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Abstract

There has been an increasing focus on the process of translating research into practice in all fields of health and social services. This focus has shed considerable light on the potential for social workers to play a pivotal role in conducting translational research and facilitating research translation. This article examines new opportunities, directions, and methods for engaging in translational research and research translation; provides examples of social worker leadership in specific translational research studies, methods development, training programs, and National Institutes of Health-funded Clinical and Translational Science Institutes; and describes a strategy for research that meets the specific needs and draws upon the specific strengths of our profession.

Keywords

translational science, research translation, evidence-based social work, implementation, dissemination, cultural exchange

As any traveler will tell you, what one happens to see on any horizon is a matter of perspective. The same location may be viewed quite differently depending on who and where the viewer happens to be, whether the viewing is accomplished with the assistance of a telescope or with the naked eye, and whether it takes place on land or sea or in the air. As one progresses toward the horizon, new shapes begin to take form, usually offering a change in perspective. In other words, it is the process of getting there that enables us to see and identify discrete elements on the horizon, whether those elements are new lands or new ideas. Such is the case with social work research.

In this article, we offer a view of a new horizon of social work research as seen from a very particular lens, the lens of clinical and translational science. Admittedly, it is not the only lens available to social workers, and its use is not without controversy, as some suggest it creates a rather narrow and rigid view of the horizon. Nevertheless, it is a lens that has gained increasing prominence within the health and human services in recent years. As such, it is one worth using to examine the new horizons of social work research.

Clinical and Translational Science

At the present time, the horizon of social work research is filled with the shapes and forms that are defined by the structure and operation of clinical and translational science. For the most part, that realm has been created by the National Institutes of Health (NIH) and other funding agencies eager to see that all of the basic science and clinical research they have been funding for so many years is actually making a difference in people's lives. The impetus for this desire has been the observation that it is taking much too long to move from bench to

bedside, from research to practice. In fact, many studies have reported that it takes an average of 20 years for that to occur (Institute of Medicine, 2001; President's New Freedom Commission on Mental Health, 2003; U.S. Department of Health and Human Services, 1999), and only a small percentage of original research actually survives the process of natural selection (Balas & Boren, 2000, Glasgow, 2009). Moreover, even though certain practices, treatments, and interventions have been found to make a difference and improve the health and well-being of patients/clients/consumers, very few practitioners are actually using them (IOM, 2001; McGlynn et al., 2003). For instance, 90% of publicly funded child welfare, mental health, and juvenile justice systems do not use evidence-based practices (EBPs; Hoagwood & Olin, 2002), which is similar to deficits in the health services (McGlynn et al., 2003). Instead, they use practices that have little evidence beyond personal experience to support their efficacy or effectiveness (Brekke, Ell, & Palinkas, 2007).

There are several reasons for the failure to translate research into practice, including the following: limited time and resources of practitioners; insufficient training; a lack of access to peer-reviewed research journals; lack of feedback and incentives for use of EBPs; the logic and assumptions behind the design of efficacy and effectiveness research trials; a lack of relevance to specific client or patient populations; practitioner

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concerns about a lack of control over, and disruption of, the therapeutic process; and an inadequate infrastructure and systems organization to support translation (Glasgow, Lichtenstein, & Marcus, 2003; National Advisory Mental Health Council, 1999; Palinkas et al., 2008; Schoenwald & Hoagwood, 2001). These reasons have generated negative impressions of EBPs among practitioners.

One of the biggest challenges to implementing EBPs is overcoming these negative impressions. At times the debate between researchers and practitioners over the merits of EBPs begins to look and sound quite similar to the current debate over health care reform. There are those individuals who embrace it as something necessary to improve service delivery and public health and welfare; those who fear it as something too expensive, ineffective, managerial, and inconsiderate of local needs or preferences; and those who are somewhere in between. We do not wish to discuss or debate the merits of either side of this debate, but we do wish to better understand it and move toward some resolution. Adding fuel to this debate is confusion over what is meant by the term *translational research*, how much adaptation can occur during the process of translation, and who controls the process. We wish to examine each of these in turn.

