

PSYCHOTHERAPISTS, RESEARCHERS, OR BOTH? A QUALITATIVE ANALYSIS OF PSYCHOTHERAPISTS' EXPERIENCES IN A PRACTICE RESEARCH NETWORK

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This paper describes the experiences of psychotherapists who, as part of a practice research network (PRN), col-

laborated with researchers in designing and conducting a psychotherapy study within their own clinical practices. A qualitative analysis of interviews conducted with these psychotherapists led to the delineation of several benefits (e.g., learning information that improved their work with clients and feeling that they were contributing to research that would be useful for psychotherapists) and difficulties for them and their clients (e.g., time and effort required to integrate research protocol into routine clinical practice) that psychotherapists associated with their participation in the PRN. Also identified were a number of strategies used by psychotherapists to address obstacles that they encountered, as well

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as general recommendations for future PRN studies. As a whole, the experiences of these psychotherapists are likely to provide valuable lessons for the survival and growth of what is viewed by many as a promising pathway for building a stronger bridge between practice and research.

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It is well established that the practice of many full-time psychotherapists is rarely or nonsubstantially influenced by research (e.g., Morrow-Bradley & Elliott, 1986). Pointing to one possible cause of this state of affairs, it has been argued that many empirical articles do not address issues that are at the core of psychotherapists' concerns (Beutler, Williams, Wakefield, & Entwistle, 1995; Elliott, 1983; Goldfried & Wolfe, 1996). Such papers are typically guided by theoretical interests of full-time academicians who, even when they value clinical training and practice, may not have direct knowledge of the questions with which psychotherapists are confronted in their day-to-day efforts to better understand and address clients' difficulties and needs, such as how to recognize and resolve treatment impasses with specific types of clients (Havens, 1994) or how to identify "key, critical, decisive, or significantly helpful or harmful events in psychotherapy" (Elliott, 1983, p. 49).

Related to this point, it has also been argued (Castonguay, in Lampropoulos et al., 2002) that psychotherapists are more likely to pay attention to empirical findings if they are conducting research themselves and if they are engaged in all aspects of research projects, including the delineation of the research goals and hypotheses, construction of the design, implementation of the study, and dissemination of findings (via presentations and publications). When it takes place within the context of an active collaboration with researchers, this full engagement has the potential to become an antidote to the "empirical imperialism" (Castonguay, in Lampropoulos et al., 2002) that frequently has characterized psychotherapists' participation in research activities (when, e.g., they are asked by researchers

to administer questionnaires to their clients without having been previously consulted about the selection of such instruments or administration procedures). In recent years, practice-research networks (PRNs), have been viewed as optimal infrastructures for facilitating direct and active collaboration between psychotherapists and researchers in scientifically rigorous and clinically meaningful research and thus have been seen as a viable strategy for the advancement of the scientific-practitioner model.

While there have been repeated calls for the creation of PRNs (e.g., Huppert, Fabbor, & Barlow, 2006; Kazdin, 2008; Levant et al., 1999), little is known about how best to achieve the overarching purpose of such infrastructures. Previous studies have suggested a number of factors that can facilitate or interfere with psychotherapists' involvement in research as part of their day-to-day work. For example, in the first investigation undertaken by the Pennsylvania Psychological Association Practice Research Network (PPAPRN) (a pilot project aimed at collecting pre- and posttreatment outcome data), Borkovec, Echemendia, Ragusea, and Ruiz (2001) derived a number of lessons for developing future successful effectiveness studies, such as the need to provide incentives to participants (e.g., continuing education credits for psychotherapists), as well as to secure funding from agencies (e.g., National Institute of Mental Health [NIMH]) and psychological associations (e.g., Pennsylvania Psychological Association [PPA] and American Psychological Association [APA]) committed to the implementation and dissemination of effectiveness research. Despite these advances, more direct and systematic efforts need to be undertaken to understand and ultimately foster psychotherapists' engagement in research activities that are directly related to their clinical work, thereby increasing the clinical utility of research. This paper is aimed at addressing this need by describing the experiences of psychotherapists who had participated in a PRN study within their own private practices.¹

¹ Psychotherapy researchers should also be encouraged to do clinical work. As noted by Elliott and Morrow-Bradley (1994), "Therapy research ideally should be carried out by persons who also do therapy. When the researcher is also a therapist, he or she is more likely to experience the discrepancy between research and practice as an internal conflict and thus be more motivated to pay attention to each side of this conflict" (p. 137). We are grateful to one of the reviewers for raising this important point.

