

Building a bridge or digging a pipeline?
Strategies for better integrating social work practice and research

by

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Metaphors matter. Some enlighten. Others mislead. Some preserve the *status quo*. Others promote change. A persistent metaphor for linking social work research and practice is “building a bridge” (Davis et al., 2013; Hess & Mullen, 1995) but prevailing strategies for doing so are more like “digging a pipeline”. The bridge metaphor implies two-way traffic; the pipeline, a unidirectional flow *from* research *to* practice.

The challenge of integrating research and practice is hardly unique to social work; nor is the bridge/pipeline distinction. So for example, a recent National Cancer Institute cyber-seminar on evidence-based medical research and oncology practice (2012), asserts:

The translational gap between research and practice has long been discussed, often as a one-way street—get practitioners to recognize and utilize the research that is being conducted. *While important, equally important is the reverse—integrating practice-based evidence and context into the research being conducted. We need a bridge between the two, not a pipeline.* [my italics] p.1.

A Center for Disease Control workshop on public health research and practice (Green, 2007) employed the same distinction with a slide entitled “The Bridge (not the Pipeline) from Research to Practice and Back”. That presentation urged public health researchers to do more to engage public health practitioners in collaborative research, noting “[i]f we want more evidence-based practice, we need more practice-based evidence”.

In clinical psychology, an American Psychological Association (APA) online publication recommends new ways “to bridge” research and practice as an alternative to a one-way, research-to-practice approach. It argues that “[i]nstead of bemoaning the differences between researchers and practitioners, both parties can take concrete steps to make their work more accessible to the other....”(De Angelis, 2010, p.45). Citing APA past-President Alan Kazdin (2008), De Angelis endorses “the Kazdin way” of “mending the split”. Kazdin’s bridging strategies involve contextualizing practice through qualitative research, researching treatment moderators and systematically analyzing the practice experiences of clinicians (DeAngelis, 2010). The latter closely parallels but does not reference the “clinical data-mining” (CDM) strategy that I have developed and promoted for over a decade, both here and abroad in social work and in allied health (Epstein, 2001, 2010; Giles et al., 2011; Joubert & Epstein, 2013; Lalayants et al., 2012).

Whether the distance between research and practice in social work is conceptualized as a “difference”, a “split”, a “gap”, a “divide”, or most recently a “chasm” (Wretman, 2013), I think we all agree that the need for building an effective bridge between research and practice in social work persists today as stubbornly as it did when Rubin and Rosenblatt (1979) convened their groundbreaking conference on social

work research utilization in 1977. As someone who has worked both banks of the social work knowledge stream since 1968, what strikes me is how much and how little has changed since then. *Plus ça change?* I'm not sure.

Over the past two decades, the research-to-practice pressure in social work has been significantly pumped by a combination of Evidence-based Practice (EBP) ideology and research activity, “manualization” of program and treatment interventions, translational and dissemination research funding and the geometric advancement of information technology. It is hard to imagine that the papers we presented at the 1977 NIMH conference never once mentioned computers or computerization. They were written on typewriters—some electric, mostly manual. Much has changed indeed.

But, in my opinion, a *tsunami* of academically-generated EBP rhetoric has effectively drowned out the voices and collective experience of social work practitioners and effectively isolated them from the knowledge-production enterprise of the profession. Once sought as co-producers and true collaborators in the quest for knowledge, practitioners are now viewed as either compliant research facilitators or reluctant obstructionists. And I don't think it a paranoid exaggeration to say that some of the more strident EBP advocates even welcome practitioner disempowerment—portraying them as dangerous quacks, charlatans, nuts, and propagandists if left to their own devices. In fact, some of the most virulent anti-practitioner jeremiads appear as “invitational” papers in EBP house organs.