Defining the Horizon

As defined in Webster's Dictionary, *translation* is (a) an act or process; (b) a rendering from one language or representational system into another, such as from research to practice; (c) the removal, transfer, or conveyance from one place or condition to another, such as from the university to the community; and (d) a change or alteration to a different substance, form, or appearance, as in the case of EBP adaptation to meet the needs of specific populations. As defined by NIH, translational research is "the process of applying ideas, insights, and discoveries generated through basic scientific inquiry to the treatment or prevention of human disease" (NIH, 2009). The question, however, is whether translational research and research translation are one and the same. Certainly, the act of conducting research results in a product that becomes research evidence, which is then translated into practice. However, one could argue that translational research is a necessary but not sufficient component of research translation. Rather, translational research seeks to understand and facilitate the process of research translation.

The yin and yang of translational research and research translation is reflected in the various definitions of the forms or components of this act or process. For instance, *implementation* has been defined, on the one hand, as the use of strategies to introduce or change evidence-based health interventions within specific settings (Proctor et al., 2009), and as the gateway or phase of innovation that lies between the decision to adopt the innovation and the routine use of the innovation (Klein & Sorra, 1996) on the other. Proctor and colleagues (2009, p. 27) defined *implementation research* as the "study of processes and strategies that move, or integrate, evidence-based effective treatment into routine use, in usual care

settings." *Implementation science* has been defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services and care" (Eccles & Mittman, 2006). Likewise, this duality between research on the process of translation and the practice of research translation is reflected in the competing definitions of *dissemination* and *diffusion*. Proctor and colleagues (2009, p. 26), for instance, note that NIH program announcements define dissemination as the targeted distribution of information and intervention materials to a specific public health or clinical practice audience with the intent to spread knowledge and the associated evidence-based interventions. Soydan (2009, p. 145) defines it as "an intentional process in which the information is tailored and adapted to the needs of the targeted group and then actively communicated to them." In both instances, the mode of translation is viewed as both a process and efforts to shape or direct that process.

As conceived by NIH, the process of research translation and activities of translational research occur as discrete steps or phases, labeled as T1 (phases 1 and 2 clinical trials), T2 (guideline development, meta-analyses, systematic reviews), and T3 (dissemination and implementation research). Translation in this process moves from humans to patients to practice (NIH, 2009). This and similar representations are often referred to as "pipeline models" (Proctor et al., 2009) in the sense that one cannot move to the next step until the previous steps are successfully completed.

If we are to "translate" that pipeline model to social work research, it might look something like Figure 1 below. However, translational research in social work is not a pipeline. Rather, it is often a series of two-steps forward and one-step back as lessons learned at each stage or form have implications for other forms or earlier steps. These lessons often occur in the form of adaptations to the EBP during its evaluation for effectiveness, during its dissemination and implementation, and even to ensure its sustainability in a specific setting. These adaptations lead to the struggle to achieve a balance between fidelity to the EBP as found to be efficacious, and flexibility to make changes to the EBP so that it will be acceptable to, as well as effective with, specific communities and populations. However, this process raises the question of how much adaptation can occur before the practice no longer becomes "evidence-based" but rather becomes "lost in translation."

Finally, there is the issue of who controls the process. Is it the researcher who created the EBP that some may regard as a monster because it threatens their way of working with clients and deprives them of control over the process of service delivery? Is it the practitioner who may resist the monster with metaphorical torches and pitchforks, ready to sabotage its implementation? Is it the client or consumer who does not realize it is a monster? Or is it the government who possesses the fiscal and regulatory power to either save or destroy the monster?