The PRN Study

The primary goal of the PRN study (henceforth called the Helpful Aspects of Therapy [HAT] study) upon which this paper is based was to assess what clients find helpful and/or hindering during treatment to help therapists better address their clients' needs. As described in detail in an adjacent paper (see Castonguay, Boswell, et al., this issue, pp. 327–344), the research protocol required the client and the psychotherapist (or only the psychotherapist, depending on the experimental condition to which the client was assigned) to fill out at the end of every session parts of the HAT (Elliott et al., 2001). Specifically, participants were asked to (a) answer two questions on small index cards (“Did anything particularly helpful happen during this session?” and “Did anything happen during this session which might have been hindering?”), (b) briefly describe the event(s) if applicable, and (c) rate these events in terms of the degree to which they were helpful or hindering, respectively. At the beginning and the end of the treatment, clients were also asked to fill out the Treatment Outcome Package (TOP; Kraus, Seligman, & Jordan, 2005), an assessment measure specifically designed for use in naturalistic settings.²

This study was designed and implemented as an active collaboration between psychotherapists and researchers. Before the beginning of the study, psychotherapists and researchers met regularly for ~1 year to design the research methods and develop a detailed script of the study procedures. For the next 18 months, psychotherapists then invited all of their new clients (adults, adolescents, and children) to participate in the study (except when psychotherapists judged such participation to be clinically contra-indicated). Combining the child, adolescent, and adult groups, 146 clients participated, and more than 1,600 helpful or hindering events were reported.

The Present Study

The goal of the present study was to understand the experiences of psychotherapists participating in a PRN project with the hope of deriving lessons for future PRN efforts. We chose to pursue this goal using qualitative methodology, which is recognized as being particularly appropriate for exploring little-understood phenomena, such as a person's subjective experience (Levitt

& Rennie, 2004; Strauss & Corbin, 1998). Qualitative analysis allows researchers to explore a phenomenon in depth without having a priori hypotheses, by inquiring generally and then allowing patterns to emerge from the data (Rennie, Phillips, & Quartaro, 1988). Given the little that is known about psychotherapists' experiences of working within PRNs, this methodology seemed appropriate in discovering issues that might facilitate and interfere with this potential avenue for bridging the gap between science and practice.

Method

Participants

Eleven of the 13 psychotherapists who participated in the design and conduct of the PRN study were interviewed for the present study.³ Of these 11, 6 psychotherapists were female, and all were White. All psychotherapists were doctoral level psychologists, with a mean of 15.4 years (range = 2–30) of posttraining experience. The majority of participating psychotherapists (81.82%) reported two or more salient theoretical orientations or approaches to psychotherapy. Six psychotherapists (54.55%) identified cognitive-behavioral therapy (CBT) as their primary orientation, while three (~27.27%) identified themselves primarily as psychodynamic. Of the remaining 18.18% of the sample, one psychotherapist identified primarily with humanistic therapy and one with a family systems approach. For psychotherapists who reported identifying with more than one orientation, two (18.18%) ranked CBT as their second most preferred theoretical orientation, and two (18.18%) ranked humanistic as their second most preferred. Of the remaining 63.64%, five different psychotherapists ranked cognitive, behavioral, interpersonal, dynamic, and family systems therapies, respectively, as their second most preferred orientations.

² As reported in Castonguay, Boswell, et al. (this issue), however, only a minority of clients filled out the TOP at the end of the treatment. As described below, this was experienced as a problem and source of frustration for several therapists.

³ The two therapists who did not respond to the request for an interview were no longer members of the PRN when these interviews were conducted. One of them had retired, while the other had decided to cut back on work commitments as she anticipated leaving her practice in the near future.