In an effort to describe and explain this phenomenon to those negatively affected, I published the “Viewpoint” article in *Social Work* (Epstein, 2011) that prompted this panel presentation. Intended as a “lifeline” to research-oriented practitioners, I focused

on anti-practitioner utterances in EBP writings—most typically those published in *Research on Social Work Practice (RSWP)* the journal of the Society for Social Work Research (SSWR)—a periodical rarely read by practitioners. I think it is fair to say that *RSWP* and SSWR “speak” most powerfully for the American social work research establishment. In my article, I advocated practice-based research (PBR) in general and in particular practitioner-initiated (CDM) studies and CDM/PhD dissertations as strategies for promoting a practice-to-research return flow of ideas and knowledge-generation. Seeking reconciliation, it came as no surprise that some researchers that I cited were offended by my critique, saying that I had unfairly “trashed” them. That was not my intention. Nor is it my intention in today’s panel presentation.

Instead, I’m hoping that this panel will initiate a meaningful, respectful and productive dialogue from both sides of social work’s practice-research divide. In it I offer metaphorical, methodological and infra-structural strategies for integrating social work practice and research in a manner more closely approximating its “bridge” symbolism. I begin however with a brief discussion of what I think are persistent structural obstacles to two-way traffic on that metaphorical bridge.

Structural Obstacles

Although time does not permit full discussion of any of these, I focus on what are in my opinion the two most significant structural barriers to practitioner-researcher collaboration in American social work research—SSWR and *RSWP*.

SSWR as a Swear Word?

Arguably, the most significant institutional force in promoting social work research and the EBP movement is SSWR. SSWR's annual conference, pre-conference workshops and adjoining conferences are attended by the most prominent American and international research scholars, rising academic stars and promising job applicants. Nothing wrong with that.

Still, I vividly remember waiting on the hotel registration line at the hotel for SSWR's first conference in 1994. Standing in front of me, was Trudy Festinger the doyenne of foster care research; someone known for the practical utility of her research, her elegant personal style and her capacity to curse like a truck driver. Scanning the lobby with her preternatural observation skills, she turned to me and asked, "Where the 'F' are all the practitioners? All I see are academic researchers."

That was true then and it is true today. Only now there are more academics. In fact, even for practice-based research types like me, SSWR has become a conference to avoid. My recent SSWR appearances are mandated by the terms of an American Cancer Society dissertation support grant received by one of my PhD students for whom incidentally I am mentoring her RCT. And at the risk of receiving a "sour grapes" DSM-diagnosis, I now take a perverse pride in a perfect record of rejection by SSWR for everything from individual paper presentations to proposing a Symposium in 2010 on "Clinical Data-Mining as an Alternative Dissertation Research Model". The four exemplar presenters were recent University of Hong Kong PhD's who rigorously applied CDM to issues ranging from anxiety and depression to palliative care. They would have loved to attend SSWR and were deeply disappointed. Stuart Kirk my proposed discussant was not surprised however. He warned in advance that the submission of a

CDM symposium was “too political”. I thought it was only methodological. That year the conference theme was “Social Work Research: A World of Possibilities”.

That same year, the recipient of SSWR’s coveted Aaron Rosen award for practice-research integration boasted in her acceptance speech that she could “count on the fingers of one hand” the number of social work practitioners with whom she had collaborated in her research career. For her, it was a point of honor that she only collaborated and co-authored with other academic researchers, psychiatrists and psychologists.

Sociologist Edwin Lemert (1951), might have labeled my retrospectively prideful response to rejection as “secondary deviance” but I assure you I am not alone. A surprising number of other practice-based research colleagues and many more practitioners have told me that they feel much the same way. They won’t even submit their work to SSWR or to *RSWP* because of the ideological and methodological narrowness of their EBP mission. As I write this, I can imagine some SSWR aficionados taking “tertiary pride” in this news.

The Gap Between “On” and “In”

Recently Bruce Thyer the man behind the journal spread the justifiably “good news” that *RSWP*’s readership was at an all-time high as well as its “impact” as measured by the arguably reified impact index (Thyer, 2012). In his article, Thyer made a point of demonstrating empirically that *RSWP* was more influential than the profession’s central journal *Social Work*. Undeniably *RSWP* has made an enormous contribution in the production and dissemination of meta-analyses, systematic reviews, rapid assessment instruments and other building-blocks of the EBP project. However, it

has been notably slow to publish qualitative research, mixed-method and case-studies — giving preference instead to “gold-standard” studies at the expense of studies that depart from the top of the “hierarchy of evidence” paradigm or that contextualize practice.