Much has been made of the fact that translational research is an interdisciplinary enterprise (IOM, 2001; PNFCMH, 2003;

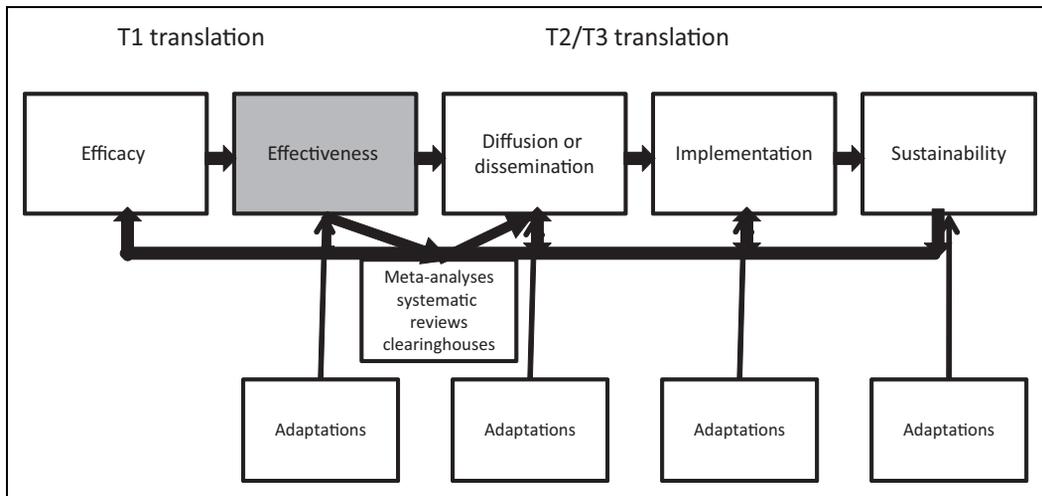


Figure 1. The components of translational research in social work.

USDHHS, 1999). However, there are times when this effort takes the form of a rugby scrum, seemingly disorganized and chaotic. The question we wish to address is where is the discipline of social work in the midst of that chaos? Although social work is often excluded in lists of disciplines engaged in translational social science research, one does not have to look far to see the handiwork of social workers. For instance, a series of effectiveness studies by these investigators appeared in a special issue of this journal (Volume 20, September 2010). These include the following:

- Depression Care for Low-Income, Minority Safety Net Clinic Populations with Co-morbid Illness (Ell, Lee, & Xie, 2010)
- Denver Public Schools *Youth Matters* Prevention Trial (Jensen, Dieterich, Brisson, Bender, & Powell, 2010)
- Culturally-Based Family Intervention for Mexican Americans (Barrio & Yamada, 2010)
- Multiple Family Group (MFG) Service Delivery Model (McKay et al., 2010)
- Intervention Designed for Pregnant Incarcerated Women (Kubiak, Kasiborski, & Schmittel, 2010)
- Critical Time Intervention (CTI) to Reduce Risk of Homelessness (Herman & Mandiberg, 2010)

Studies by Hawkins, Shapiro, and Fagan (2010) of the Social Development Research Group at the University of Washington, as well as Leathers’ (NIMH K01 MH070580) study of dissemination of effective mental health services in foster care, represent some of the efforts by social workers to promote the spread of information about EBPs. And studies by Chamberlain, Brown, and colleagues (2008) to implement Multidimensional Treatment Foster Care (MTFC) using Community Development Teams in California and Ohio, Draine and Herman’s (2007) Critical Time Intervention (CTI) for men with mental illness leaving prison, research by Glisson and colleagues (2010) on using the ARC model in children’s mental health,

and the work of Palinkas, Fuentes, Holloway, Wu, and Chamberlain (2010) to understand and assess the use of research evidence in public youth-serving systems, represent some of the currently funded projects focused on the implementation of EBPs by principal investigators who are social workers or nonsocial workers in social work-involved settings like child welfare.

