

Building the Profession's Research Infrastructure

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Abstract: Beginning in 1988, the social work profession undertook a twenty-five year endeavor to enhance its research capacity and to assure greater representation of social work research needs, priorities and findings at the federal level, where major policy initiatives take place. Described here are some of the key processes, highlighting the efforts to achieve professional solidarity, and the interventions, by social workers, federal "insiders" and outside advocacy agents that carried the work forward. Details and accomplishments of this long-term, carefully sustained, and still incomplete professional self-strengthening change strategy provide insights for future collective professional endeavors.

Twenty-five years ago the social work profession began a sustained effort to strengthen its research infrastructure in support of demonstrating practice effectiveness, advancing knowledge for critical social problems, and informing national policy. The steps and processes undertaken and the outcomes achieved by this effort have been described elsewhere (Austin, 1998; Corvo, Zlotnik, & Chen, 2008; TFSWR, 1991; Zlotnik, Biegel, & Solt, 2002; Zlotnik & Solt, 2006, 2008). What we want to capture through this, our eye-witness account, are some of the nuanced and specific actions, obstacles, and decisions involved in this effort. Recreating this case study of a profession's self-strengthening change strategy – targeted both to the external environment and its own internal one – can provide insights for future profession-wide, collective efforts.

Keywords: Social work research, history, change process

Background

The social work profession has been involved in research and research strengthening for much of its history. The first state policy for providing systematic aftercare to institutionalized persons with serious mental illness emerged in New York in 1907, a result of advocacy bolstered with data collected by students of the New York School of Philanthropy (now Columbia University School of Social Work) (Vourlekis, Edinburg, & Knee, 1998). The historical record with respect to research prior to the period under consideration has been well synthesized in the 1991 report of the Task Force on Social Work Research (TFSWR, 1991) and by Zlotnik (2008).

The effort to be described here begins in the 1980s. There had been a number of significant changes at the federal level, heightening awareness of social work's

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vulnerability in key practice domains and marginalizing the profession's main social concerns and contributions. Public Health hospitals and treatment centers were closed, eliminating many direct service and administrative social work positions. Congressional action in early 1981 converted funding and regional structures for Community Mental Health Center initiatives, previously overseen and funded by the National Institute of Mental Health (NIMH), and led and staffed to a significant degree by social workers, to Block Grants overseen by the states, resulting in a twenty-five percent cut in the NIMH budget. NIMH's Division of Manpower training, including for social work, long a source of graduate stipends for its students, was eliminated. Also in the early 1980s NIMH's research portfolio was stripped of significant "social" research programs, eliminating another ten percent of the agency's budget and further diminishing connections with social workers. New Medicare/Medicaid regulations for hospitals, proposed and sent to the field for comment in the early 1980s, and approved as Final June 17, 1986 (51 FR 22010), eliminated the requirement for a director of social work. State and local child welfare agencies were experiencing growing numbers of children that were reported for child abuse and neglect and placed in out of home care without a workforce of well-trained social workers with the necessary competencies and low enough caseloads to address the increasingly complex needs of children and families served by these systems. As states struggled to deal with these issues, technical assistance, leadership and guidance from the federal government, i.e., The Children's Bureau, were lacking.

In 1985 NASW identified a vacancy on the National Mental Health Advisory Council (the key federal level mental health policy oversight group) and worked to have a social work member appointed. The director of NIMH, Shervert Frazier, MD let it be known that he would support only a federally funded mental health researcher. Lacking at the time a systematic data base to identify such social work researchers, NASW staff relied on their own knowledge, yielding very few names. That summer NASW's Health and Mental Health Commission undertook to contact every school of social work to generate names, again yielding very few. In an interesting twist of federal influencing, none of the suggested social work researchers got the appointment. It went to Dennis Jones, MSW, then the Indiana commissioner for mental health. Indiana was the home state of the Secretary (1981-89) of the Department of Health and Human Services, Otis "Doc" Bowen, to whom NASW had made a case for gaining a voice at the council. Social work got its spot on the council via our strong practice identification. This reflected reality: Social workers were the largest provider group of mental health services in the United States and a number of state directors of mental health were social workers, yet the profession was represented in federal research in a limited way

