their opinions about research. Have any of them participated in any research projects? Done any informal reviews of their practice? Go around the room and talk about what they do and why they took the course.
- Did taking the pretest questionnaire raise any questions? Try to probe for feelings about research.
- A brief oral assignment for next week will be given. Participants will be asked to think of questions they would like to explore. Some examples of potential questions will be

given, e.g.: How many of your patients have actively involved families? What treatment method works best with slightly confused, passive clients? How can you tell if a new treatment modality worked with the client you first chose to try it on?

Session Two

- What is research? Explore what they think about research. Lead the discussion to a review of the traditionally accepted dichotomy between research and practice. Rothman says research is often viewed as understanding the world, while the purpose of practice is seen as changing the world. Invite comments. Restate the position of empirical research.
- Ask what questions about their own practice they would like answered.
- Move to a discussion of different research methods. Provide an explanation of the difference between "academic" traditional summative research and evaluative research that is formative in nature and provides information/feedback to the practitioner as a tool for planning or decision making.
- Read and critique a research article in class.
- Discuss what to look for. Do the tables and text match? Does the information (the data) provided answer the research question posed at the onset of the article? What are the implications for practice?
- Distribute another article to be read before the next session. Articles should be chosen to reflect the

participants' areas of professional interest. Request that participants locate interesting articles for the group to review together.

- Summative vs. formative evaluation:

o Talk about process studies that do not examine the effect on the patient. The assumption is made that good practice leads to good (untested) outcomes. By focusing on the process of social work, practitioners can help to develop criteria of acceptable practice through peer review-- agree on a framework with colleagues, check your own or others.

- Typology of methods--provide an overview of research methods organized around three types of studies:

- 1) Descriptive and exploratory studies
- 2) Followup research/client satisfaction studies
- 3) Effectiveness/outcome/accountability studies

- Review descriptive studies:

These studies detail patients' problems, patients' and workers' characteristics, and the activities of social workers. They are means of exploring the characteristics of the work, the clients and the staff. These studies involve categorizing and grouping activities, e.g., lists of presenting problems, counting the number of men and women, developing lists of interventions and grouping responses. It is important for beginning researchers to see that counting can be a kind of research. Also learning that descriptive studies are important in hypothesis formulation and that

finding out what questions to ask is a research function. Reiterate that descriptive studies are the building blocks, the beginning information that is necessary before more elaborate research can commence.

SUMMARY

Descriptive research details the problems of patients, the characteristics or demographic description of patients and the activities and characteristics of social workers.

1. How to begin? What to explore?

Brainstorm. Talk to other social workers. Work on the list. Pretest. Develop a categorization of the services. Meet and talk. Do a rough draft.

2. How to do the study?

Describe the population (the clients): age, sex, marital status, diagnosis, whatever is important to the questions to be explored. List the problems presented. Report the services provided.

3. Counting:

Analyze the results by counting and grouping. They can put each client on a card and look at the result from different points of view. Highlight differences and similarities or special problems. They can compare the clients with the lowest and highest responses and look for differences.

Time and activity studies:

Looking at the ways workers spend their time to analyze the amount of effort spent on the various aspects of their jobs.

This can be useful when a new unit is formed or a new recording system is introduced. It can help assess innovations.

4. Remind students to review the article and be prepared to discuss it in Session Three.

Session Three

- Begin the session with a review of the homework article. Go around to each of the participants and draw them out. Ask if they thought the article was worthwhile. If so, ask what they learned and whether they would use this knowledge in their practice. If not, ask why they didn't think it was worthwhile. Try to develop critical faculties.
- Review descriptive studies. Talk about presentation. Review formative and summative evaluation.
- Why do client satisfaction or needs assessment? Use in planning and to substantiate your effectiveness in treatment. Focus of work in direct practice is to insure that the client's needs were met and goals were accomplished. How do you assess that? Ask about their own practice.
- Give participants another typology to compare to the last session's typology organized by research method.

Planning studies. Gather data relevant to the design of new programs. Examples are: survey of the attitudes of program participants; needs assessment for a projected new program.

