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Practice research networks: Promises, pitfalls and potential

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This article grew out of our experience of facilitating the pre-conference workshop at the 18th Annual BACP Research Conference in Edinburgh in May 2012. Our workshop was entitled, 'Practice research networks: Promises, pitfalls and potential'^{*} and it raised a number of issues concerning the challenges involved in setting up and maintaining practice research networks (PRNs), as well as more strategic questions about their role and purpose. The workshop generated lively debate among participants and we thought it would be worthwhile sharing a flavour of what was discussed with readers of *Therapy Today*. In this piece, we start by providing information about the workshop and some background to PRNs, before reporting the key issues that emerged during the event.

About the workshop

The aim of the workshop was to engage participants in reflection and discussion concerning the value of practice research networks as a vehicle for facilitating practitioner engagement in research, and their potential to contribute to the process of building an evidence base for the effectiveness of counselling and psychotherapy. We structured the workshop around two brief presentations outlining our respective involvement in two practice research networks, and used them as case studies around which to engage participants in discussion regarding these issues (see sidebars).

Initially, Joe Armstrong from the University of Abertay presented the work of the recently established Scottish Voluntary Sector Counselling Practice Research Network ¹, and Amanda Hawkins, Senior Manager RNIB (Chair of BACP) and Mhairi Thurston, also from the University of Abertay reported the work of the Vision Impairment Network for Counselling and Emotional Support (VINCE). The workshop also included

^{*}The title of this workshop was inspired by the following paper, G. S. Norquist. (2001). Practice research networks: Promises and pitfalls. *Clinical Psychology: Science and Practice*, 8(2), 73-175.

opportunities for discussion in small groups and contributions from participants in larger plenary sessions.

The workshop was attended by more than 50 researchers, academics and practitioners from the UK as well as the USA, Australia, New Zealand and other countries. We are grateful to Andy Hill, Head of Research at BACP, for his opening and closing remarks to the workshop, not to mention the organisational support from the BACP conference team and workshop participants for their interest and contributions.

What is a PRN?

PRNs originated as basic recording systems for morbidity rates in primary medical care settings and are now established in mental health and psychological therapy services in the UK and other countries as well.^{2,3} Essentially, a PRN provides an infrastructure that creates opportunities for practitioners and researchers to work together to conduct research that is practice-based and relevant to practitioners' everyday practice.⁴ Examples of PRNs in psychological therapies include the Pennsylvania Practice Research Network (Borkovec, Echemendia, Ragusea, & Ruiz, 2001), the Human Givens Research Network (www.hgiprn.org), the Supervision Practice Research Network (SuPRENet), and the Schools-based Counselling Practice Research Network (SCoPRENet) - see www.bacp.co.uk for further details of these PRNs.

At present, there appears to be a growing interest in PRNs because this research model holds the promise of narrowing the so-called research-practice gap,^{5,6} facilitating practitioner engagement in research and cultivating a more vibrant research culture in the profession. However, while the PRN paradigm may offer the promise of such things, there are also significant challenges associated with it. In the remainder of this article we report on the key themes that emerged during the workshop in relation to the potential and challenges associated with PRNs.

Workshop themes

Engaging practitioners in research

One of the first issues that emerged from our discussions was the challenge of engaging practitioners in research. A potential pitfall associated with PRNs is the possibility that they may struggle to engage a broad spectrum of practitioners and end up being 'enthusiasts clubs' for only a small group of therapists and academic researchers. In fact,

for many practitioners, research is regarded as time consuming, complicated or even boring.⁷ Indeed, one workshop participant commented that lack of funding and increased demands on voluntary sector counselling agencies, for example, meant that survival was the order of the day and consequently, there was little if any time to focus on research. Clearly, there are obstacles to be overcome in order to engage practitioners in research. So, the question of what would motivate practitioners to take part in research is an important one, and represents a significant challenge that must be addressed successfully for a PRN to be effective.

There was consensus among workshop participants that it was essential to convey the importance of research to practitioners and work at creating a stronger research-culture within the profession. More specifically, in order to encourage practitioners to 'buy into' taking part in research within a PRN it is critical that practitioners have a sense of ownership of the research strategy. And furthermore, that it is shaped by questions that are derived from, and meaningful to, their routine practice. This kind of 'bottom-up' approach may tap into practitioners' intrinsic motivation and curiosity to learn how to improve their practice, whereas a less collaborative 'top-down' approach to research or service evaluation that is imposed on practitioners is unlikely to harness their enthusiasm and commitment.