Much of the translational research in social work reflects a distinct strategy with an explicit focus, setting, and methodological approach. The focus includes an examination of process and context as well as outcomes in the belief that one cannot truly understand whether or not the EBP works as intended without understanding how, where, and with whom it works. Research translation is widely believed to occur at several different settings or levels, including the larger system environment, group/team, and individual practitioners (Proctor et al., 2009). However, there seems to be growing consensus on the importance of the organizational level. This consensus is reflected in the plethora of strategies designed to address organizational barriers to innovation and research translation—strategies like the RE-AIM model (Glasgow, 2009), the PRECEED-PROCEDE model (Green & Kreuter, 2005), the Institute for Healthcare Improvement (2004) breakthrough series (BTS), and the Department of Veterans Affairs Health Services Research and Development Service’s quality enhancement research initiative (QUERI) model (Demakis, McQueen, Kizer, & Feussner, 2000). Similar organizational-level strategies have been developed by and/or for social workers, including the availability, responsiveness, continuity (ARC) model (Glisson, 2002), the community development team model (Sosna & Marsenich, 2006), and the cascading dissemination model (Chamberlain, Price, Reid, & Landsverk, 2008).

The methodological approach to social work translational research involves three principal components: alternatives to traditional randomized controlled trial designs, use of mixed methods, and community engagement. Landsverk, Brown, Reutz, Palinkas, and Horwitz (2011) recommend the use

of designs that “mimic the element of choice by consumers and providers in community service settings targeted for implementation of evidence-based practices.” They cite as examples a set of randomized designs that are considerably more complex than traditional RCTs but also more sensitive to issues of external validity. These include a randomized encouragement trial (RET; West et al., 2008), the Sequential Multiple Assignment Randomized Trial (SMART) designs, (Ten Have, Coyne, Salzer, & Katz, 2003), and the randomized fractional factorial design (Collins, Murphy, Nair, & Strecher, 2005). Mixed-method designs involve the integration of techniques for the collection and analysis of quantitative and qualitative data. The emphasis here is on integration in the belief that greater understanding is achieved when both sets of methods are used in combination (Palinkas et al., 2011). Similarly, community-based participatory research involves the integration of perspectives and activities of university-based researchers and community-based practitioners (McKay et al., 2010).

In addition to the emergence of a distinct strategy for conducting translational research, social workers have been engaged in building the infrastructure necessary for this kind of research. For instance, colleagues John Brekke and Kathy Ell at the University of Southern California and Enola Proctor at Washington University in St. Louis have assumed leadership positions in their university’s Clinical and Translational Science Research Institutes (CTSI). Brekke and Ell are codirectors of the USC CTSI Office of Community Engagement, and Proctor is director of the Washington University CTSI Dissemination and Implementation Research Core. These CTSIs have also been instrumental in funding social work translational research. Among the list of projects recently funded by the USC CTSI and awarded to School of Social Work faculty are the following:

- Maria Aranda, “Testing of a Frailty Diagnostic Measure for Low-Income, Medically-Ill Older Adults with Depression.”
- Karen Lincoln, “Mental Health Disparities within the Context of Health Disparities: Depression and Obesity among Black Women.”
- William Vega and Karen Lincoln, “Uncovering Opportunities for Prevention and Early Intervention among Older Minority Groups in Disadvantaged L.A. Neighborhoods – Pilot Study.”
- Suzanne Wenzel, “Homeless Veterans in Skid Row: Understanding and Addressing Behavioral Health Needs.”

The CTSI also awarded a training grant to a School of Social Work doctoral candidate:

- Ian Holloway, “Social Network and Contextual Influences on Substance Use and HIV Risk Among Young Men having Sex with Men (YMSM).”