As a consequence, *RSWP* and SWRR have paid a heavy price in practice relevance, preached ever more dogmatically to the converted and utterly alienated those it most needs to win over—social work practitioners. Manualization is not the answer. Nor are studies that seek to identify the social characteristics of practitioners who resist EBP (Patterson et al., 2013; Pignotti & Thyer, 2009).

Think how different it would have been if the journal had been named *Research In Social Work Practice* instead *Research On Social Work Practice* and emphasized pragmatism rather than universalism as its research mission. An outlier that supports my hypothesis is the spate of Differential Response articles and retorts in recent issues of *RSWP*. In my opinion, it is precisely “the flaws” in the DR methodology and the political and ethical complexities of its implementation that have generated such a richly contextualized discussion of this child welfare intervention approach (see for example, Winokur & Gabel, 2013).

Redirecting Research Traffic and Reinventing the Wheel

The first CDM paper I published was subtitled “Mining for silver while dreaming of gold” (2001). That metaphor was intended to convey the positive use of “RCT” causal logic and basic research concepts in CDM studies. In a subsequent paper, (Epstein, 2009) I advocated abandonment of the pyramidal EBP “hierarchy of evidence”, replacing it with a more *methodologically pluralist* “wheel of evidence” in which every available

research methodology is valued for what it can contribute as well as acknowledged for its inherent limitations. We might call the latter principle *methodological humility*.

The growing legitimacy of qualitative methods and more recently mixed-method studies suggests the possibility of going off the EBP “gold-standard” completely and welcoming well-constructed and closely reasoned qualitative case-studies with as much enthusiasm as RCT’s. A radical proposal I know, but one I think worth considering. The advantage of such a reinvention would be wheels that can roll in any direction from qualitative case studies to RCT’s to CDM’s to mixed-methods studies that strategically employ several methods. An example is a recent University of Hong Kong PhD dissertation on Group CBT and Mindfulness Interventions which combines a retrospective, available data CDM on group CBT (Lo, 2011; Lo, et al., 2011) and a prospective, original data RCT on mindfulness.

In a review of my 2010 CDM book in *RSWP*, Barber (2011) comments:

The point is that Epstein’s CDM is just as much in the business of gathering evidence as any RCT is. His methods may have their limitations (of which he is well aware) but so do RCTs. And so did Charles Darwin’s. So what? You make the best decisions you can according to the best evidence you have. Ironically, this is at the very heart of evidence-based practice. So why all the arguing? Are not CDM and EBP in furious agreement on this very point? (p.488)

Alas, one review, even in *RSWP*, does not an Impact Index make. But Barber goes on to say and I agree that when that when social work research stops making invidious comparisons between practitioners and researchers, between qualitative and quantitative research and between “gold” and “silver” standard evidence, then social work research will have truly come of age (Barber, 2011, p.488)..

The Meaning of “Evidence-Informed Practice”

In 2009, drawing on work by O’Neill (2006), I proposed that we broaden the concept of “Evidence-based Practice” (EBP) to “Evidence-informed Practice” (EIP) by which I meant the inclusion of CDM as well as other forms of PBR strategies. Ignoring these possible inclusions, EBP proponents have begun using the terms EBP and EIP interchangeably (Dill & Shera, 2012; Gambrill, 2010).

A most felicitous interpretation of this conceptual muddling is that EBP proponents are acknowledging the fallibility of their “gold standard” findings and the contextual limitations inherent in their RCTs and meta-analyses. In other words, they are softening their claims to perfect knowledge to drive practice. More troubling to me however is the appropriation of a real distinction that credits the knowledge-generating potential of available practice-based evidence and its “mining” by practitioner-researchers and practice-oriented PhD students. Legitimizing rather than appropriating these distinctions would open the road to two-way traffic rather than maintaining a one-way highway to EBP hegemony.

