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SPECIAL SECTION

Does participation in research lead to changes in attitudes among clinicians? Report on a survey of those involved in a French practice research network

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Abstract

Background/Objective: With increasing awareness of some of the limitations of randomised controlled trials as the ‘gold standard’ of psychotherapy evaluation, researchers at the start of the twenty-first century have focused on a number of new priorities: developing studies in natural conditions; investigating the psychotherapeutic process to better understand the conditions, causes and mechanisms of change; and reducing the gap between clinicians and researchers. Can these three interrelated objectives be combined? *Method:* A French psychotherapy practice-based research network (PRN) is used as a field of research for these issues. A survey was used to investigate the conditions that encouraged the clinicians to participate in the PRN study within the context of clinicians’ general opposition to research. *Results:* Several elements emerged as the key to clinicians’ positive involvement in research: the methodology implemented (intensive case studies during one year); the choice of measures; the constant attention to the practicalities and the potential contribution of studies to clinical practice; the organisation of work in peer groups; the training methods; the use of new information technologies and the sense of participation in a project that would support the profession. *Implications:* These elements are briefly discussed in relation to the question of how best to encourage clinicians to engage with research.

Keywords: care efficiency; intensive case study; mechanisms of change; practice research network (PRN); process-outcome study; science-practitioner model

Introduction

The start of the twenty-first century saw considerable debate about the most appropriate methods for evaluating psychotherapy in the context of the increasing emphasis on ‘evidence-based practice’. New directions and recommendations were proposed by many researchers, professional associations (e.g. APA; Levant, 2005) and research institutes (e.g. NIMH, Rush, 1998). From these debates certain shared ideas appear to have emerged. Alongside the idea that randomised controlled trials (RCTs) should not be the only method in counselling and psychotherapy research, three objectives have been highlighted: (a) the need to develop studies in natural

conditions (Thurin & Briffault, 2006); (b) to extend the evaluation of results to include the investigation of the psychotherapeutic process itself in order to better understand the conditions, causes and mechanisms of change; and (c) to reduce the gap between clinicians and researchers (see, Goldfried & Wolfe, 1996; Thurin & Thurin, 2007).

These goals are very energising, but their implementation is complex. Specifically, they require not only the development of rigorous methodologies of observation and analysis of processes of change, but also the aggregation of cases. They also require a high level of involvement of clinicians in research and then raise the possibility of a true collaboration

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between clinicians and researchers. Can these inter-related necessities be combined?

In this paper we report on the findings of a survey of a group of psychotherapists who participated in a practice research network (PRN) based in France. The PRN itself was an attempt to address the first two challenges set out above (the attempt to study therapies in a natural setting and to extend beyond the focus on outcomes to look at the process of change); the survey attempted to address the third issue: to what degree this project helped to reduce the gap between clinicians and researchers. Before reporting on the findings of the survey, however, we will briefly outline what is meant by a PRN and how the project developed in the context of psychotherapy provision in France.

The development of a practice research network

In general terms, a practice research network is a group of practising clinicians who work together to collect data and conduct a variety of researches (Zarin, 1997). Borkovec et al. (2001) defined it more precisely as collaboration between practitioners and clinical scientists devoted to the development and conduct of internally valid and clinically relevant research based upon the established infrastructure. Audin et al. (2001) and Barkham and Mellor-Clark (2003) added to this definition that the provision of such an infrastructure yields potentially large databases that provide the foundation for delivering 'practice-based evidence' as a natural complement to 'evidence-based practice'.

Within these parameters a psychotherapy practice research network was established in France, by Inserm (the National Institute for Health and Medical Research) (Thurin et al., 2007). A small group of clinicians joined one of the authors of this paper (JMT) and sought to develop a PRN among therapists in private practice in France with the objective of developing the evaluation of psychotherapy in natural conditions and to deepen knowledge about configurations and mechanisms of change in the psychotherapeutic process. Although written consent is not required for observation (non-experimental) studies carried out in France, all patients were informed about the study, and agreement with the CNIL (National Commission of Data Processing and Freedoms) was reached on the optimum way to store data in a secure way. All data collected as part of the PRN were anonymous, with the patients and the clinicians each

receiving a code, known only by one person responsible for the network.