Social workers have also been leading the way in developing new methods specifically for translational research. For

instance, the Implementation Methods Research Group (IMRG) is a National Institute of Mental Health-funded Advanced Center for Intervention and Services Research led by John Landsverk. The IMRG is a multidisciplinary “virtual center” focused on implementation methods development with the emphasis on child welfare and child mental health. A series of articles recently published in *Administration and Policy in Mental Health and Mental Health Services* (Aarons, Horwitz, Hurlburt, & Landsverk, 2011; Chamberlain et al., 2011; Landsverk et al., 2011; Palinkas et al., 2011; Schoenwald et al., 2011) illustrate the advances made by this center in developing innovative methods for implementation research. And, finally, the George Warren Brown School of Social Work is host to an NIMH-funded (R25 MH080916-01A2) Implementation Research Institute under the leadership of Enola Proctor and John Landsverk. This institute provides mentorship to junior investigators interested in a career in implementation research. The two-year training program provides fellows with exposure to a group of nationally recognized experts in implementation science, experience in grant writing, funding for pilot studies, and opportunities to conduct site visits of ongoing implementation research projects. There are currently 11 fellows participating in the program, with an additional 11 fellows to be selected this year.

Beyond the Horizon

What we have described thus far is what is currently on the horizon of translational research in social work. However, to see beyond the horizon, we need to take a different perspective, one that requires or involves a new paradigm for integrating translational research with research translation. We call this paradigm *cultural exchange*. For the most part, researchers provide a global, evidence-based approach to services found to be effective with other populations in other settings. Community-based practitioners, on the other hand, provide a local knowledge of the specific needs of clients in the research sites as well as experience addressing these needs through long-established treatment strategies (Palinkas et al., 2009). The exchange of knowledge is central to EBP.

The exchange of global versus local knowledge reflects the challenge as well as the opportunity of translational research. The challenge lies in attempting to integrate very different value orientations. For instance, EBP is often associated with a more positivistic tradition of clinical practice, while the distinctive, individualized practices and perspectives of many of the clinicians in both studies tend to reflect a more postmodernist, social constructivist orientation toward behavior and practice (Robbins, Chatterjee, & Canda, 2006). The perspective of treatment developers is usually oriented toward the desire to advance and apply the science of mental health care, while the perspective of social work practitioners is oriented primarily toward the desire to advance practice through the application of theory and of practices consistent with their prior training and experience. In essence, the challenge faced by both groups is in accommodating two different priorities rooted in two

different cultural systems (Palinkas, Allred, & Landsverk, 2005), one academic and one clinical.

Both the structure and process of cultural systems are encapsulated in a set of shared understandings or value orientations. Value orientations are complex but definitely patterned, resulting from the traditional interplay of basic values (normative values), social values (prescriptive ethics), and their physical expression (artifacts). These give order and direction to human organization. The cultural logic that articulates the normative values of a social service agency explains why it does what it does, while the social knowledge embedded in prescriptive ethics explains how it is done. The artifacts of the normative and prescriptive values explain what is done, who does it, and when and where it is done (Hatch, 1993). These three elements are arranged in hierarchical fashion with the normative truths at the top and the artifacts at the bottom (Bailey, 1973; Davies, Nutley, & Mannion, 2000; Palinkas et al., 2005). The higher the element, the more resistant it is to change from the outside.

Cultural innovations like EBPs involve the translation, transformation, and exchange of the cognitive (information) and affective (motivation) elements of meaning systems of the stakeholders involved in the community–academic partnership. Cultural exchange is a transaction of knowledge, attitudes, and practices that occurs when two individuals or groups of individuals representing diverse cultural systems (ethnic, professional, organizational, national) interact and engage in a process of debate and compromise (Brekke et al., 2007; Palinkas et al., 2005). It is a bidirectional process in which two or more participants (stakeholders) derive something from and are changed as a result of the transaction. In contrast to other models of translational research, cultural exchange is both a theory and a method, a means of understanding this transaction as well as a tool for facilitating transactions involving multiple stakeholders.