It was also noted that incentives may be required to facilitate practitioner engagement in a PRN project. One popular suggestion was to offer CPD training events to practitioners on topics related to research and on issues that are pertinent to their practice. As yet, we don't have a comprehensive understanding of the factors that facilitate or obstruct participation in PRNs within different practice contexts, so this is an area that could be researched further.

Where should we focus our research efforts?

While workshop participants acknowledged that it was important to promote practitioner research within the profession, there was some debate about where the focus of our research activities should be. Participants raised questions concerning the value of practitioner research per se (which can be seen as fragmentary and idiosyncratic) and the extent to which counselling research should focus on meeting the evidence-based agenda and influencing policy.

A concern was expressed that practitioner research within the context of a PRN may not really contribute to addressing important strategic questions for the profession (e.g. efficacy/effectiveness questions), and moreover, that practitioner-researchers may lack the methodological expertise and resources to carry out more sophisticated studies. There are, therefore, important methodological and strategic issues that need to be addressed within a PRN. On the one hand there was a strong argument for facilitating practitioner research, and on the other-hand, recognition of the need to conduct research that is more methodologically sophisticated in order to establish, among other things, an externally credible evidence base for counselling.

In relation to these issues, workshop participants raised questions like, 'How can practitioners/counselling agencies turn routine audit and monitoring data into something more useful?' Is it possible to conduct more sophisticated rigorous research (e.g. RCTs) within a PRN? 'What should come first? Practitioners coming together and deciding the methodology or design the methodology first then recruit practitioners (i.e. *practice-research* network versus *research-practice* network)?'. We didn't come to any firm conclusions from our discussion of these issues, but these and other questions deserve more detailed consideration and debate.

This debate may be particularly important given the emerging view that unless the profession engages with the evidence-based paradigm, some counselling approaches may be side-lined in favour of therapies with a much stronger base of research findings that support their effectiveness.^{8, 9} We are sympathetic to this view, but as many of our workshop participants reminded us, we should not lose sight of the importance and value of conducting research that makes a contribution to knowledge and understanding of our profession more generally.

Disseminating research findings

We had an interesting debate around the issue of disseminating research findings. Regarding this issue, one workshop participant talked about their experience of disseminating research related to their agency through targeted public awareness campaigns which emphasised the human 'story' behind clients engagement in counselling. The advantage of this kind of reporting being that it clearly connects counselling research to people's experience and its social impact. An important point that

emerged from this discussion was that when communicating such research stories to members of the public, funding bodies and policy makers that it was essential to a) raise awareness of the problem or issues among a particular client group(s) through a variety of targeted media formats b) highlight the extent and pervasiveness of the problem and the negative psychosocial effects that accompany it and c) make a case for the role of counselling in alleviating the problem. In other words the message is: there is a real problem here; it's worse than you think; counselling can help!

The idea of research stories is something that Joe and members of the Advisory Group for the SVSC PRN hope to use as a way of engaging voluntary sector counsellors in Scotland in research and disseminating findings from their network's research activities. One idea they are currently working on is to disseminate such research stories through its website (www.svscprn.abertay.ac.uk) and quarterly Newsletter. For example, they are encouraging network members to submit brief 'research biographies' in which they describe their own experiences of being a researcher or carrying out a specific study. Similarly, they plan to disseminate findings from their research through these mediums in a way that is more accessible to practitioners with little or no research experience. The hope is that this strategy will stimulate counsellors' interest in research and show how, through the stories of other researchers, that participating in research can be a rewarding and empowering experience.

There is clearly a need to ensure that counselling research is published in professional and research journals; however, equally important is the need to disseminate findings in appropriate forms to 'front-line' practitioners who may not always utilise research to inform their practice and to different audiences such as the general public and policy makers.

Other issues

Other issues that emerged during the workshop were the importance of leadership and effective organisational structures within a PRN to facilitate collaboration and communication amongst members. We also discussed issues related to engaging clients in research and agreed that data collection methods should be practice friendly and not unduly burden clients.