In 1987 Lewis Judd, MD became director (1987-91) of NIMH. Responding to his wife's (a clinical social worker) query about NIMH's relationship with social work, Judd asked his deputy director for Prevention and Special Populations, Juan Ramos, for an appraisal. Ramos detailed the ramifications of policy and budgetary actions since 1980 in creating disconnects between NIMH and the social work profession, both its practitioners and researchers. Ramos argued that social work was involved with an array of critical issues for which a body of knowledge was needed. He recommended a mechanism to audit and reconnect with the field's research capacity. Advocacy by staff within NIMH

and by NASW and CSWE led to Judd's appointment of the NIMH Social Work Research Task Force in 1988. David Austin, professor at the University of Texas School of Social Work, was appointed chair (Appendix A).

The group was charged to have a broad focus "with regard to the role of research in social work and the role of research in the underpinning and development of the individual social worker..." and to specifically examine "'What is the current state of research in social work? What should be the role of research in social work? How can social work most broadly and quickly be influenced by the recommendations of the Task Force?" (Vourlekis, personal letter, October 3, 1988). When Judd met with the Task Force at its first meeting in November, 1988, he encouraged an unstinting and courageous effort at professional self-scrutiny, "like the Flexner Report."

Task Force: 1988-91

Austin, employing his community organization and administrative skills, began a tireless process of connecting the Task Force's assignment, inquiry process and eventually its findings to key constituent groups – social work education, specialty practice organizations, and social welfare associations and their leaders – as they held annual meetings. He maintained a clear vision of the true nature of the undertaking as a change process, not just a "report to sit on the shelf."

Ramos, NIMH project officer for the Task Force, facilitated resources for the comprehensive effort involving nine face-to-face multiple day meetings of the entire task force, Austin's travel throughout the country, exhaustive data-based assessments of the current state of the social work research enterprise, meetings with private and government funders, and finally, editing and publication of the Task Force final report.

The Task Force's comprehensive sweep of the environment revealed the profession was facing a supply problem (e.g. inadequate numbers and preparation of researchers) as much as a demand problem (e.g. limited funding and different priorities). Capacity building in the profession was always the TF's end goal; however, the perceptions for many in our field were of limited research dollars and federal research agendas seemingly incompatible with primary social work concerns. While there was some validity to these views, by the late 1980s the reality at NIMH had shifted. Judd, in a 1989 speech to social workers (NASW Annual Meeting of the Profession, November 10, 1988, Philadelphia, Pennsylvania), outlined some of these changes. The Institute had experienced its largest ever increase in funding in the two years 1986-88, with a budget jumping from 382 million to 515 million dollars. With the objective of diversifying its research portfolio and encouraging "all science," NIMH priorities now included the homeless mentally ill, AIDS, youth suicide, service system research including psychosocial rehabilitation and psychotherapy, environmental and clinical services research in the schizophrenia initiative, and a push for public system-academic research partnerships (Judd, 1989).

As the Task Force work proceeded, some stark facts about the profession's capacity, not unknown to many, but hard to acknowledge publicly, emerged and were documented in the report. For example, social work doctoral graduation numbers remained stagnant despite an increase in the number of programs available (TFSWR,

1991, p. 21). The quality of preparation for research was uneven across programs and often deficient. Alan Leshner, Ph.D., then associate director of NIMH, met with the Task Force and was struck by the average age of late 30s of social work doctoral recipients and its implications for a grueling research career trajectory. Often entering doctoral studies after a number of years in practice, these individuals were less likely to apply for post-doctoral fellowships (and their modest stipends) that were considered essential for building research expertise, and aimed for teaching positions instead. Social work researchers and their investigations infrequently involved the interdisciplinary approach and partners that were viewed as essential for the complex problems facing policy makers and service providers. Social work education had been largely unsuccessful in creating models of advanced research training that incorporated or were integral to social work practice activities, fostering a concern that future educators for the profession would lack a sufficient grounding in the practice they were teaching, and their research would be too far removed from the central needs of practice.