Needs Assessment is a formative kind of evaluation aimed at providing information, feedback for planning services. What

is needs assessment? A method which enumerates and describes the needs of people living in a community. How you do this can vary:

- o Key informant approach
- o Community forum approach
- o Analysis of existing records
- o Social indicators analysis
- o Field surveys of communities or clients

Monitoring studies describe program efforts and the extent to which eligibility requirements are met. Examples are a study of the timeliness of discharge planning or a study of the social characteristics of patients admitted to a hospital/SNF and comparing these characteristics to those of the expected users of the service.

Assessment studies consider the effectiveness and efficiency of the program, e.g., followup study of discharged patients or a study of the effectiveness of a recruitment and training program for volunteers.

Followup studies. Client satisfaction studies and followup surveys are reviewed. This kind of study involves question formulation followed by questionnaire construction and beginning statistics. The patient's or family's point of view is examined. Needs assessment surveys and exploration of areas where client, social worker and institutional perspectives are not congruent, can be used to enhance the quality of patient care and to provide feedback about the

way services are perceived and delivered.

Describe one followup study that found a majority of social workers thought at least half of the patients they served wished to discuss personal problems in the interviews, while only 8 percent of the patients reported this. Explore further the importance of client and worker expectations being closely aligned and the effect dissonance can have on treatment. A discussion of some basics in questionnaire design will include:

- a) A funnel approach which begins with general questions and leads to more specifically detailed ones and
- b) An umbrella approach in which all segments of a subject are exhaustively explored.

Telephone and mail questionnaires, their construction and implementation will be explored. Suggestions including sample introductory letters, observations on training volunteers and/or paid interviewers and tabulating results will be discussed. Some sample questionnaires will be distributed and discussed.

- Effectiveness/outcome/evaluative studies. These summative evaluation strategies will be discussed briefly with an eye to making them applicable to the social worker's tasks. Questions to discuss briefly: Did the social worker's efforts make a difference? Did the changes in a patient occur because of the intervention? Brief discussion of how to quantify and form measurable objectives.

Session Four

Begin the discussion with a brief review of descriptive and followup studies. Then discuss the difference between change and cause and effect. Effectiveness/outcome/evaluative studies examine the effect of social work intervention. They try to determine success or failure. Did the changes occur because of the intervention? It is important to know first what is being done with whom, before it is possible to find out whether it works or not. Evaluative or outcome studies must be based on or follow earlier descriptive, exploratory studies.

Begin with how to start a project:

- When is it appropriate to evaluate?
- What needs to be evaluated?
- On whom is evaluation focused?
- What preliminary information is needed?
- Who should do the evaluation?

These are the questions to be explored before plunging ahead with HOW to do the research. Emphasize the importance of conceptualization first.

Outline evaluation procedure:

- Describe the expected changes.
- Select a suitable measure.
- Record baseline data.
- Implement and monitor treatment.
- Observe changes in the client.
- Collect followup data.

Then discuss two research methods that have been useful in social work research:

- Goal attainment scaling
- Single subject research (time series analysis)

Goal attainment scaling depends on a very precise, specific goal set jointly by the worker and the patient through a contract or some form of agreement. In general, goal attainment scales are based on observable measures of a patient's functioning in relation to his/her problems.

This involves agreement on a category for worse than expected outcome, expected outcome and better than expected outcome. These categories and measures are established before the beginning of the intervention as a part of the contract or the initial phase of the relationship.

Goal attainment scaling is very flexible and adaptable. Because of that flexibility it can be applied in diverse situations. However, it is quite subjective and very personal and it is difficult to generalize from one situation to another.

Discuss briefly time series analysis and give the basic characteristics of single system designs:

- Specify the problem.
- Measure the problem--baseline data.
- Do repeated measurement before, during and after intervention.
- Analyze the data.

Data analysis: Stress the importance of baseline data and repetition of measurement.