A Collaborative Model of Collaboration

Approaching the bridge metaphor vertically rather than horizontally, engineers will tell you that suspension bridges work because of the vertical cables that span them and the two-way tensions those cables exert. And while many academic researchers advocate “collaborative” research relationships with practitioners, all-too-often those relationships involve practitioners in roles that merely support the research agendas of academics such as recruiting subjects, preventing attrition, “faithfully” implementing intervention protocols with little direct benefit to the practitioner (Alexander & Solomon, 2005). Natural tensions in their interests are either denied or disparaged but rarely valued

for their mutual contribution to knowledge. Rarely do these “pseudo-collaborations” lead to co-authorships, bi-lateral knowledge generation or systematic practice reflection. They are as one-sided as they are common. And when they go wrong, they are the bases for the practitioner-bashing that we read in occasional publications but hear more frequently in the research war-stories told at the bar at annual SSWR conventions.

In our new PBR text, Dodd and I (Dodd & Epstein, 2012, p. 198) convert a top-down, researcher-dominant vertical model of collaboration by McKay and Paikoff (2007) into a two-way, “truly” collaborative model of practice-research collaboration. Walking that bridge, both sets of actors exercise influence in every step of the research process from defining the research question to choosing the methodology to interpreting and disseminating of findings. Our model of collaboration recognizes valid differences in expertise but does so in an appreciative and even-handed manner that maximizes the potential contribution of both. Similarly, in his CDC public health workshop Green (2007) emphasizes “[t]he importance of practitioners and policy makers in shaping research questions.” If our sister professions can do that why can’t we?

New Bridge-Building Funding and Infrastructures

Recent articles (Corvo et al, 2011; Thyer 2011) have begun to question whether federal funding mechanisms which are intended to promote the free flow of research to and from practice have become dysfunctional? One hopeful reversal is a newly announced funding initiative by The National Institute of Justice (NIJ):

seeking proposals for criminal justice research and evaluation that include a researcher-practitioner partnership component (the partnerships can be new or ongoing) Results from these projects should lead to better criminal justice policy, practice, and research (NIJ, 2013).

Swimming against the EBP funding stream, I have been generally unsuccessful in generating extra-mural funding for promoting PBR and CDM studies by practitioners and practice-oriented doctoral students. However, through a Chair endowed by the late Dr. Helen Rehr at The Silberman School of Social Work an Adjunct Professorship at Mt Sinai Hospital in New York, I have had the privilege to conduct PBR and CDM projects alongside practitioners for three decades. Working with methodologically pluralist, practice-oriented research academics in Australia, Hong Kong, Israel, New Zealand and Singapore, I have together trained social work and allied health practitioners as well as CDM/PhD students who are contributing to the reverse flow of ideas from practice to research. In Melbourne alone, there are now 5 large hospitals with PBR units staffed by practice-oriented PhD's with joint hospital-university appointments. Last fall, I conducted PBR and CDM training with 40 health and mental health practitioners for the Hospital Authority in Hong Kong and created an ongoing consulting infrastructure with a former CDM/PHD student now teaching at the Chinese University of Hong Kong.

So True Bridges Can Be Built

With proper changes in professional ideology, epistemology and pedagogy, with modest financial support and some imagination true bridges can be constructed between practice and research in social work. Practitioner-friendly, clinical information systems can be constructed (Grasso & Epstein, 1993), virtual communities of practice can be “mined” for best practices (Cook-Craig & Sabah, 2009), practitioner contributions to practice manuals can be more systematically collected and empirically tested (Galinsky et al. 2013), etc. Right now, however, what we have is a research-to-practice pipeline with too little to show in practice utilization for all the energy and money pumped into it.

Turning for a moment to fossil fuel production, one alternative proposed to dependence on the Canadian pipeline is “fracking”, i.e., local exploitation of indigenous resources. Applied metaphorically to social work research, that would mean “Big Data” mining operations that only maintain the exploitative separation and relation between research and practice. No frackin’ way! What we need is truly a bridge, where the traffic in ideas goes both ways and practitioners as well as researchers can drive.

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