Austin made another round of communicating conclusions and recommendations from the Task Force as the report was being written. These included comprehensive and detailed recommendations for action to federal government agencies, private funders, and to the full range of social work organizations. Paramount was the urgent need for the profession itself to establish dedicated research advocacy structures that would address issues of both supply (professional capacity) and demand (appropriate funding opportunities) on a long-term basis. NASW and CSWE each were urged to have an office of research development. The Task Force also recommended that a national social work research institute be established by the profession to focus exclusively on “increasing recognition and support accorded to research career development and research productivity within the profession...” (TFSWR, 1991, p. 47). NIMH agreed to fund a two-year implementation effort as the Task Force disbanded.

Implementation Committee: 1991-1993

Again with the change process paramount, membership on the Implementation Committee (IC) consisted of leaders from both the educational and practice domains. Appointed to the task were the president and executive director of CSWE, the presidents of the National Association of Deans and Directors, Group for the Advancement of Doctoral Education (GADE), and the Baccalaureate Program Directors (BPD), all representing social work education; the president, executive director, and one board member of NASW, and representative practitioner/leaders from each of the health, mental health, child welfare, and aging fields, all representing social work practice. Betsy Vourlekis served as chair, and Austin, ex officio, providing continuity with the original Task Force (Appendix B).

As the IC met, each organization quickly committed to specific implementation recommendations from the Task Force Report that were viewed as feasible at the time. The majority of the IC’s time and activity were devoted to discussing and fleshing out the parameters, governance, structure, and possible initial financing of a national social work research entity, or what came to be known as the Institute for the Advancement of Social Work Research (IASWR).

There were formidable challenges to the establishment of an entity such as the one under consideration. The group argued initially to prioritize advocacy efforts for a federal social work research institute (as the National Institute for Nursing Research), emphasizing their enthusiasm and collective will to address the demand problem. While that was (and remains) a goal for the profession, realistic assessment dictated: 1) this was a long-term goal; and, 2) there was a need for the profession to demonstrate its own commitment to capacity building. Building solidarity to undertake action by the profession itself was more complicated. To begin, the group asked Mark Battle, Don Beless and Betsy Vourlekis to flesh out a draft proposal for an organizational structure, mission, and goals. Delineating the purpose and scope of activities required careful weighing of the potential competing interests of schools and programs, who would be pursuing research dollars on their own. IASWR would actually do research only as part of capacity building and in response to initiatives for which schools were ineligible. Some committee members challenged the need for such an institute. They wondered if some of its proposed functions were redundant or necessary. This was primarily because these advocacy functions and activities were, and still are, poorly understood – except by seasoned federal influencers and players – for the time-consuming, nuanced and relationship-based work they involve.

Concurrent with the IC's work, meetings held in different parts of the country throughout 1991-93 reinforced the message and directives of the Task Force Report. One such meeting, "Building Social Work Knowledge for Effective Mental Health Services and Policies," sponsored by the Services Research Branch of NIMH (April 6-7, 1992, Bethesda, MD), culminated with a brief address by Janet Williams entitled "Organization of a Society for Social Workers in Research." She presented an outline of her proposed goals and structure for an individual membership, dues-paying entity to an enthusiastic response from attending social work researchers. The potential benefits of such a group were clear. Social work researchers had not had an organized interest group, as such, since the Social Work Research Council was disbanded in NASW's 1974 reorganization (Zlotnik, 2008). However, with the IC's discussions and negotiations about the proposed IASWR at a critical point, Vourlekis and Austin were concerned that starting the Society just then could derail the more contentious profession-wide effort. The existing organizations, each with their freight of constituency demands, might see themselves as off the hook, fiscally and agenda-wise. Williams agreed to hold off organizing the Society until the Implementation Committee concluded its work.

