

# PRACTICE

## WORKING WITH RESEARCHERS: A GUIDE FOR CLINICIANS

—by Kathleen Kendall-Tackett

In the last issue of *The Advisor*, dedicated to "Promising Programs and Approaches in Child Maltreatment," several contributors urged professionals in the field to produce more research, specifically more outcome studies that enable us to assert with confidence that certain therapeutic approaches work better than others. To be fully accountable to both our clients and our critics, we need to have more than clinical impressions, however powerful, to demonstrate that our therapeutic interventions have a positive effect. Clinicians are in an excellent position to produce these studies, since we have ready access to clinical populations and records. But clinicians often don't know how to begin or conduct research, and often find researchers difficult to work with and insensitive to clinical needs and concerns. This article is intended to introduce clinicians to research basics, so clinicians can better evaluate whether their organization has the resources necessary to launch a research project; what sort of research project they might reasonably undertake; and what researchers are appropriate for them to work with.

The first step—one that is, surprisingly, often overlooked—is to decide which specific research questions you want to address. Many people approach research with the idea of asking "everything," only to be rudely surprised when they don't have the data they need to answer what they find out too late is their most important question. You must carefully articulate your research question so you know what type of data you need to collect. Some examples of research questions are: What are the effects of abuse on children, adults abused as children, or family members? Which treatment paradigms are most effective? How effective are various intervention strategies? You must think about what you will try to measure (what you measure is called the "dependent variable"—e.g., the effects of abuse; the effectiveness of a treatment program; the effect of exposure to anatomical dolls, etc.), and how you will go about measuring this variable. Say, for example, you want to measure the effect of abuse on a child's social adjustment: how will you measure social adjustment? Will you use a paper-and-pencil inventory, or a more concrete measure, such as the number of friends the child has? Will you use the child's self-report of symptoms or get measures from parents, teachers, or clinicians? These decisions will influence the specific questions you can address.

While you are considering which research questions you want to address, you must also consider how much time and trouble you are willing to dedicate to data collection. The amount of time and trouble you're willing to take will help determine your data collection procedure, which in turn strongly influences the types of questions you can ask. There are three general types of data collection: from least strenuous to most strenuous these are data collection from clinical records, one-time data collection, and longitudinal research.

Using clinical records as a source of data is widely practiced because it is non-invasive and inexpensive. To collect these data, clinicians work with researchers to quantify information that already exists in clinical files. Clinicians don't have to bother their clients, and data collection can be accomplished relatively quickly. This method has some drawbacks, however. The major problem is a lack of control of data collection. In order to get data that are truly comparable, we need to ask, as nearly as possible, the same questions, in the same order, in the same manner. Generally when we're talking to clients we are free to follow leads and ask questions about whatever seems relevant to the client at that time. But such nonstandardized clinical interviewing can not only result in a lot of missing data, it can bias the data so thoroughly that it's unusable. Nevertheless, data collected from clinical records can provide descriptions of demographic characteristics of victims, perpetrators and abuse experiences. The descriptive data alone are interesting, but these data can also allow examination of the relationship between variables. For example, how do the abuse experiences of males differ from those of females? What are some of the differences between older and younger victims? What is the relationship between identity of the perpetrator and other abuse characteristics such as duration, frequency, severity, or age of the victim? Many of these types of questions can be addressed with data in clinical files.

One issue you need to consider with the use of clinical records (or any data collection involving your clients) is confidentiality. You must carefully limit the number of people who will view your records, and should never allow coders to connect names with the data they are coding. One way to do this is to copy any records you want researchers to see and black out any identifying information. Also, everyone associated with the study should exercise care when handling records, and lock them up when they are not in use. By exercising these types of precautions, research can be accomplished without compromising the confidentiality of your clients.

Another research option is one-time data collection. This method offers the ad-

vantage of control over data collection, but is more costly and time-consuming than data collection from clinical records. If your data collection procedure is very involved, you may need to seek outside research funding to pay for added staff, printing, and equipment. Your research question will determine the appropriate time for collecting data. If you want to know about the effect of abuse before treatment, you must collect data at intake. If you want to study the effects of treatment or other types of intervention, you will want to collect data either at a specified point during treatment or upon completion.