- Move to a discussion of ways to look at the data. First count, then look for trends in the data. Discuss exploratory techniques, look for patterns, outlines, or measurements that are very different.
- Discuss measures of central tendency--mean, median, and mode. Refer to some basic books.
- Discuss the weaknesses of the single subject designs. They are time consuming. Subject evaluation forces you to keep service constant over time, which can be hard in an action setting. Highlight the problem of validity of measures, change in variables over time. However, emphasize the method's flexibility and relevance to current activities. There is no need for controls. The client acts as his own control, which is practical and eliminates selection problems.
- Discuss problem formulation as a way to attack problems. Ask if they have any problems with their assignment.
- Summarize the various research designs. Discuss the differences between formative and summative evaluations. Emphasize the importance of conceptualization and the relative unimportance of statistics. Briefly discuss use of consultants, after the original questions have been answered.

Session Five

Program evaluation: The last type of research to be discussed will be touched on only briefly. Evaluation means systematic inquiry into the operation of a program, the services it delivers, and the process of service delivery. The costs of services and the description of the population served and the outcomes for program participants are outlined.

- Program evaluation seeks to measure the effects of the program/intervention on the participants/program recipients.
- Many social workers confuse a belief in program objectives with evidence of program effectiveness or efficiency. Ask for opinions.
- Program evaluation involves the collection, analysis and interpretation of data bearing on the achievement of program goals.
- Effectiveness is, for example, a consideration of how successful a vocational rehabilitation program has been in securing job placements for its trainees.
- Efficiency is a concern with costs of achieving these goals and is measured in money, time, staff resources. Evaluating the relative costs of different program strategies that can be used to achieve the same goal.
- Effort describes the type and quality of program activities, e.g., monitoring of time spent.

Why evaluate a program? In general, to learn from experience in a systematic way.

- To justify the program's existence to some authority (the source of funds or support).
- To determine the extent to which the program is meeting its objective, e.g., reaching the intended population, producing expected changes in program participants.
- To improve program performance.

Summation

- Address problem formulation and its parallel to the diagnostic process--the view of practice as parallel to the research process. The bulk of the session will revolve around the research questions they have been considering. As a group, we will approach the questions on a step-by-step basis. Areas to be explored are:
 - 1) What is the area of concern?
 - 2) What is the expected change?
 - 3) How can you measure this change?
 - 4) How can you measure the intervention?
 - 5) What are the goals of the intervention?
 - 6) What would you consider success?
- If the design is a single subject design, especially ask: What is the variable to be changed? Single subject research must manipulate only one variable at a time.
- This session is planned to be a group working session, designed to explore the actual process of moving from a question to designing a research project. Discuss the difference between obtaining information and determining

cause and effect. A discussion of qualitative versus quantitative research will follow. Quantitative method can aid in the discovery of something, while qualitative can prove something.

- A brief annotated bibliography of source materials will be distributed and sources for information and assistance will be given. The use of existing measures and normative data will be discussed. Discuss comparisons with other populations to help offset the weaknesses of using small samples. Discuss briefly reliability and validity.
- The difference between proof-oriented research beginning with a hypothesis and discovery-oriented research having an objective of hypothesis development will be reviewed. Again a review of the rationale for the clinician/scientist will be used as a basis for discussion. Also the idea of the importance of replication both of your own work and replication of other social workers' efforts will be reiterated. It is important to try to replicate methods that have been successful elsewhere, to test the applicability with similar patients in a new setting and later with different patients. This is an incremental approach to knowledge formulation.
- The discussion will move to exploring the possibilities for research at their workplace, exploring institutional constraints, ways to implement their questions within the fabric of their setting.

- The final segment will be devoted to an overview of the methods mentioned and a summation of all the sessions.
- Each participant's question will be discussed and suggestions for implementation given. The discussion will focus most on learning to set measurable objectives and on understanding the process of hypothesis formulation.
- Access to the author's research library, consultant services and editorial and writing assistance will be offered to the participants, to aid them in developing and implementing their ideas for research.