Funding for the proposed IASWR was the major difficulty. All the represented organizations had limited budgets as well as fully allocated programmatic funds and priorities. Committee members questioned the long-term fiscal viability of even the modest sized establishment already under consideration. Ultimately, leaders of the profession's organizations at the table were challenged to come up with dollar figures for an initial appropriation for each year for three years, based on each group's size and budget. BPD was the first to put an offer in play. Baccalaureate directors accepted their recommended actions with prominent activities and initiatives. In his speech at the group's 25th anniversary meeting, President Grafton Hull emphasized again how important strengthening research comprehension and utilization was to the mission of

baccalaureate programs, and said that working with the IC and its agenda had been a highlight of his term (BPD 25th Anniversary Conference, March 5-9, Destin, Florida).

After the professional organizations' funding parameters were established, the IC hammered out a mission statement and initial set of goals and objectives, and the structure and representation of the oversight Board of Directors was determined. NIMH indicated willingness to consider an initial contract for capacity building activities, some of which had already begun under NIMH auspices that would provide funds for projects plus overhead to the proposed institute. At the IC's final meeting in the shadow of the Alamo in San Antonio the committee voted for the institute plan and agreed to take it to their respective boards. Ultimately the boards of each organization represented on the IC voted to approve the plan, including the funds involved, and IASWR was born.

Institute for the Advancement of Social Work Research: 1993-2009

IASWR began with an initial budget of 94,000 dollars, based on contributions from CSWE, NASW, NADD, GADE, and BPD, donated office space at NASW, an interim director (Vourlekis, on a semester leave from the University of Maryland), and a part-time administrative assistant. The first task was to write the response to the RFP for an NIMH contract for technical assistance activities. Thanks to the "inside" advocacy – including interest, dogged determination, superb writing, and skillful bureaucratic infighting – of Kenneth Lutterman, staff social scientist at NIMH, both this discipline-specific contract as well as the far more consequential RFP for Social Work Research Development Centers issued a few months later moved through the contentious process of approval at NIMH. NIMH senior staff questioned the need for any discipline-specific initiatives, arguing for interdisciplinary Center RFPs exclusively. In a key "outside" advocacy intervention, Ronald Feldman, dean at the Columbia School of Social Work, met with Alan Leshner, by then acting director of NIMH, and made a persuasive case for the potentially unique and consequential contributions of social work research. NIMH ultimately funded eight social work research centers (Washington University, Fordham University, Portland State, the Universities of Tennessee, Pennsylvania, Pittsburgh, and Michigan).

The expertise and stature of a permanent director at IASWR to oversee and implement its largely federally funded efforts was a dominant concern at NIMH. Opportunely, at TF and IC meetings NIMH staff had offered an IPA (Intergovernmental Personnel Act) position for a social worker to come to work at NIMH. Rino Patti, then dean at USC and serving as president of the newly formed IASWR, urged Kathy Ell, who was beginning a sabbatical leave year, to come east and take the IPA position. After eight months at NIMH, Ell, with the blessings of her NIMH colleagues, agreed to take the directorship of IASWR, thereby providing both permanence and serious research credentials to the position (Ell, 1996, 1997; Ell & Martin, 1996; Inouye, Ell, & Ewalt, 1995).

Under Ell's leadership (1994-1996), IASWR reached out to other federal agencies, successfully garnering contracts and grants from NIMH, NIDA, Department of Defense, and the Centers for Disease Control and Prevention (CDC). In addition, IASWR began

participating in multi-disciplinary groups calling for increased NIH funding for psychosocial research. Simultaneous to the expanded focus on social work research was increased advocacy for behavioral and social sciences research at NIH, resulting in the creation of the Office of Behavioral and Social Sciences Research (OBSSR).

A key IASWR activity was its significant contribution in supporting and facilitating the creation in 1994 of the Society for Social Work and Research and playing a leadership role in the NIMH funded, SSWR inaugural meeting April 9-11, 1995 in Arlington, Virginia. As a part of that meeting and organized by IASWR, leaders from NIH and members of Congress attended the first ever Capitol Hill social work research poster session, bringing researchers and their work in important areas of social concern to the attention of national policy makers and research funders.