When you know what data you need and when you need to collect it, you must make plans to get it in a standardized format. You may choose to use an existing, easily-available standardized measure such as the Child Behavior Checklist (Achenbach and Edlebrock, 1984). Or, you may decide that your research question requires use of a specialized interview. If an interview is required, you need to ensure the interview is "user-friendly" for the interviewer, for the client to be interviewed, and for the person who is going to collect the data from the recorded or written responses to the interview. A qualified researcher can help you devise an interview that meets all these requirements. The interview should be read to the clients, so all subjects hear the same questions in the same order. A well-designed interview yields valuable clinical information and data for research purposes, furthering both therapeutic and research needs.

The final method, longitudinal data collection, requires data collection at more than one point for each subject. For instance, research on therapeutic effectiveness may require data collection at intake, at periodic intervals during the course of therapy, immediately after therapy and for periodic intervals after therapy has ended. This is the best way to collect information on questions such as the effectiveness of treatment and the long-term effects of abuse, court intervention, maternal support, prevention curricula, etc. Longitudinal studies yield very good data, but are substantially more costly and invasive than one-time data collection studies. Most organizations need separate outside funding to conduct longitudinal research.

In addition—and this is one of the points of most friction between clinicians and researchers—the demands of longitudinal research may dictate how you conduct your clinical practice. Indeed, as the variables get more complicated (for instance, specific treatment interventions and their effects), the research "protocols" that tell investigators what they must do to further the research get more detailed and exacting. Some clinicians balk at having to modify their practice to conform to what they see as

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## TACKETT (continued from page 7)

the rigid demands of research. Many feel a sense of loss at having to give up their spontaneous, intuitively guided interaction with clients, and worry that their effectiveness as therapists is being undermined. Research protocols devised by researchers who haven't consulted sufficiently with therapists inevitably lead to complaints that researchers make impossible demands and don't know what it's like "out there" in the field. Researchers, for their part, are often frustrated by the lack of rigor in clinical procedures that prevents the collection of usable data.

The value of longitudinal research is that it can yield critical, reliable guidance for policymakers and practitioners who are seeking the most effective means of working with the people we spend our lives trying to help. Resolving perhaps the most important conflict between researchers and clinicians requires two steps: that clinical staff understand and be committed to the goals of the research, and that researchers understand clinicians' concerns and be committed to creating protocols that respect them. If researchers and clinicians truly collaborate, both of these steps can be taken.

A critical part of deciding whether to undertake a research project is evaluating your resources: do you have, or can you get, sufficient office space, supplies, funding, computer equipment, access to a good library, and the cooperation of your staff? If you are on a tight budget, with an

overburdened staff, you will probably want the easiest and least invasive type of data collection, if you want to do research at all. Also, you need to consider whether you will benefit sufficiently from your efforts. What exactly are you hoping to gain by doing research? What do you expect in terms of involvement, authorship on papers, participation in conferences, and so forth? Thinking about these questions ahead of time can save a lot of emotional energy and disappointment later on.

Once you have decided that you can undertake research and have given serious thought to your research question and method of data collection, you need to locate a researcher with whom you can collaborate. A qualified researcher can help you clarify your question, choose data collection methods and instruments, devise an instrument if necessary, collect and analyze data, identify and approach potential funding sources, and locate appropriate outlets for publication of your findings. If you are in the proximity of a university, you might consider approaching faculty in psychology, sociology, social work, medicine, or other research-oriented fields. If this is not feasible, consider fellow APSAC members in other parts of the country. Long-distance collaborations can be complicated, but are not impossible, especially for clinical-record or one-time data collection studies. Evaluate whether your potential partner has the necessary skills to conduct a research project. Find out about

his or her formal educational background in research methodology and statistics. Perhaps more importantly, find out if your potential partner has a history of completing projects and getting articles published. Ask to see his or her curriculum vita and copies of current articles. All the research knowledge in the world will do you no good if your partner has a history of collecting data and doing nothing with it. Finally, use your clinical skills to determine whether or not you can work with this person. Like most professions, research has its share of egotists. It's important that you find someone who will respect you as a colleague and be willing really to collaborate with you. Your partner should take your needs and the limitations of your clinical practice into account, while encouraging you to make the compromises that may be necessary to produce high-quality data.

Although the hurdles can be numerous, the rewards of good clinical research are great. The ultimate beneficiaries are clients, present and for years to come.

