

## RESEARCH INTO PRACTICE/PRACTICE INTO RESEARCH

# Can Clinical Research Lead to Social Change?

Traditionally, the filtering down of research and clinical findings to the general public is slow and haphazard, and social change stemming directly from clinical research is rare. Often the conveying of information to the public is dependent on the degree of interest a particular body of research has generated. We have seen research findings impacting significantly on social change in: the effects of alcohol on driving and prenatal development, lung cancer and smoking, and sun-exposure and skin cancer. Public interest may be dependent on factors such as how much the area is perceived as a social problem, and this may be affected by social and political trends at the time. For example, research into male health problems has received somewhat less airplay than female health problems in recent years, despite comparable rates of major diseases such as prostate and breast cancer. What is very clear is that the extent to which the public become aware of information generated from both research and therapy is not dependent on whether something represents a breakthrough in a particular field. *Psychology Today* addressed this issue in a biting and amusing article on the sales of books by John Gray (author of the Venus and Mars series on couples) and John Gottman (world-renowned researcher, clinician and author of academic and popular papers and books on couple communication). They made the point that despite the fact John Gray has never done research on couple communication, his lightweight books on male–female differences have outsold those of John Gottman by several million. Several million people now know that men and women are different. I suppose that can be considered a breakthrough of sorts. Sometimes it seems that the more simplistic and problematic the ideas, the more popular they will become. If your partner has an alcohol problem, you must be codependent (hey presto! diagnosis by proxy). If you don't remember aspects of your childhood, you have been sexually abused and should work to recover the repressed memories (hey presto! false memories). If you dissociate, you should work to name the different parts of the self (hey presto! therapy-induced dissociative-identity disorder). Something missing from your life—money, love, great body? Try affirmations (they don't work and they lower your IQ). Overweight? Eat lots of protein, no carbohydrates after midday (you lose weight due to premature death).

So stupid and dangerous ideas are particularly attractive in some parts of society, and could be advantageous in establishing 'market-share'. If we were trading on the psychotherapy futures-market, perhaps we should buy shares in therapy approaches that are vacuous, politically correct, and represented by a guru-like figure; that invent mystifying terms for simple concepts, have a magical technique, offer no evidence for their effectiveness, have a three letter acronym (TLA), and simultaneously foster dependency

and evangelical zeal. And Barbara Cartland is also more popular than Salman Rushdie, so what's new?

Information regarding social problems that is founded in sound clinical research mostly does not reach the public. Why does some material get selected for 'sale', and other material left on the shelf? In my view, it is partly about packaging, but also about what is available, and how easily digested it is. In the last decade, an Australian research group appears to have bridged the gap between clinical research and more popular realms, and are working at implementing these ideas in prevention.

Over the last two decades, Professor Matt Sanders and his colleagues from the University of Queensland have been researching the effects of interventions focused on family functioning. Their research has identified a series of parenting behaviours that predictably affect children's emotional and behavioural functioning. They have developed and evaluated intervention programs (and included ideas from other similar programs) focused on altering parental functioning over many years, and refined the programs progressively. They have more recently condensed this multi-level evidence-based family treatment approach into what they dubbed *Triple P* (Positive Parenting Program) ([www.families.com.au](http://www.families.com.au)). Their approach is more digestible and flexible and less psycho-educational than programs such as STEP and PET, and their treatment has a sound empirical basis. In this, they have taken the program somewhat away from the influence of theoretical affiliations. Their approach to the dissemination of the ideas has been to train parents and clinicians at a variety of levels of the program. Most importantly, substantial work has been devoted to developing sound but simple preventative strategies, with the clear aim of effecting social change. Centres have been established to train clinicians, with an emphasis on treatment and prevention. The group has been particularly active at a political level, advocating for increased government spending on prevention programs designed to assist families. Recently, they have joined with a New Zealand television company to develop a pilot for a life-style show devoted to positive parenting in families. Disregarding issues of theoretical allegiance, their work represents an impressive model of how clinical research can be translated into a broad systemic intervention that may have substantial long-term social implications. Clearly, other clinical research could be similarly translated into public domain, without the need for bells and whistles—or Venus and Mars.

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