The methodology was as follows: each clinician included one of his cases in an intensive study for one year. The extensive notes made by the clinician at the start of treatment were used for the case formulation, and for a quantitative evaluation of outcome and process using validated instruments (full details of the PRN study and its findings will be reported elsewhere). The various measures were evaluated over time by three clinicians, forming a group of peers: the therapist and two others. Ratings were made independently by each of them from the data, and then shared, compared and discussed until consensus was reached. The analysis assessed the changes of the patient, the main characteristics of the psychotherapy process and the mediators and conditions that moderated how they evolved. By January 2012 the network consisted of 200 members and 65 groups of three or four peers. One hundred and twenty-five psychotherapies carried out under real conditions (i.e. with real patients treated in private practice or in a public centre of care) are currently under study.

In setting up and running this project, a number of issues were raised about the complexities of bringing together a group of clinicians with little research experience to form a PRN. A number of significant issues soon emerged: the almost complete absence of training in research methods among the clinicians taking part, especially on the instruments and their use; the need to monitor and improve the quality of ratings and inter-rater reliability; and the time needed to devote to research, especially among a group of clinicians who were geographically distant from each other. As one of the aims of the project had specifically been to reduce the gap between clinicians and researchers, it was decided to conduct a survey with those participating in the PRN in order to understand how their experience of involvement had impacted on their attitudes.

A survey to investigate the opinion of clinicians about their involvement with the PRN

A survey of the therapists involved in the PRN was undertaken. The aim of the survey was to better understand the attitude and experience of clinicians participating and to explore to what degree involvement in the PRN had led to a change in attitude in relation to research more generally.

Method

Sixty-two clinicians who were near completion or had already finished their case study were sent questionnaires; 36 responses (58%) were received. Of the clinicians, 23 were female (63%); 21 were clinical psychologists (58%); 12 were psychiatrists (33%); two were psychometricians (5%); and one was a psychoanalyst who was neither a psychologist nor psychiatrist (2%). Twenty-two identified their orientation as psychoanalytic (89%); two as cognitive behavioural (5%); and two as integrative (5%). Twelve clinicians had more than 20 years' experience of psychotherapy, 13 had from ten to 20 years, eight had from three to ten years, and one had less than three years' experience.

For this investigation, Q-sort methodology (Stephenson, 1953) seemed an appropriate method to capture the experience of the clinicians because they knew the method: during the PRN research clinicians had used measures based on Q-sort methodology (Psychotherapy Process Q-set (PQS; Jones, 2000) and the Child Psychotherapy Process Q-sort (CPQ; Schneider, Thomas & Midgley, 2009)). The method and online instrument was used to measure how each clinician subjectively, best characterised her or his participation in the study.

Each clinician was questioned using 25 items which explored four categories of questions: (a) the conditions under which clinicians decided to participate in research; (b) what motivated them to do so; (c) how they experienced participating in the network in practice; and (d) their appreciation of its progress and its effects on their clinical work and view of research. Each participant was required to sort the 25 items into seven categories ranging on a continuum from 'Strongly Agree' (+3) to 'Not at all Agree' (-3).

Results

Tables I–IV present the findings of the survey in relation to each of the four categories (with a negative value indicating that the participants disagreed with the statement, and a higher value – either negative or positive – indicating a stronger point of view). The items are ordered in highest to lowest mean score (whether negatively or positively salient).

The findings of the survey suggest that research had important effects for the clinicians at various levels: theoretical; in clinical practice; and even on the process of psychotherapy. When deciding

Table I. Category A: Decision about participation.

Q-item	Mean	SD
1. My decision to take part in this study was difficult	-2.39	1.86
2. When I became acquainted with the objectives of this study, I felt concerned	1.58	2.36
4. Before this study, I was not familiar at all with the methodology of research	-0.83	2.06
3. My initial decision to take part in this research resulted from the encouragement of another person	-0.25	2.38

whether to participate in the study, the participants expressed significant concern about the objectives of the study, and expressed some sense that the data collection process (especially writing detailed notes) was not easy. But having chosen to participate they felt supported by their peer groups and did not find that the research context had a negative impact on their clients. A strong motivation to take part was to protect and defend the profession of psychotherapy, but once they decided to participate, the respondents to the survey expressed a view that the study revitalised their clinical work, enabled them to specify clinical questions and discussions between peers and brought much to their reflection on patients. They reported that the case formulation was an interesting tool, and that they had no real difficulties constituting a peer group, exposing their practice and understanding the methodology of the study.