### References

Achenbach, TM, and Edlebrock, CS, (1984) *Child Behavior Checklist*. Burlington VT: University of Vermont

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## A NOTE ON MEASURES

—by William N. Friedrich

When conducting research, you need to look for published measures that have two key features: documented reliability and validity. "Reliability" means that the measure consistently measures what it purports to measure, and the various items within the measure reflect a coherent conceptual understanding of the entity to be measured. "Validity" refers to the degree to which an instrument measures what it is intended to measure.

Measures that could be useful can be divided into "self-report" and "other report": for both parents and children.

### Self-report by parents

For personality functioning, the MMPI and the SCL-90 are widely used.

Researchers interested in parents' coping skills can borrow from Rudolf Moos's Health and Daily Living Manual, which assesses such useful dimensions as social support and coping style.

For parents' report on the quality of their family environment, Moos's Family Environment Scale is useful.

A good abuse-specific measure is the Trauma Symptom Checklist-40, developed by John Briere and Marsha Runtz.

### Self-report by children

The Child Depression Inventory, the Piers-Harris Self-Esteem Inventory, the Harter Self-Concept Scales, or John Briere's newly developed Trauma Symptom Checklist—Children are all good measures.

Good projective measures for children are the Rorschach, the Roberts' Apperception Test for Children, and Family Drawings.

### Other report on children

Researchers who want to ask others' opinions of particular children often use the Achenbach Child Behavior Checklist (which has both the teacher and parent form), the Louisville Behavior Checklist, and the Child Sexual Behavior Inventory, developed by Bill Friedrich and available from the author.

Clinicians undertaking a collaborative effort with researchers are in a stronger position if they know of these basic measures and what they are meant to do. William N. Friedrich, PhD, is Associate Professor and Consultant, Section of Psychology, the Mayo Clinic, and is Diplomate in Clinical Psychology/Family Psychology by the American Board of Professional Psychology.

## REID (continued from page 1)

questing the copies they've missed, and we'll send these issues out first class.

I hope you will bear with us during this period of transition. Within a year, everyone will be getting their JIVs on time, and the travail will be a thing of the past.

### Nominations Sought for 1991 Board Election and Membership Awards

You still have time to nominate yourself or a colleague for election to APSAC's Board of Directors. APSAC's bylaws direct the Nominations Committee (co-chaired by Barbara Bonner, PhD, University of Oklahoma Health Science Center, and Lucy Berliner, MSW, University of Washington Harborview Medical Center) to "consider geography, ethnicity, and fair representation of all relevant disciplines in its deliberations and selections." If you wish to nominate a colleague or yourself directly, you can do so by getting 5% of the regular membership to sign a petition supporting your nomination. At our current rate of growth (about 70 new members each month!), 5% of the membership should be about 95 people by election time. Nominations by petition must be submitted no later than September 1 to allow time for verification of the signatures before the election. If you wish to recommend one or more people for nomination, send their names to APSAC in care of the co-chairs of the committee.

The Awards Committee is also seeking nominations from the membership. It is looking for people who have made outstand-

ing contributions to APSAC and to the field in the last few years. Please call or write committee chair Susan Kelley, RN, PhD (c/o APSAC) with your suggestions.

### Planning for Annual Meeting in San Diego Underway

For the third year in a row, APSAC will hold its annual meeting at the San Diego Conference on Responding to Child Maltreatment, co-sponsored by APSAC and the Center for Child Protection of Children's Hospital of San Diego. The conference will be held January 22-25, 1992. On January 21 (the day after the Martin Luther King holiday), APSAC will offer its all-day Advanced Training Institutes. In addition to those currently offered on audiotape (see ad on p. 15), APSAC's Task Force on Psychological Maltreatment will offer an Advanced Training Institute. Intended particularly for specialists who are expected to conduct evaluations, the Institute's goal will be to clarify and provide guidance regarding the following dimensions of assessment: criteria, techniques, processes, organization and interpretation of findings, and presentation of findings.

Additional information on the content of the other Institutes and on how to register for them will be published in the next issue of *The Advisor*. In addition to the Institutes, the conference will feature a strong research component, and APSAC-sponsored sessions focused on the practical applications of current research. Look for an early mailing of the conference brochure soon. We hope we'll see you there!