After Ell's return to her university position, John Lanigan, a former foundation program officer was hired to lead IASWR (1996-2000). During his tenure one of the recommendations from the initial Task Force report was realized when a bill was introduced by Senator Daniel Inouye (D-HI) to create a federal National Center for Social Work Research, most likely to be placed at the National Institutes of Health. Also during this time NIDA, now under the directorship of Alan Leshner, launched a social work research development center program as well. Championed within NIDA by social workers Peter Delany and Jerry Flanzer, over the course of five years seven centers were funded (Washington University, Arizona State, SUNY-Albany, Case Western Reserve, Columbia, and the University of Texas - Austin).

The *National Center for Social Work Research Act* legislation garnered bi-partisan support in the House of Representatives, when Asa Hutchison (R-AR) (with a social work educator as his chief of staff) and Ciro Rodriguez (D-TX) (himself a social worker educator) together introduced the bill in the House. There was also bi-partisan support in the Senate for several Congressional sessions, when Republicans Tim Hutchison (R-AR) and Susan Collins (R-ME) served as cosponsors. Senator Collins was approached by Kim Anne Perkins, president of the Maine NASW Chapter and director of a BSW program in Maine. Senator Hutchison was the brother of Congressman Hutchison, who had attended high school with social worker Betty Guhman, who made the contacts and the case. Relationships matter.

Although the Federal Center has yet to be realized, the introduction of the legislation energized the Action Network for Social Work Education and Research (ANSWER), a coalition of the same organizations that supported IASWR, along with IASWR to mount a large scale lobbying campaign. In addition, the focus on NIH attracted interest from the CDC that thought social work research should also have a place at the CDC. This resulted in a contract to IASWR to focus on social work contributions to injury prevention and prevention of child maltreatment (IASWR, 2003).

Despite having key social workers in Congress reintroduce the bill in both the House and the Senate during several subsequent sessions of Congress, it was hard to maintain the bi-partisan support as Congress became more polarized, and as the profession's advocacy focus moved on to other priorities, especially the Dorothy I. Height and Whitney M. Young Social Work Reinvestment Act. The effort was further depleted by

concerns that institutes and centers were proliferating at the NIH, resulting in the 2006 reauthorization of NIH (P.L. 109-482) limiting the number of institutes and centers (Office of Legislative Policy and Analysis, 2014).

Despite the on-going challenges of a small staff and severe budget constraints, IASWR made robust progress during Joan Levy Zlotnik's nine year tenure (2000-2009) as director. Zlotnik came to IASWR after working both at NASW and CSWE. Her reputation for creating collaborations, knowledge about how to work with the executive branch of government and with Congress, as well as her connections with social work academic and practice leadership positioned her well for taking on IASWR's agenda. In assuming the directorship, Zlotnik immediately sought to reach out further to multiple institutes of the NIH, and to assess how IASWR could best support the strengthening of research culture and infrastructure within social work education and through the many social work practice organizations.

The IASWR board engaged numerous stakeholders in developing a strategic plan (Zlotnik, Biegel, & Solt, 2002). In its implementation, one of the first tasks was to invite SSWR, the rapidly growing membership organization of social work researchers, to become one of IASWR's supporting organizations. Another was to increase social work's visibility in the Washington (inside the Beltway) behavioral and social science research community. IASWR pursued active involvement with the advocacy efforts undertaken by the Consortium of Social Science Associations (COSSA) and three of the coalitions COSSA leads (Coalition to Advance Health through Behavioral and Social Science Research [CAHT-BSSR]; Coalition to Protect Research [CPR]; and Collaborative for Enhancing Diversity in Science [CEDS]) (Zlotnik & Solt, 2006). IASWR's advocacy and continual presence at these meetings, along with attendance at NIH's various advisory groups, resulted in greater inclusion of social work researchers in hearings, briefings, review panels and workgroups. IASWR also arranged for social work leaders and researchers to meet with key institute and center directors, resulting in new research support, social work researcher training, and knowledge building strategies. In addition, through IASWR's advocacy, the National Advisory Mental Health Council finally appointed a social work researcher, Enola Proctor of Washington University in St. Louis, who served for three years.