Procedure

Interviewing. After the completion of the data collection for the HAT study, two members of the PRN (L.G.C. and S.A.R.) designed the following six questions, aimed to elicit what psychotherapists had found beneficial or helpful and frustrating or difficult about their participation in the HAT study, as well as their recommendations for future PRN studies: (a) What have you found the most interesting and/or beneficial about your participation in the HAT study?; (b) What have you found the most difficult and/or frustrating about your participation in the HAT study?; (c) What, if anything, was beneficial and/or detrimental about this study to your patients?; (d) What have been the most frequent and/or important obstacles in conducting the study?; (e) If you were confronted with important obstacles when conducting the study, what, if anything, has helped you deal with these obstacles?; and (6) What would you change and/or add in the preparation and implementation of a similar study in the future?

Interviews were conducted by two full-time researchers involved in the PRN (L.G.C., who conducted five interviews, and T.D.B., who conducted six). One of these researchers (L.G.C.) was also a participating psychotherapist (for two of the more than 140 recruited clients) and was interviewed by the other (T.D.B.). All interviews took place either in person or on the telephone and varied between ~15 to 30 min. All interviews were audiotaped and later transcribed for the purposes of analysis. A semistructured format with an exploratory-style of interaction was used, in which the aforementioned open-ended and nondirectional questions were asked (to reduce the likelihood of introducing researchers' biases). Additional clarifying questions or prompts were used as necessary to facilitate exploration and discussion.

Both interviewers were White men, both doctoral level psychologists (with 13 and 35 years of posttraining experience, respectively), and both faculty members in the Psychology department at Penn State University. Both interviewers identified themselves as cognitive-behavioral psychotherapists but also have been involved in the development of integrative treatments, as well as the investigation of therapeutic variables (e.g., alliance) that cut across different orientations. Thus, both of the interviewers were open to and

cognizant of diverse theoretical perspectives and treatment approaches. The interviewers were also involved in the design and conduct of the study (both of them attended meetings that took place during the 18 months of data collection and, as mentioned above, one of them participated in the study). Accordingly, they had views about what took place during the study and what might have facilitated or interfered with its implementation. At the time when the interviews were conducted, the research team did not anticipate conducting rigorous qualitative analyses. Consequently, the interviewers did not make note of their expectations and biases before conducting the interviews, and such expectations and biases would be difficult to identify after the fact. While their expectations might have influenced the interview process, the researchers made a concerted effort to remain focused on asking the psychotherapists about their own experiences as specifically and straightforwardly dictated by the questions, thus minimizing the possible impact of these expectations on psychotherapists' responses.

Analysis. Based on direct consultation with Dr. Heidi Levitt, an expert in qualitative research (H. M. Levitt, personal communication, October, 2007), as well as specific written guidelines delineated by Dr. Levitt, the methods of analysis for this study were designed by the first and second authors. Analyses were conducted by the second author, who was not involved in either the HAT study or the process of interviewing participating psychotherapists. Although the second author (an advanced graduate student in clinical psychology) did not have previous experience in conducting this form of analyses, she consulted with Dr. Levitt regarding the process of conducting the analyses, received detailed and comprehensive written instructions about how to conduct the agreed upon analyses (in the form of a manual written by Dr. Levitt), and received feedback and verification from Dr. Levitt on initial portions of the analyses. Before conducting the analyses, this researcher's experience with the PRN was limited to attending regular meetings and engaging in discussions regarding the design of a future PRN study. Although she had limited experience with PRNs, this researcher was very interested in PRNs and excited about their potential to benefit the field of psychotherapy research. However, while she recognized her own potential to be biased toward a more positive evaluation of the psychotherapists' experiences within a PRN, she

likewise was invested in recognizing more difficult or frustrating aspects of these experiences so that they could be adequately addressed in the future.

The interviews were analyzed using a form of content analysis derived from the grounded theory method (Glaser & Strauss, 1967; Rennie, Phillips, & Quartaro, 1988; Strauss & Corbin, 1998), a form of qualitative analysis used to develop empirically based theoretical models for phenomena using an inductive process. The authors chose to use the grounded theory method not only because it has been used in psychotherapy research (e.g., Rennie, 1994; Rhodes, Hill, Thompson, & Elliot, 1994; Williams & Levitt, 2007), but also because a number of its steps are specifically aimed at examining the subjective experiences of participants in a systematic and organized fashion. It should be noted, however, that grounded theory is typically used to develop models or theories to explain complex phenomena. Because our purpose was simply to describe these experiences (rather than to create a theoretical model), not all steps of the grounded theory method were used, and steps were adapted to the goal of the present study.