Interestingly, the respondents to the survey did not express a strong view that their view of research had changed as a result of participating in the study. But they did see participation as having raised

Table II. Category B: Experience of the study.

Q-Item	Mean	SD
5. The constitution of my peer group was difficult	-2.06	1.76
18. The exit from treatment of a patient engaged in the evaluation with my peers destabilised the group	-1.75	1.56
6. I felt helped by the research team	1.25	1.75
19. The consensus on rating always was very difficult to attain with the different instruments	-1.17	2.22
8. The collection of extensive notes was easy	-1.03	2.04
7. The understanding of methodology was difficult	-0.67	2.41
24. To present the follow-up of my case and to expose my practice in peer group proved to be easy	0.42	2.01
20. To facilitate work with my peers I used Skype or another internet technology	-0.33	2.51
9. The taking in hand of the instruments is (was) difficult	0.22	2.24

Table III. Category C: Implication, motivation.

Q-Item	Mean	SD
14. On the professional level, this research seems important to me to defend psychotherapy practice	2.03	1.65
15. The possibility of better knowing my practice and understanding how the changes occur for my patient were part of my motivation	1.39	2.14
10. The peer group work is (was) the principal driver of my involvement	0.75	2.41

theoretical issues and having considerable impact on their clinical practice, in a way that they believed was helpful to their patients. In addition, defence of their profession and developing a better understanding of the origin of the changes among their patients were two important motives for taking part in the study.

Discussion

Five points may be underlined from the answers that were given in the survey and from subsequent discussions that took place during general meetings of the clinicians involved with the network after the survey had been completed.

The peer group

This is the fundamental structural element of the PRN. It offers a mechanism, which is in itself

Table IV. Category D: 'Impact of the study'.

Q-Item	Mean	SD
22. This study did not raise theoretical questions for me	-2.69	1.31
12. This research did not have impact on my practice	-2.39	1.78
23. The case formulation is an interesting stage to define the indication of a psychotherapy and its objectives	1.67	1.81
17. Clinical discussions in a peer group enabled me to reflect on my patient	1.61	1.93
21. I have the feeling that this research had a positive impact on the psychotherapy process of the included patient	1.53	1.56
11. The peer group work revitalised my clinical work	1.14	2.37
13. The participation in this research enabled me to specify clinical questions	0.86	2.03
16. I better see the changes of my patient since I began this research	0.67	1.88
25. My view of research in psychotherapy evolved in a positive way since my participation in the network	0.44	1.86

a support. The clinicians speak about it with much enthusiasm starting from three principal aspects: (a) the pleasure of engaging with clinical questions; (b) the search for consensus, with very intense discussions when ratings are different, but also on particular points concerned with the pathology of the cases; (c) not feeling evaluated oneself (under the judgment of someone), but on the contrary, participating using one's clinical expertise which brings convergent and complementary opinions. The peer group also represents an important mechanism for the practical delivery of research. The confidentiality of the data in a group of identified clinicians working within a shared code of professional ethics makes it possible to comply with the ethical setting of psychotherapy.

Collection of the data

Difficulties were predicted at the planning stage, (e.g. 'It would be very difficult to take notes during or right after a session'; 'the audio recording would be impossible or would break the therapeutic relationship' etc). In fact, note-taking was very easy for some therapists because they had experience of it already, while for others it was difficult to choose when to take notes – during the session or after the session. Audio-recording sessions was routine for some but difficult or impossible for others especially in the case of borderline patients. It remained difficult for the clinicians to note their own extra-linguistic interventions. By the end of the study, the concern about note-taking had disappeared completely.

Training

For training, summaries of the measures/instruments were posted on the website of the PRN. However, we recommend that before any study clinicians should familiarize themselves with the instruments through testing. In addition, the meetings for 'experience feedback' played a crucial role in updating the difficulties and solving them. Lastly, but not least, online support proposed by one of us (MT) was very much used!

Impact of research on psychotherapy

Practice research was initially perceived for many clinicians as a risk for psychotherapy. On the contrary, this survey underlined that research could have positive effects on therapists' work (Jiménez, 2007; Kazdin, 2008). Attention to practice opens an

opportunity for reflection on the relevance of psychotherapeutic interventions and their effect: e.g. the choices about the type of intervention can be different according to the stage of therapy and the needs of the patient. The therapists also expressed two key fears at the beginning of research: the fear about whether patients would engage in treatment for a whole year (which was the time-frame of the PRN); and the fear of exposing their clinical practice in front of their peers and feeling judged. Both of these fears disappeared very quickly once the study began.