Another critical issue that emerged concerned the productivity and potential impact of any given PRN on practice and policy. For instance, Amanda and Mhairi's work with VINCE (see sidebar) suggests that despite its strong membership, funding and expertise in the area of counselling for sight loss it continues to struggle to make an impact in the clinical world of sight loss. In part, this may be because funding for research into the effectiveness of emotional support services tend to go to sight loss clinicians rather than counselling researchers. As yet, at least, it seems like the world of counselling has not yet gained credibility in this sector. Their experience with the VINCE research network raises key questions around the best possible structures and models for a PRN to maximise its potential to have an impact on policy and practice.

Conclusion

Essentially, the PRN model can be seen as an important means of embedding research in practice and developing a practitioner and client led research agenda for the profession. It has the potential to bridge the so-called research-practice gap by linking research to practice and vice versa. But as we have noted in this article, there are challenges associated with engaging practitioners and clients in research, developing a coherent research strategy, disseminating research findings effectively and also more practical issues to do with the funding, organisation and co-ordination of a PRNs activities. Notwithstanding these challenges, the PRN model represents perhaps the most viable model of developing research capacity amongst counselling practitioners in collaboration with academic researchers. Counselling practitioners are in an ideal position to engage their clients in research and thus represent their experience of therapy and the outcomes they achieve through this experience and, in turn, generate knowledge and understanding of our profession.

References

1. Armstrong J. Introducing the Voluntary sector counselling practice research network. *Counselling in Scotland*. 2012; Summer/Autumn: 8-11.
2. Barkham M, Hardy GE, Mellor-Clark J. *Developing and delivering practice-based evidence: A guide for the psychological therapies*. Chichester: Wiley; 2010.
3. McMillen JC, Lenze SL, Hawley KM, Osborne VA. Revisiting practice-based research networks as a platform for mental health services research. *Administration and Policy in Mental Health*. 2009; 36: 308-21.
4. Audin K, Mellor-Clark J, Barkham M, Margison F, McGrath G, Lewis S, et al. Practice Research Networks for effective psychological therapies. *Journal of Mental Health*. 2001; 10(3): 241-51.

5. Castonguay LG, Nelson DL, Boutselis MA, Chiswick NR, Damer DD, Hemmelstein NA, et al. Psychotherapists, researchers, or both? A qualitative analysis of psychotherapists' experiences in a practice research network. *Psychotherapy, Theory, Research, Practice, Training*. 2010; 47(3): 345-54.
6. Morrow-Bradley C, Elliott R. Utilization of psychotherapy research by practicing psychotherapists. *American Psychologist*. 1986; 48 (2): 188-97.
7. Widdowson M. Perceptions of psychotherapy trainees of psychotherapy research. *Counselling and Psychotherapy Research*. 2012; 12(3): 178-86.
8. Pearce P, Sewell R, Hill A, Coles H. Counselling for depression. *Therapy Today*. 2012; 23(1): 20-3.
9. Cooper M. Meeting the demand for evidence-based practice. *Therapy Today*. 2011; 22(4):10-6.

Sidebars

The Scottish Voluntary Sector Counselling Practice Research Network (SVSC PRN)

The SVSC PRN is a new collaborative project which is funded and supported by the University of Abertay Dundee and COSCA. It aims to enhance understanding and practice of voluntary sector counselling in Scotland by pursuing a research agenda that is generated and shaped by the concerns of the Scottish voluntary sector counselling community and derived from issues that emerge from routine counselling practice within voluntary organisations. A primary function of the Network is to facilitate collaboration between practitioners and researchers in order to generate knowledge from practice-based research.

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The Vision Impairment Network for Counselling and Emotional Support (VINCE)

VINCE was established to provide a national network to:

- Support the development of collaborative working between counsellors, emotional support service providers and commissioners of services.
- Provide a forum to share good practice, service developments, evaluation and research outcomes
- Influence the development of counselling and emotional support services for adults, children and families affected by sight loss
- Support the UK Vision Strategy (2008) strategy outcome 2:2.3 regarding the provision of emotional support for blind and partially sighted people

The VINCE research sub committee includes representation from the major sight loss charities, service providers and academics. It focuses on providing a national network for relevant research. The VINCE Research sub committee is chaired by Amanda Hawkins.

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