IASWR worked closely with the ANSWER coalition and NASW to bring attention to social work research through the strategy of recommending "report language" to be inserted into House and Senate appropriations bills, language that directs the executive branch to take certain actions. IASWR's outreach had by now moved beyond NIMH, and included efforts to promote social work research at NIDA, NIAAA, National Institute on Aging (NIA) and the National Cancer Institute (NCI). Zlotnik had also cultivated IASWR's engagement with the new NIH Office of Behavioral and Social Sciences Research (OBSSR). Consequentially, report language was included in the 2003 NIH Senate Appropriations report (Senate Report 107-216) directing NIH to create a *social work research plan* (National Institutes of Health, 2003). The plan was the first trans-NIH effort to recognize the importance of social work research and identify steps to build social work research opportunities at NIH. OBSSR convened a workgroup to develop the plan. Members of the group were representatives from NIMH, NIDA, NIAAA, NCI, the

National Institute on Aging (NIA), the National Institute on Nursing Research (NINR), the National Institute on Child Health & Human Development (NICHD), and the Office on AIDS. That workgroup, 10 years later, continues to meet and plan efforts to provide technical assistance, training and nurturance to the social work research community. Continuing members since the beginning include Stephane Philogene of OBSSR, Denise Juliano-Bult of NIMH, Peggy Murray of NIAAA, and Suzanne Heurtin-Roberts of NCI. The working group has included both social workers on the NIH staff as well as non-social workers. They have been challenged to garner support from their own institutes as well as from OBSSR and to monitor the social work research enterprise.

The need for a systematic, comprehensive, and continuously updated database covering all facets of the profession's research infrastructure has been evident since before the initiation of the TF. In 2004, IASWR undertook the seemingly simple, but actually complex task of trying to track social work researchers funded by NIH between 1993 and 2004. Many people thought such a database ideally should include research funding from other federal and state entities as well as foundations, but Zlotnik knew how hard it was to gather such information and thought it was important to have a specific focus as a starting point. Information for the directory was gathered from the institutes themselves (although their data was not readily retrievable by discipline, only by degree and university affiliation, resulting in considerable ambiguity), and by asking researchers to enter their information in a database. In addition requests were made to deans and directors, and IASWR staff became copious readers of a range of newsletters, e-alerts, press releases and conference programs, scouring as many sources as possible for information about social work researchers. The document highlighted the longstanding and growing investments that NIMH had made in social work research as well as the other lead institutes that supported social work research.

Despite its accomplishments both within the profession and within the Washington, DC scientific community, IASWR was always challenged. The routinely changing leadership of the supporting social work organizations required regular orienting of new board members and convincing once again the new leaders of the value and utility for the profession and their own organizations represented by their contribution to the collaborative undertaking. Sometimes the message and the institute itself was well received; other times less so. Funding support from the organizations would shrink and grow with some of the leadership changes and, at best, IASWR was always in need of outside, contracted support. This challenge was made more onerous with a new environment at the NIH. Changes in staff and changes in available funding made it difficult to garner large-scale contracts after 2003. While the NIH budget doubled between 1998 and 2003, a time of important growth in the number of NIH funded social work researchers, after that point budgets became flat or actually decreased in real dollars. IASWR successfully garnered smaller, short-term contracts and grants from several federal agencies including the Children's Bureau, CDC, the Agency for Healthcare Research and Quality, and at NIH – OBSSR, NIDA, NIAAA, NCI, and NIMH as well as from the Annie E. Casey Foundation, Casey Family Programs, and the Gill Foundation. However, the 2008 and 2009 economic downturn had all funders and

supporting organizations considering how to prioritize the funds they had available, resulting in a stagnant funding environment.

By 2009, the IASWR Board of Directors determined that the Institute would have great difficulty continuing with its limited contributed funds and shrinking outside funding opportunities. When Zlotnik was offered a new position at NASW, the Board realized it would have difficulty attracting someone new to lead the organization. Agreeing to planfully dissolve the organization, the IASWR Executive Committee, working with key deans and SSWR leaders, held a retreat at the University of Maryland School of Social Work in June 2009. Certain IASWR goals and tasks were taken on by other organizations. SSWR, fiscally strengthened through membership and a successful annual conference, planned a National Research Capacity Building Initiative, hoping to maintain social work research's presence with federal agencies and within coalitions. The popular IASWR Listserv, with more than 3000 subscribers migrated to the Boston University School of Social Work, with the dean agreeing to take on this task because she valued the product (www.bu.edu/swrnet). Zlotnik's new position as director of NASW's Social Work Policy Institute assured some continuity in key federal relationships and a focus on garnering research and research-generated information for issues of practice.

