Research Statement
Sharon Lee, LCSW, Ph.D. Candidate

My research works to reduce the burden of individuals suffering from mental health and substance use disorders. Prior to starting the Ph.D. program, I spent about 5 years in direct social work practice, mostly at the Psychiatric Institute of Washington, an inpatient psychiatric hospital located in Washington, DC. My role quickly changed from a master’s level social work intern to the child and adolescent unit clinical social worker/therapist, and ultimately to the interim director of the social work department. During my tenure at the hospital, I was a clinician, conducting psychosocial assessments and treatment plans, an advocate for patients in their schools and workplaces, a therapist (individual, family, and group), a liaison between internal and external providers, a case manager allocating resources for patients in and outside of the hospital, and a supervisor for the social work staff. These experiences allowed me to gain a strong understanding of research and highlighted my abilities to learn quickly, adapt, and to problem solve effectively in various social work practice and research environments – all skills that will allow me to contribute in academia, through both interventions and policy change.

My dissertation examines how changes in alcohol use occur for women with comorbid depression and histories of marijuana use. The focus of my dissertation research is three-fold: 1) to identify social and motivational factors associated with comorbid depression and alcohol abuse among women 2) to further identify comorbidity among depression and substance use among women using TTM-informed profile analysis, and 3) to use Latent Growth Modeling (LGM), to correlate changes in alcohol use and depression among these populations over time, depending on their depression and marijuana use. Given that primary care can serve as a gateway to mental health and substance abuse disorder treatment, a better understanding of how comorbidity presents in primary care setting is crucial. This dissertation offers a method to improve identification and treatment of individuals with depression and substance abuse comorbidity, and provides opportunities to improve comorbidity treatment in primary care settings, contributing to a growing body of research that suggests the benefits of integrated behavioral health care models.

My experiences as a clinical social worker in the field of mental health and substance use have greatly informed my research of prevention and treatment for comorbid mental health and substance use disorders. For the past 4 years, I have worked with Dr. Mary Velasquez, the director of the Health Behavior and Research Training Institute (HBRT). As part of an interdisciplinary team, I was involved in R01 projects that designed, developed and implemented innovative, evidence-based interventions to reduce—and ultimately prevent—substance abuse. My major accomplishments at HBRT involved designing Motivational Interviewing based intervention components for a Center for Disease Control and Prevention (CDC)funded table-based intervention, CHOICES 4 Health, which is a randomized clinical trial aimed at preventing of fetal alcohol syndrome among pre-pregnant, high-risk women. As part of an interdisciplinary team, I was also involved in the intervention and creation of supplementary psychoeducational materials. Additionally, working closely with HBRT, I gained strong research skills through initiating data analysis, manuscript development, and peer-reviewed conference presentations. In my third year of the doctoral program, I completed a research internship at the World Health Organization (WHO) headquarters in Geneva, Switzerland. Working closely with Dr. Maria
Renstrom of the Division of Mental Health and Substance Abuse, I gained knowledge in macro level approaches to mental health and substance use, particularly in an international context by contributing to the development of policies (Mental Health Gap Action Programme (mhGAP)) and preparing for expert technical meetings.

I recently completed two independent qualitative research projects. First, as literature suggests primary care as an opportunistic setting to discuss mental health or related problems, in collaboration with Dr. Marilyn Armour, we conducted a research project that focused on pediatricians’ lived experiences to inform potential changes in mental health treatment in primary care settings. We conducted 10 in-depth interviews from pediatricians, who are often the first line of contact for parents about their children’s mental health. Results from this phenomenological study confirmed the important role pediatricians play in mental health treatment-seeking process and revealed suggested guidelines, given by pediatricians to improve pediatricians’ involvement with patients presenting with mental health issues. Findings from this research have been presented at the Society for Social Work Research Annual conference and has been submitted to the American Journal of Orthopsychiatry.

I also conducted a qualitative study with members of the HBRT team, examining cannabis use behavior and the change process. While widespread use of cannabis is a serious public health concern, recent changes in policies legalizing cannabis further warranted better understanding cannabis use. Guided by the Transtheoretical Model (TTM), this study explored motives to use and to quit among audio-recorded sessions of 17 women drawn from the NIH-NIDA funded Traumatic Injury Prevention (TIP) study. The study revealed that while women were aware of the adverse effects of cannabis use, they did not view cannabis as an illicit drug nor as addictive. Motivational factors typically known to prompt changes, such as stigma, legal concerns, and financial burden were not strong motives for change. Thus, previously used approaches for cannabis use may not accurately reflect unique attitudes towards cannabis use. These findings further reveal the need for cannabis specific assessments. Study results will be presented at the American Public Health Association Annual meeting in November 2017.

Drawing from my quantitative and qualitative methodologies, over the next 2 years, I will continue to build on my research and results from the two research projects mentioned above projects. My short-term goals include expansion in three areas. First, I wish to extend my knowledge in substance use and mental health needs, particularly for marijuana use by further assessing determinants, correlates, and potential consequences of marijuana use. Second, I hope to also extend my research in comorbidity by further examining other mental health needs, including but not limited to depression, anxiety, and Attention Deficit Hyperactive Disorder (ADHD). Third, I hope to expand on research in comorbidity as it presents in primary care settings. For example, I hope to better assess comorbid alcohol use among women suffering from post-partum depression in primary care settings. In the near future, I aim to seek funding from the NIH K01 Mentored Research Scientist Development Award. With my experiences of working in R01 projects, Ultimately, I plan to submit and obtain R01 funding for my research agenda. My long-term research agenda includes ongoing examination and promotion of healthy health behaviors and mental health. I hope to extend scientific knowledge by adding to the efforts to prevent, treat, and to inform policy makers to reduce the harm of mental health and substance use.