Cultural exchange incorporates elements of other transactional models including social exchange (Blau, 1964), knowledge exchange (Muthusamy & White, 2005), and technology exchange (Begun, Berger, Otto-Salaj, & Rose, 2010). All of these concepts describe bidirectional and multidirectional interactions among partners. For instance, the concept of technology exchange advanced by Begun and colleagues (2010) incorporates three concepts that Gass (2005) identified as relevant to community–campus partnerships: the iterative nature of the collaborative relationship, an emphasis on processes that promote colearning between partners, and “synergy” as a mechanism through which more can be accomplished by a partnership than by the partners as individuals. “It also presumes that collaborators (academic researchers and community practitioners) share an appreciation of the democratic, ‘equivalent voice’ processes of interaction and decision making that define true collaborations . . .” (Begun et al., 2010, p. 56). Such an exchange takes the form of a dialogue between university researchers who learn about “real-world” programs and practices and community-based practitioners who learn about

research methods. “Concurrently, the exchanges facilitate the development and implementation of better quality research by encouraging feasible and context-appropriate participant recruitment, instrumentation, and design procedures . . .” (Begun et al., 2010, p. 56).

Cultural exchange requires an understanding of the value hierarchies of the partners. “Knowing why each partner is involved in the collaboration is important in predicting how each will participate in developing a collaborative working relationship” (Begun et al., 2010, p. 58). Although each participant in the translational effort may share a desire to bring improved social work services to a particular population, each may possess different motivations for doing so. Acknowledging these different motivations is essential to designing strategies to satisfy as many of the distinct needs or desires as possible.

Second, cultural exchange relies heavily on interpersonal processes that require the development and nurturance of reciprocal perceived trust (Brinkerhoff, 2002; Muthusamy & White, 2005). “In participatory research, skills are required in developing trust with community members and leaders and dealing with differences in authority” (Wells, Miranda, Bruce, Alegria, & Wallerstein, 2004, p. 957).

Third, cultural exchange requires willingness and an ability to engage in negotiation and compromise with one’s partners. For instance, “researchers’ interests in knowledge production are often different from the practical interest of communities in improving programs and services in community settings. These issues are important to negotiate throughout the research endeavor so that communities can directly benefit in shorter time cycles, even if final analysis and publications is a long-term process” (Wallerstein & Duran, 2006, p. 314). In the Chicago HIV Prevention and Adolescent Mental Health Project (CHAMP) project, both researchers and community members had to exercise a certain degree of compromise to insure the success of the project, with the former learning to make time and room for the expanded roles of community partners and the latter learning to trust researchers to both listen to their perspectives and be willing to adapt interventions based on what they heard (Madison, McKay, Paikoff, & Bell, 2000).

Finally, cultural exchange may require or benefit from the presence of individuals who possess some familiarity or competence in both cultural systems and can serve in the role of culture broker. As Wong (2006) observes, there are numerous benefits from having “champions” for research and programs on both sides and at several levels. Community liaisons must play an active role in translating the relevance of the science and the need for rigorous methods to stakeholders at all levels.

We view this paradigm as particularly well suited to social work because it embodies social work values and capitalizes on the unique capabilities of social workers to conduct translational research. After all, social workers are “bilingual” by virtue of their familiarity with the languages and cultures of both research and practice. They have the trust of the communities in which they serve by virtue of their community presence and role as advocates for that community. By virtue of their unique

position among all disciplines involved in this research, they are also well suited to lead interdisciplinary efforts to translate research into practice in all fields of human services.

Conclusion

Cultural exchange is an act or process of translation. However, unlike other paradigms of knowledge transactions or social exchange, it emphasizes and embodies the third definition of translation as found in Webster's Dictionary (i.e., a change or alteration to a different substance, form, or appearance). Cultural exchange leads to a transformation of both research and practice. Whether it is through cultural exchange or some other paradigm, what we can see beyond the horizon is the role played by translational research in transforming social work as a practice and as an academic enterprise. This transformation involves not just the dissemination, adoption, and sustainability of EBPs but the development of a special collaboration between social work researchers and practitioners that begins in the classroom and continues long afterwards.

Declaration of Conflicting Interests

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