Specifically, the second author first read through each transcript, dividing it into "meaning units," or portions of text comprised of a single idea (Giorgi, 1970). Meaning units were then given labels to describe the ideas they represented. As much as possible, labels remained close to the actual language used by the participating psychotherapists. A process of "constant comparison" was then used to compare each meaning unit to other meaning units and to find common themes within a single transcript and across transcripts. Categories were then developed around these common themes, and related categories were grouped into higher order categories to show these relationships. This process continued until all meaning units were accounted for within the hierarchical model of categories and subcategories.

During the process of analysis, the second author engaged in frequent "memoing." Memoing entails recording ideas that occur to the researcher during the process of constant comparison. This practice, recommended by Glaser and Strauss (1998) and Rennie et al. (1988), among others, is intended to facilitate awareness of the researcher's own biases and expectations, to ensure that the analysis is grounded in the data, and

to record decisions and theoretical ideas during the analysis.

For the purposes of these analyses, each question that was asked during the interview process was analyzed separately (i.e., along with other psychotherapists' responses to the same question), except in the case of questions 2 and 4, which ask psychotherapists what they found to be most difficult and/or frustrating about their participation and what important obstacles they confronted during their participation. Because of the high degree of overlap between responses to these two questions, they were combined for the purposes of analysis. Also because of space limitations, a detailed description of the hierarchical model of categories is not included here. Rather, the authors have attempted to distill from the model the most important points and how these relate to one another.

Results

Question 1: What Did Psychotherapists Find Most Interesting and/or Beneficial About Their Participation in the PRN Study?

The design process. Several psychotherapists expressed that they valued having learned about different research methodologies as well as the process of conducting psychotherapy research ($n = 3$). Two psychotherapists also reported finding the experience of designing the study validating because the group chose to focus on processes that they were already carrying out in their own practices and finding helpful.

The data collection process. Several psychotherapists explicitly said that they found it helpful that the research duties had clinical utility ($n = 3$), while others simply described ways in which they found these tasks clinically useful ($n = 5$). For example, many said that they found it helpful to get feedback (using the HAT cards) from their clients about what they had found helpful and/or detrimental during sessions ($n = 5$). In discussing how such feedback was helpful, psychotherapists reported that it informed them about ways in which they and their clients agreed or had different perspectives about what was helpful or not ($n = 3$), and that they were able to use the feedback from clients in future sessions, adjusting to the client's needs ($n = 3$).

Group processes. A number of psychotherapists expressed that they appreciated being a part

of a collaborative group in which they felt a sense of community and working toward a common goal ($n = 6$). This sense of community was important because they received support and validation from the group ($n = 2$) and also because they were able to have more contact with colleagues or meet new colleagues ($n = 4$), experiences that are sometimes rare for psychotherapists in independent practice. Psychotherapists also valued hearing about their colleagues' ideas and experiences and having interesting discussions about methodological issues in addressing clinically relevant questions ($n = 3$).

The goal of the project. Many psychotherapists spoke about the importance of integrating research and practice and promoting research that is directly relevant and useful to psychotherapists ($n = 7$). Two psychotherapists expressed that research conducted in a naturalistic, private-practice setting felt especially useful and applicable to them.

Added perks. Some psychotherapists named additional "added perks" to their participation in the project, such as getting Continuing Education (CE) Credits for their participation ($n = 2$).

Question 2: What Did Psychotherapists Find Most Difficult and/or Frustrating About Their Participation in the Project and What Did They See as Their Biggest Obstacles?

Following procedures. Many psychotherapists said that they found it difficult or frustrating to have to depart from their usual routine or "standard operating procedures" ($n = 9$). A number said they had difficulty remembering procedural details from one time to the next and therefore had to consult their notes repeatedly ($n = 5$). Two also expressed frustration that there was not always someone available for consultation when they could not remember such details.

