Turning research ideas into reality: How can we better support ‘on the ground’ clinicians to become research active?

Barnaby Dunna, Shirley Reynoldsb, James Blacklockc, Abigail Bradburyd , Eleanor Chatburne, Cathy Creswellf, Lauren Coxg , Zaid Hosanyeh, Pamela Jacobsene, Taf Kunorubwei, Tom Kentj, Jessica Kingstonk, Maria Loadese, Joanna Priddyl, & Rosie Stevensa.

a Mood Disorders Centre, University of Exeter

b Department of Psychology, University of Reading

c to be confirmed

d CBT therapist in private practice

e Department of Psychology, University of Bath

f Department of Experimental Psychology, University of Oxford

g North West Boroughs NHS Foundation Trust

h University of West London and Berkshire HealthCare NHS Foundation Trust

i to be confirmed

j School of Psychology, University of Surrey

k Department of Psychology, Royal Holloway

l to be confirmed

Cognitive behavioural therapy (CBT) has a strong scientific tradition, with on the ground practice being informed by basic science and trial findings (evidence based practice) and research theory and models being informed by on the ground practice (practice based evidence). Our greatest advances as a field have come from an interaction between the laboratory and the clinic (Clark, 2004; Salkovskis, 2003). For this tradition to continue requires symbiotic working between clinically informed researchers and research informed clinicians in the NHS (and other applied) settings. This article considers what can be done to help support ‘on the ground’ clinicians to become research active, recognizing that this can be a challenge because of the ever increasing pressures of the ‘clinical coalface’. The idea for this article emerged during a skills workshop run by Barney Dunn and Shirley Reynolds at the BABCP annual conference in Bath about how to help clinicians turn their research ideas into reality. The session identified a range of opportunities and challenges for clinicians wishing to be research active and brainstormed a number of ideas about how the BABCP might be able to intervene, which were elaborated on in a follow-up survey sent to all attendees. The attendees at the workshop (and others who contributed to the debate) agreed to co-author this article to share these discussions.

The themes identified can be usefully organized around the COM-B framework of behavior change (Michie, van Stralen & West, 2011). This argues that key to successful behavior change (in this case, getting research active in the clinic) is individuals having the necessary motivation, capability (knowledge), and opportunity (time, money and support) to carry out the target behavior.

In terms of motivation, there was no shortage of intrinsic interest in research of those attending the workshop, with people feeling research is clinically important, theoretically interesting and would help them remain fresh and engaged with their clinical roles. However, people did describe sometimes lacking confidence about whether they were the right person to carry out research and that ‘middle management’ in the NHS did not always see the value of research so were reluctant to support it. In terms of capability, people described lacking sufficient research knowledge (how to choose a question; how to write an application, grant, or publication; which specific methodologies to use; how to analyse data); that research could feel an ‘alien language’ to those who were not already immersed in it; and that it was hard to navigate the research funding landscape. There was a recognition that different professional backgrounds have had different degrees of research training (and in particular it is important for the BABCP to ensure its research support endeavors do not become ‘psychologist centric’ given that currently a majority of active CBT researchers have a clinical psychology background). In terms of opportunity, the critical rate limiting step was a lack of time, with very few people having any research time in their roles. People also felt isolated in their research endeavors and did not know who to turn to for research support and mentoring. There was little or no funding available to support early stage projects to get off the ground and for some it was hard to gain access to journal articles in NHS trusts.

This analysis of barriers to becoming research active has the seeds of change within it. In terms of building capability, it would be helpful for the BABCP to support systematic research training (for example, establish online resources and consider adding a research skills stream to the annual conference). In terms of building motivation, it would help for clinicians, researchers, and research participants to write position papers that clearly articulate the value of research to all levels of the NHS and to help promote and showcase role models (ideally beyond clinical psychologists) that illustrate how it is possible to get research active in routine clinical practice. In terms of resources, it would be helpful to establish a register of potential mentors or academics willing to support clinicians to get research active (or who would value collaborations around specific projects); to provide seed-corn funding for early stage research or research methods training; and to establish a forum for research-interested clinicians to share ideas with each other. Moreover, clinicians should be encouraged to reach out to academic departments who often are very keen to establish NHS links (and may have students looking for a research project to complete as part of their training). It would also useful to raise awareness in the BABCP membership of research funding schemes they could potentially apply for. For example, the National Institute of Health Research (NIHR) has established the Integrated Clinical Academic (ICA) scheme that offers fellowships from pre-doctoral to senior lecturer level for allied health professionals (including psychologists, nurses, social workers and occupational therapists).The NIHR has appointed training advocates to support allied health professionals become research active (see the NIHR training advocates website for details). ‘Clinical Psychology Research Opportunities’ is a useful twitter feed source of information, providing regular updates about research jobs, sources of funding, case studies of active researchers, and tips about how to get research active.

A good place to start if you are a clinician wishing to become research active is to focus on an aspect of your routine clinical work that you think other people will be interested in and explore this area with a greater degree of methodological rigour. For example, this could include characterising the clients presenting to services, reporting a case study of an unusual clinical presentation, running a case series of a novel therapeutic approach, or analysing routine clinical outcomes to see how these benchmark against randomized controlled trial data. Such studies can be conducted without extensive time and funding and tend to have clear operational value to NHS management.

It is important for the CBT research community to reflect the diversity of the BABCP membership (and the clients it serves). A cursory review of recent BABCP conference keynote speakers and funded CBT researchers suggest progress has been made with gender diversity but that the majority of speakers are of White ethnic origin. Given the additional, and intersectional, structural barriers applicants from ethnic minority backgrounds face, what could we do more to better support them to become research active and develop clinical-academic careers? Increasing ethnic diversity has been identified as a priority area by a number of research funders and it will be important for the CBT community to consider how to take this agenda forwards.

Our hope is that this piece will ‘whet the appetite’ of interested clinical researchers, inspire debate in clinical services about how to support ‘grass roots’ research, and encourage already research active members of the BABCP to consider what they can do to further support the creation of a research capable (and diverse) CBT workforce for now and the future.

References

Clark, D. M. (2004). Developing new treatment: on the interplay between theories, experimental science and clinical innovation. *Behaviour Research and Therapy, 42*, 1089-1104.

Miche, S., van Stralen, M .M., & West, R. (2011). The behavior change wheel: A new method for characterizing and designing behavior change interventions. *Implementation Science*, 6: 42.

Salkovskis, P. M. (2002). Empirically grounded clinical interventions: Cognitive Behavioural therapy progresses through a multi-dimensional approach to clinical science. *Behavioural and Cognitive Psychotherapy, 30*, 3-9.