APPENDIX C

1. PARTICIPANT QUESTIONNAIRE

NAME _____ DATE _____
 PROFESSION _____ HIGHEST DEGREE OBTAINED _____
 YEAR OBTAINED _____

1. Have you participated in any formal research studies since you completed your last academic degree?
 yes _____ no _____ If yes, how many _____
2. Have you written any papers for professional journals since you left school?
 yes _____ no _____
3. Have you conducted any seminars or workshops since you left school?
 yes _____ no _____ If yes, how many in the last year? .. _____

PLEASE RESPOND TO THE FOLLOWING STATEMENTS:

4. How often do you consult research studies or practice literature to aid in solving difficult problems in your practice?
 - a) all of the time _____
 - b) most of the time _____
 - c) some of the time _____
 - d) seldom _____
 - e) hardly ever _____
 - f) none of the time _____
5. How often in your practice do you use the knowledge you gained from reading research material or practice literature?
 - a) all of the time _____
 - b) most of the time _____
 - c) some of the time _____
 - d) seldom _____
 - e) hardly ever _____
 - f) none of the time _____

6. To how many professional journals do you subscribe? _____
7. How many professional seminars or workshops have you attended in the last year? _____
8. How many articles do you estimate you read last month? _____
9. Have you taken any courses in research or statistics since you left school? yes _____ no _____

The following are six hypothetical illustrations of problem situations. Please read them and to the best of your ability describe a research strategy that addresses each problem. There are no right or wrong answers. These situations are designed to help you begin to formulate evaluation questions and strategies.

Illustration #1

A small family service agency which attempts to promote healthy family functioning provides marital counseling and child management services. There are five direct service social workers on staff, one of whom has primary responsibility for intake interviewing. The other four social workers also do intake interviewing, but on a much more limited basis.

This agency, though small, has many referrals for service as well as direct applicants. Line social workers and the agency's administrator would like to manage the intake function more efficiently and generate some statistics about the applicants, their problems, their sources of referral, etc. This information would be useful for future planning.

Illustration #2

A clinician employed by the student counseling division of a university spends most of his/her time working with young adults who are having difficulties with interpersonal adjustment. Basing much of his/her diagnostic decision making on role theory, s/he is interested in developing an efficient and systematic procedure for assessing relationships between service applicants and "significant others" in their environment.

Illustration #3

Two school social workers, working in elementary school settings, frequently receive referrals from teachers of children who are described as "trouble makers," "immature," "disruptive," and the like. Over time, experience reveals that the teachers have a difficult time being specific about the behaviors to which these labels refer and the frequency of these behaviors. At times, the social workers suspect that some children are being scapegoated by some teachers for reasons other than those reported and that these children's behaviors are not that different from the behaviors of their classmates.

Illustration #4

A supervisor of a student unit in a community mental health center discovers that one of her four students was having difficulty getting clients to return for service after the first two interviews. The clinic was located in a public housing project and served a low-income clientele. The program offered short-term supportive treatment accompanied by assistance with money management, medical, employment referrals, and the like. In supervisory conferences the student appears intelligent and perceptive and seems to accept instruction readily.

Illustration #5

A community mental health worker has decided to conduct a followup survey of clients s/he has treated during the past year. Of the 200 clients seen, most were treated for problems defined as anxiety, depression, and/or situational reactions.

Illustration #6

A school social worker would like to try a group treatment approach with school phobic children. S/he identifies ten children between the ages of eight and ten who have consistently poor attendance records, no serious medical or learning problems and whose parents have indicated that their children are fearful of coming to school, complain of frequent headaches, stomach aches, and so on.

2. ATTITUDE INDEX

Please answer each question. Circle the answer that most nearly corresponds to your feelings.

<u>QUESTIONS</u>	<u>ANSWERS</u>	
1. Research is not particularly useful to the practitioner engaged in direct services.	STRONGLY AGREE	1
		2
		3
		4
		5
	STRONGLY DISAGREE	6

2. In general, I am not persuaded that scientific research is very useful in generating practice knowledge.	STRONGLY AGREE	1
		2
		3
		4
		5
	STRONGLY DISAGREE	6

3. Research should be the most essential component of policy and program development.	STRONGLY AGREE	1
		2
		3
		4
		5
	STRONGLY DISAGREE	6

4. Practice should be more science than art.	STRONGLY AGREE	1
		2
		3
		4
		5
	STRONGLY DISAGREE	6

5. Workers should utilize more research findings than they now use.	STRONGLY AGREE	1
		2
		3
		4
		5
	STRONGLY DISAGREE	6

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