Many said that the project required a lot of organization and attention to detail and required them to keep a lot of things in mind ($n = 7$), resulting in their occasionally forgetting to give measures at the correct time ($n = 7$). Two psychotherapists said that they had misunderstood procedures and did things incorrectly and that their mistakes were not caught for some time. Two said that they had found it frustrating that there was no plan for how to handle unforeseen situations. They said that when these types of situations arose, they felt some discomfort rely-

ing on their own judgment and that meetings were too infrequent to resolve such questions as they came up.

A few psychotherapists also expressed discomfort following some of the study's procedures ($n = 4$). For example, some stated that they felt that spending time discussing the study rationale, procedures, and so forth, with the client and getting informed consent during the first session detracted from establishing a relationship with the client or understanding the presenting problems ($n = 3$).

Interaction with client. Several psychotherapists mentioned sometimes feeling a tension between the needs of the study and the needs of their clients ($n = 4$), such as having to keep the procedural details of the study in mind while also giving the client their full attention.

Concerns about measures. Two psychotherapists said that they thought the measures were inappropriate for or not as useful with child and adolescent clients as they were with adults. Two others expressed concerns that their clients may not have been completely forthcoming on HAT cards because they knew the psychotherapist would be reading them. However, each of these psychotherapists went on to discuss examples of times when their clients gave them negative feedback and to conclude that this concern was probably unwarranted.

Amount of time and work. A number of psychotherapists commented on how the study required more time and work than practice as usual ($n = 7$), and several spoke specifically about how the extra work between sessions competed with other tasks ($n = 4$).

Clients' participation and motivation. Some psychotherapists said that they found it difficult to motivate clients to participate ($n = 3$), in one case because of concerns about confidentiality issues. Others discussed having had difficulty getting clients who dropped out of the study prematurely to complete and return posttreatment measures ($n = 4$).

Question 3: What Did Therapists See as Beneficial or Detrimental to Their Clients About Participating in the PRN Project?

Part 1: What did therapists see as beneficial to their clients about participating in the PRN project? Effects on treatment of completing study measures. Several psychotherapists said that

they saw their clients as having benefited from filling out both the HAT cards and the TOP. For example, several said that they thought it was beneficial for clients to take time after the session to write down thoughts, as doing so helped them consolidate issues, emphasized the main points of the session, and gave clients something to “take away” ($n = 4$). Two psychotherapists said that they thought the HAT cards were beneficial to clients because they created the “distance” necessary for clients to give honest feedback by allowing them to write things down rather than having a face-to-face discussion with the psychotherapist. Similarly, another said that she thought it was helpful for psychotherapists to reflect on what was helpful or hindering at the end of each session, as doing so may have helped them to do things differently in the future. Several also said that completing the TOP was beneficial to clients because it made both psychotherapists and clients more aware of the client’s progress in treatment and increased their appreciation of the work they had done ($n = 3$).

Effect on clients of participating in research. Two psychotherapists said that participating in the research project seemed to make clients see the psychotherapist as more credible. Several also said that their clients seemed to appreciate the opportunity to contribute to research ($n = 3$) and seemed to interpret recruitment as an acknowledgment that they had something to offer ($n = 1$).

Part 2: What did therapists see as detrimental to their clients about participating in the PRN project? Effects on treatment of completing study measures. A few psychotherapists discussed aspects of filling out the HAT cards or the TOP that they saw as potentially detrimental to clients. For example, two said that some clients seemed to view these tasks as an inconvenience, while another said that she thought that some clients were suspicious when asked to fill out the TOP before having had contact with the psychotherapist.

Effects on psychotherapist that affected client. Two psychotherapists expressed that sometimes the needs of the study may have made it more difficult for them to meet their clients’ needs when these needs were in conflict, such as when they had to decide whether or not to ask the client to complete the HAT card after a particularly intense session when the client may not have wanted to do so.

Question 4: What Did Psychotherapists Do to Overcome Important Obstacles While Participating in the Project?

Repetition and practice. Some psychotherapists spoke about how they were able to overcome obstacles throughout the course of the study with repetition and practice. For example, some said that they felt that remembering the procedures got easier over time ($n = 2$), while another said that her initial discomfort with some study procedures diminished over time with practice.

