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GUEST EDITORIAL

Why Social Work Practitioners Need Research Ethics Knowledge

James J. Clark

Social work practitioners are under increasing pressure to understand and use evidence-based practice approaches. At the same time, clinicians, scientists, and government officials have noted that only a handful of assessment and intervention approaches have been adequately tested so they might be disseminated for widespread use. To remedy this situation, a significant increase in the number of community-based research projects is necessary.

Although researchers and practitioners seem to come from different worlds, successful community-based research requires closing the "researcher–practitioner gap." Researcher–practitioner partnerships are underway in many agency settings. For example, the National Child Traumatic Stress Network ([NCTSN] http://www.nctsn.org) is a group of researchers and practitioners who work in 70 rural and metropolitan sites in the United States. NCTSN members use innovative child trauma treatments such as parent–child interaction therapy and trauma-focused cognitive–behavioral therapy. Funded by the U.S. Substance Abuse and Mental Health Services Administration, NCTSN enables clinicians to work closely with researchers to test the local effectiveness of their work and participate in cross-site evaluation studies to demonstrate the network's national effects.

If such trends continue it will become commonplace for social work practitioners to join research projects. And it will be no surprise that social workers will work hard to ensure that their clients' rights as research participants are respected. Human subjects protection is a great challenge for community-based researchers because most clients belong to groups who present as among the most vulnerable to unethical practices. What follows is a brief review of standards that social work practitioners and other researchers should aim to follow when conducting research, including a discussion of the complexities and challenges involved.

All projects should be vetted by an institutional review board (IRB) that is affiliated with a university or other entity that is registered with the federal government's Office of Human Research Protections. One easy way to verify IRB approval (besides checking with the investigator or university) is to inspect the informed consent form that clients are required to understand and sign before they are enrolled into a study. The official IRB stamp or current IRB contact information is always listed on the form. A consent form that contains no such information might mean the study was not approved or that approval has expired.

The Code of Federal Regulations (also known as the "Common Rule") designates three major categories of vulnerable people: 45 CFR 46 Subpart B discusses pregnant women, fetuses, and neonates; Subpart C discusses prisoners; and Subpart D discusses children. The reader can see that each of these groups might be exploited because of their compromised status in society, cognitive limitations associated with age, or their medical vulnerabilities. In addition, history has taught us that these groups have been improperly treated by researchers in the past. As an illustration, I discuss some of the complexities of pediatric research, especially because so many social workers employed in child welfare agencies, schools, hospitals, and mental health settings are now or soon will be involved in projects investigating child assessment and treatment technologies.

Historically, U.S. federal policies effectively excluded children from all research to protect them from exploitation. Relatively recently this policy was revised because it had created a "pediatric gap" in research knowledge about critical interventions such as medications, surgical procedures, and psychotherapies. In addition, the lack of evidence did not routinely prevent many practitioners from using unproven therapies with children. Although practitioners often use treatments demonstrated to be effective with adults, there are no guarantees that they are safe and effective for children and adolescents who have unique, developmental sensitivities. Therefore, pediatric research must proceed to enhance ethical practice and the use of evidence-based treatments.

Young children are unable to give informed consent to participate in studies, and therefore, parental permission is required. Older children and adolescents are required to give their assent to participate, even if parents grant the required permission. Social work researchers need to ensure that parents understand the risks and benefits of projects requesting their children's participation. The April 2007 editorial by Jorge Delva showed how responsible and well-informed parents make such decisions in their child's best interests and factor in concern for the project's attention to race, culture, language, and safety. Unfortunately, some parents face great cognitive challenges in understanding the risk or benefits of such studies and sometimes agree to participate in research projects for the wrong reasons.

For example, desperate adults can be tempted to sign up children if they believe that they will otherwise be denied services to which they are entitled. Poor adults consent to receive financial remuneration or some other incentive that seems too good to pass up. Both of these are examples of "coercion," and IRBs strive to help researchers to avoid intentional or unintentional coercion.

Some children are improperly enrolled into clinical research projects because their parents believe that the experimental intervention will definitely help their child. This is known as the "therapeutic misconception," and social workers need to help parents understand that projects testing new interventions offer no guaranteed cure. Empirical findings could help us understand how to approach these issues, but unfortunately, very limited research exists about how parents actually understand the components of pediatric research studies.

Finally, researchers sometimes recruit children who live in hospitals, in residential programs, or in state child welfare custody because more research is needed about these populations to help improve services they receive. However, these individuals also happen to be subject pools that are readily available, making them a sort of "captive audience." Validity and ethical problems can arise from studies recruiting such participants. For example, will a trauma intervention validated in a residential treatment setting generalize to children living in the community? If the intervention is not studied in community areas that may present more sampling obstacles, that question will go unanswered. Research for such settings is usually approved only when the focus of the project is about those specific populations and settings.

Researchers who only recruit children from marginalized groups and low socioeconomic status families can inadvertently stigmatize those children further. At the same time, involving healthy children from nonmarginalized groups who will not benefit from the tested interventions raises ethical problems, even though their inclusion might enhance the validity of research projects.

The NASW *Code of Ethics* clearly directs social workers who strongly suspect or discover ethical violations to take action. First, it is usually advisable to discuss concerns with the research investigator to seek clarity and, if necessary, remediation. If these concerns are dismissed or minimized, there are a number of alternative pathways for further action. Research cannot occur without the sanction of agency leadership, so consultation with supervisors or administrators can be effective because they are usually aware of the serious ethical and legal ramifications for the organization if such violations are taking place. If this is unsuccessful or impractical, the researcher's university IRB can be anonymously contacted, and this usually generates a vigorous investigation because universities face terrible penalties if ethical violations create harm to research participants. Seeking assistance from a state NASW chapter can also protect complainant anonymity and will likely incentivize researchers, agency leaders, and universities to address publicly exposed violations. Finally, if all else fails, or if because of special circumstances the complainant requires advice before taking any of the actions mentioned earlier, personally retaining legal counsel can be extraordinarily effective, although this would require the financial resources to pay legal fees.

The foregoing discussion suggests a few of the complexities and challenges involved with protecting research participants. Yet, it is important to remember that it is ethically required to pursue intervention research with vulnerable populations such as children because they would otherwise almost always have access to only nonvalidated treatment approaches. Because vulnerable populations are social workers' primary clientele, practitioners should join researchers and IRBs in working to protect clients by helping to ensure that their client populations have the option for research participation and that the studies in which they participate are conducted with scientific and ethical integrity. Practitioners seeking to develop greater knowledge in this area can contact the Office of Research Integrity at their local university for training opportunities. Social worker practitioners are also encouraged to join an IRB and sit as one of the community members required for an IRB to legally function. The following Web site is also very helpful for deepening research ethics understanding and skills: http://www.ori/dhhjs.gov/. SW

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