As the Taskforce and Implementation Committee had envisioned, the research advocacy and facilitative organization that became IASWR, collaboratively undertaken, successfully gave visibility to social work research in Washington, DC and supported social work research development within social work institutions. It was an essential entity in building the social work research enterprise and the profession's knowledge development over the past 25 years. Its demise may have come too soon – as much work continues to be done. But organizations such as IASWR are always challenged to maintain collaboration among organizations with many competing demands, and need champions among all of the potential stakeholders.

Conclusion

The many and diverse successes of the profession's twenty-five year collective change effort with respect to its research capacity and infrastructure have been documented elsewhere (Jensen, Briar-Lawson, & Flanzer, 2008; McRoy, Flanzer & Zlotnik, 2012; Zlotnik, Biegel, & Solt, 2002; Zlotnik & Solt, 2006, 2008). Certainly there are enormous challenges remaining. Among the most intractable is the need for social work intervention research that is of sufficient scale and rigor to influence key decision makers including provider organizations, service system funders and administrators, and state and federal policy. Furthermore critically needed is research across our many fields to generate evidence-based and demonstrably effective social work practice that integrates social work practice settings (and their practice concerns) with social work researchers and research resources. Equally needed is research that will bring evidence-based interventions into the complex service systems that provide services and support to our nation's most vulnerable individuals and families. This remains as vitally true today as it did ten years after the Task Force Report, when David Austin concluded in a 1998 progress report "Only as research contributes systematically to the knowledge base that

will improve professional practice, in all of its forms, can there really be a justification for expanded financial support for such research" (Austin, 1998, p. 43).

An important lesson from the perspective of twenty-five years is the sustained and lengthy nature of the effort itself. Change has been incremental, piecemeal and certainly incomplete. The practice of policy influence at the federal level is intricate, time-consuming and on-going and must be learned and mastered. Relationships matter and must be cultivated – researchers with federal agency staff and staff with social work researchers. At critical junctures in the endeavor recounted here, career federal civil service social work colleagues played leading roles. Their expertise was indispensable in making a case for the profession's actual and potential contributions to important initiatives within their agencies; in promoting opportunities and providing thoughtful guidance to social work researchers; and skill in bureaucratic maneuverings to create legitimate space and attention for social work priorities. In moving forward, the profession and its educational enterprise need to promote such career-long commitments to federal policy positions as a key component of "insider" knowledge and influence and as valued social work professional roles.

From the beginning, the effort described here relied on our own profession's organizational collaboration, inclusiveness, and recognition of common as well as disparate interests. For us an important insight suggests that professional unity and a collective "voice" are possible around specific, bounded goals. Results and progress toward such delineated goals are more likely to be achieved in this manner than are larger scale structural and conceptual efforts at professional unification. The scope and diversity of social work's practice and educational enterprise generate more needs and demands than our financially limited organizations can hope to meet, so the struggle over what to "talk about," let alone in one voice, and then to collectively "do about it" continues. The solidarity to address our research infrastructure remains a powerful and successful example.

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Betsy Schaefer Vourlekis is Professor Emerita at the University of Maryland School of Social Work. She received her B.A. from Harvard, MSW from Columbia, and Ph.D. from the University of Maryland. She practiced psychiatric social work at St. Elizabeths Hospital, Washington, DC, and was staff director for Health and Mental Health at the National Association of Social Workers prior to joining Maryland's faculty in 1988. She served on the NIMH Task Force on Social Work Research and chaired the follow-up National Implementation Committee. She was the project consultant and field researcher for NASW's Clinical Indicator Guideline project that developed quality improvement indicators for social work/psychosocial services in medical and psychiatric settings. She worked extensively with social work groups designing program evaluation tools that improve visibility and accountability for their practice.