Meetings. Discussing the importance of group meetings, two psychotherapists said that exchanging information and getting support from the group both helped them overcome obstacles and made the experience less frustrating when there were obstacles.

Consulting others. Several psychotherapists indicated that they were able to overcome obstacles by consulting with one another ($n = 3$) or with the researchers ($n = 1$) when they had questions or difficulties. One psychotherapist, for instance, reported that researchers were always available, supportive, and understanding of the need for flexibility around clinical issues. On the other hand, some psychotherapists mentioned that they were often unable to reach other participating psychotherapists in moments when they needed consultation ($n = 3$). These psychotherapists seemed to indicate that they saw the potential for this consultation to be helpful but that it was not reliability available.

Strategies for remembering procedures. Two psychotherapists said that they created notes or worksheets to help remember details of procedures from one time to the next, while two others spoke about strategies for remembering to give measures, such as placing them by the door.

Therapist’s mindset. Some psychotherapists spoke about overcoming obstacles through their attitudes toward the project, such as trusting their own judgment to handle unforeseen situations when they felt unsure ($n = 1$), keeping the goal of the project in mind to stay motivated even when they felt frustrated ($n = 2$), and thinking of obstacles as challenges and as providing intellectual stimulation ($n = 2$).

Did not feel they overcame obstacles. Two therapists (both part-time) expressed that they did not feel that they overcame some of the obstacles they experienced. These therapists both sug-

gested that part-time therapists may have been less likely to overcome obstacles than full-time therapists, either because of having less practice with procedures because of fewer clients or because of spending less time in the office.

Question 5: What Recommendations Did Psychotherapists Have for Future PRN Studies?

Design of future studies. Some psychotherapists made recommendations with regards to the process of designing studies, while others made specific methodological recommendations. Suggestions pertaining to the design process included: (a) spending a lot of time on the design process and being well organized, because doing so would pay off later ($n = 1$), and (b) being flexible early in design process, taking many viewpoints into account, but reaching a point after which they would be decisive and move forward ($n = 1$). Suggestions pertaining to methodological considerations included: (a) keeping research questions small in scope so they would be manageable ($n = 1$), (b) ensuring that research duties had clinical utility ($n = 2$), (c) and ensuring that psychotherapists found the measures useful and not too complex ($n = 1$).

Data collection process. Therapists also made recommendations for future studies with regards to the data collection process, including: (a) more frequent meetings among all of the participants to address concerns as they arise ($n = 1$), (b) more communication among psychotherapists about useful strategies they have developed ($n = 1$), (c) keeping the work required of psychotherapists to a minimum ($n = 6$) (e.g., suggesting that there be simpler procedures [$n = 3$], that there be “idiot-proof” instructions [$n = 2$], and that secretaries or research assistants be enlisted to handle organizational responsibilities [$n = 1$]), (d) that there be more structure and direct oversight to ensure that psychotherapists understand and follow procedures correctly ($n = 3$), and (e) that more time be allowed for the initial recruitment and consent procedures ($n = 1$).

Increasing motivation. Several psychotherapists suggested that small monetary incentives might make clients ($n = 4$) and psychotherapists ($n = 4$) more motivated to participate. Such monetary incentives, for example, may make it more likely for clients to return posttreatment measures.

Group processes. Two psychotherapists also made recommendations for future studies that pertained to the group process. These therapists recommended that steps be taken to promote sense of community and collaboration and ensure that psychotherapists do not feel alone in the process.

Conclusion

The analysis revealed many factors that may either facilitate or interfere with research in naturalistic settings as conducted by (and for) psychotherapists. When asked to describe their experiences, therapists reported many positives and benefits, for both them and their clients. A number of difficulties and problematic issues were also described, along with strategies used by therapists to deal with these issues. These problem-solving strategies, as well as the recommendations offered by the therapists for future studies, are likely to provide valuable lessons for the growth of the PRN movement, which has been viewed as a promising strategy to reduce the gap between science and practice (Goodheart, 2006; Kazdin, 2008).