Impact of research on clinicians

Discussions in a wider group showed that the research, when seen within a clinical framework, not only does not attack the clinician but offers an opportunity for learning and development, in comparison with the normal situation where the therapist in private practice takes complete responsibility for a clinical process with very little support from a peer group. The research also makes it possible to monitor how changes occur in treatment. It confirms that change is a process that cannot be reduced to a particular (magical) intervention with the patient, but it is a gradual process made up of a whole series of 'micro-changes'. Certain changes take more time than others and a logic to this process of change seems to exist in a form that can be identified by empirical measures such as the Child Psychotherapy Q-sort. So, even if the evolution of their view about research was not for them the most salient trait in the survey, discussions showed that participation in research produced for the clinicians a real sense of discovery and raised valuable theoretical questions for them about the nature of psychotherapy and the process of change.

Limitations

The survey reported in this brief report was conducted with a relatively small number of therapists and it is not clear to what degree those who responded to the survey were representative of the larger group. The survey format was able to capture something of the participants' experience, but may not have been able to capture the full richness of their experience. As the survey was conducted by the coordinator of the PRN, it is possible that the responses given by participants were not completely honest; although the anonymity of the process would hopefully have counteracted this. To what degree the findings of this

survey would be transferable to other settings is a matter for speculation, given the very particular position of research within French psychotherapy and the rather unique ways in which this PRN was established and the measures it used.

Conclusions

Implications for the researcher-practitioner gap and the role of PRNs

Despite these limitations, the survey touches on some important issues for psychotherapy researchers more generally. Bridging the gap that has widened between researchers and clinicians has become a very important goal for psychotherapy research, especially in a country like France where there has been a tradition of hostility towards empirical investigation of the therapy process. Developing the evaluation of psychotherapies in natural conditions and deepening the knowledge of the moderators and mediators of change during the psychotherapeutic process are both crucial objectives. So too is the need to develop a real collaboration between researchers and clinicians by centring evaluative research on clinical questions that support the improvement of practice.

The survey and the experience of running the PRN led to several developments that were aimed at reducing the research-clinician gap. In connection with the absence of training of clinicians about research we shared the principle, underlined by Castonguay (in Lampropoulos et al., 2002), that the best way of being trained in clinical research is to do some. This general approach was supplemented by the delivery of a research booklet to each clinician, publication of the instruments and their video presentation on the internet, organisation of regular training and problem solving meetings. We also proposed individual support by telephone for any difficulties encountered. Creation of peer groups solved many potential problems concerning the appropriation of the methodology by the clinicians, as well as the quality of their ratings and inter-rater reliability. This time appeared to be greatly appreciated by the clinicians.

The survey which is presented here, supported by our own experience of running the PRN, seems to bring an encouraging vision of the way in which a PRN can function, joining together a rather significant number of clinicians observing, during one year, the evolution of their cases and the psychotherapy process which underlies them.

The responses of the clinicians who took part in our survey confirm what Castonguay et al. (2010) state:

... Perhaps the most important recommendation for future PRNs is to conduct studies that intrinsically confound research with practice—studies for which it is impossible to fully distinguish whether the nature of the questions investigated, tasks implemented, or the data collected are empirical or clinical. We would venture to guess that psychotherapists and researchers will be most successful in designing and implementing a PRN study when their empirical goals are intertwined with day-to-day clinical tasks and/or concerns (as when clinicians are able to learn about what could facilitate and/or interfere with change as they are involved in the process of collecting data with each individual client). To paraphrase a commonly used term ('egosyntonic'), research has to be 'clinically-syntonic'. (p. 352)

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Biographies

Jean-Michel Thurin is a psychiatrist-psychoanalyst, a member of Inserm Unity 669 and President of the Scientific College of French Federation of Psychiatry. He coordinates, with B. Falissard, the Psychotherapy Practice Research Network. Author of many articles and a book on the evaluation of psychotherapies and Editor-in-Chief of 'For Research', he teaches in the Universities Paris V and Paris VI. He is member of the Society for Psychotherapy Research and is one of the coordinators of the www.techniques-psychotherapies.org site

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