Joan Levy Zlotnik has a B.A. from the University of Rochester, an MSSW from the University of Wisconsin-Madison, and a Ph.D. from the University of Maryland, Baltimore. She currently serves as the director of the Social Work Policy Institute (SWPI), a think tank established in the NASW Foundation to enhance social work's voice in the public policy arena and to use research findings to inform policy and practice. Dr. Zlotnik served as executive director of the Institute for the Advancement of Social Work Research (IASWR) from 2000 to 2009 and also previously served as director of special projects at the Council on Social Work Education (CSWE) after working at NASW from 1987 to 1994. Dr. Zlotnik is an NASW Social Work Pioneer®, a fellow of the Gerontological Society of America, and was identified as one of the six most influential social workers in the United States by the University of Maryland School of Social Work.



Juan Ramos retired after 35 years at the National Institute of Mental Health (NIMH/NIH/HHS) having served in various positions, including a 12-year period as a Division Director, and 20 years as Associate Director for Prevention and Senior Advisor on International Activities. He was the NIMH Project Officer for the Task Force on Social Work Research from 1988 to 1991. He is a member of the Steering Committee of the NASW Social Work Pioneers; Vice-Chairman of the Board of the Center for Behavioral Health Solutions; a Board member of the Catholic Social Workers National Association; past Board member of the National Hispanic Council on Aging; assisted in the founding of the Society for Social Work and Research (SSWR) and the Society for Prevention Research (SPR); and has been a longtime advocate for the full implementation of Title VI of the Civil Rights Act of 1964. He holds an MSW from the School of Social Work at the University of Southern California and a Ph.D. from the Heller School for Social Policy and Management at Brandeis University.



Dr. Kathleen Ell's nationally and internationally recognized research has addressed two overarching scientific questions: 1) how is the mind and body linked in acute, chronic and life-threatening illness, quality of life and mortality; and 2) how can access to health care, patient self-care and treatment activation and adherence, and health outcomes be improved. Her work has focused on: a) improvement of community-based services for patients with abnormal cancer screens, individuals diagnosed with clinically significant depression, often concurrent with acute and/or chronic medical illness; b) socio-cultural adaptations aimed at reducing barriers to optimal care receipt; c) patient-centered care preferences and uptake, psychological and medical outcomes, and medical provider needs to advance collaborative care models. Her emerging health information technology application research is also significantly focused on social work clinician preferences, needs, and application in real world practice.

Appendix A

National Institute of Mental Health Social Work Research Task Force Members

David M. Austin, PhD, Chair

Ronald A. Feldman, PhD, Vice-Chair

Glenn Allison, MA

Scott Briar, DSW

Elaine M. Brody, MSW

Claudia Coulton, PhD

King E. Davis, PhD

Patricia L. Ewalt, PhD

W. David Harrison, PhD

Steven P. Segal, PhD

Barbara Solomon, DSW

Tony Tripodi, PhD

Betsy S. Vourlekis, PhD

Juan Ramos, PhD, NIMH Project Officer

Appendix B

Social Work Research Task Force Implementation Committee

David Austin (University of Texas), ex officio
Mark G. Battle (Executive Director, NASW), ex officio
Don Beless (Executive Director, CSWE), ex officio
Sandra Butcher (Georgetown University Hospital, representing health practice, NASW)
Michael Frumkin (CSWE, Alternate)
Grafton Hull (President, BPD)
Dennis Jones (Texas Commissioner of Mental Health, representing mental health practice)
Jack Sellars (BPD, Alternate)
Sheila Kameran (President, GADE)
C.W. King (Board Representative, NASW)
Ruth Massinga (Casey Family Foundation, representing child welfare practice, NASW)
Julia Norlin (President, CSWE)
Rino Patti (President, NADD)
Nola Proctor (GADE, Alternate)
Frank Raymond (NADD, Alternate)
Fernando Torrez Gil (UCLA, representing aging practice, NASW)
Betsy S. Vourlekis (University of Maryland), Chair
Barbara White (President, NASW)
Juan Ramos (NIMH Project Officer)