A number of these recommendations pertain to most if not all group endeavors aimed at accomplishing meaningful and demanding goals. However, 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 (“ego-syntonic”), research has to be “clinically-syntonic.” We believe that clinicians truly integrate science and practice every time they perform a task in their clinical practices and are not able to provide an unambiguous answer to questions such as: “Right now, am I gathering clinical information or am I collecting data?” or “At this moment, am I trying to apply a helpful

intervention with my client or am I implementing a research task?" Frequently, setting up rigorous empirical investigations that will lead them to answer these questions by saying, "Perhaps both," may be the most fruitful and exciting pathway to bridge research and practice.

Above and beyond the specific recommendations that it has provided for future of PRN initiatives, the present study offers evidence against the view that the scientific-practitioner model is defunct or unworkable. We think that a study that successfully involved 1 year of preparation, 18 months of implementation, more than 140 paying clients within regular clinical practice, and that led psychotherapists to feel that they learned about research and clinical work is a clear sign that there is still hope for the vitality and usefulness of the Boulder model. Establishing a full-partnership in all aspects of the design and implementation of a study might be a key for fostering psychotherapists' engagement in conducting research (which, in turn, may lead them to pay more attention to what research findings may have to offer to their understanding and efforts to facilitate the process of change). As noted by Soldz (2000), "bridges are built between research and practice primarily when researchers and practitioners are working together" (p. 237). It is precisely its potential for such collaboration that has led many leaders in our field to view PRNs as a promising pathway to reduce the gap between science and practice (Goldfried & Wolfe, 1996; Stricker, 2000).

A number of limitations of the present study should be recognized. First, the interviews were conducted by two researchers who were involved in the meetings related to the design and the implementation of the study, and one of them actually participated in the study by seeing a few clients. As mentioned previously, their experience and knowledge of the study may have biased their exploration of psychotherapists' reports, despite the fact that they tried only to ask about and explore psychotherapist's personal recollections of their experiences. In addition, some of the interviews were conducted face-to-face, while other were conducted by phone. The phone interviews tended to be a bit shorter than the face-to-face ones, possibly indicating that phone interviews may have led to less disclosure or elaboration on the part of the interviewees. It should also be acknowledged that the qualitative analyses were conducted by only one person

who, despite having received instructions and consultation from a recognized expert, had never conducted qualitative analyses before this study. This also points to the possible influence of personal bias and expectations in the results reported in this paper. It could also be argued, however, that the perhaps less than optimal methods we used are not likely to have had profound implications for the findings. Our questions were simple and straightforward, and our analyses were purely descriptive. If our aim had been to answer more complex questions that would have required highly inferential judgment of coders, a larger number of coders and more removed interviewers would have been warranted. At worst, we believe that our interviews and analyses might have emphasized some aspects of the therapists' experience more than others.

While the interviews conducted for this paper were intended to capture the experiences of therapists involved in a PRN study, it goes without saying that the researchers who collaborated with them also learned many lessons from their own experiences. A few of them are listed here for the possible benefit of investigators interested in conducting PRN studies: (a) Don't do this alone: engage students in the design and day-to-day management of data collection; (b) Different types of research are not mutually exclusive: a number of difficulties that can emerge in naturalistic studies may be reduced by importing strategies that have been developed in controlled settings (e.g., financial compensation for data completion); (3) Be aware of your colleagues' needs: clinicians do not live in a world of "publish or perish," and therefore the process of doing research (and learning from this process) is as important as the outcome; (4) Do not make assumptions about clinicians' level of engagement: many researchers wrongly assume that time-consuming studies are not feasible in naturalistic setting because therapists are too busy or not invested enough in research. The first author, remembering numerous occasions when clinicians were less than enthusiastic or "resistant" when he asked them to fill out questionnaires for his own research, has been guilty of this assumption. Paradoxically, issues of motivation did not emerge in our PRN study where clinicians had much more to do than merely give a form or two to their clients. In fact, during the process of designing the study, the researchers frequently had to remind the therapists that adding components to the protocol would allow

them to answer more questions, but it would also increase the tasks the therapists had to perform! From such contrasting experience alone, one might conclude that building a strong alliance between researchers and therapists, fostering a sense of shared ownership in the project, and being sensitive to the therapists' needs are likely to ameliorate therapists' assumed resistance to research, as well as provide antidotes to any attitude of empirical imperialism.

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