

Welcome to the Real World of Clinical Research

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Perhaps we should take a deep breath! We have successfully gained approval from three Area Health regions for a multi-centre study, which assesses the effectiveness of a group program for parents of children with challenging behaviour. Each Ethics Committee had to have its say, and change a few things, but we were able to jump their hurdles without (we thought) over-complicating a relatively no-frills project. We were also extremely lucky that the project had received funding from the Centre for Mental Health. Without funding, it would have been difficult to afford essential research goodies, such as questionnaires at \$2.50 per form, or even paper, adding up to several thousand dollars.

In the beginning, we did not know that we lived on the planet of unreal research, and that we would need to travel to the world of real research, many light years away from our own! When we landed, our no-frills research design suddenly changed. Perhaps that is what is called constructivism. In the unreal world, it looked plain and harmless, yet in the real world it turned into a multi-frilled monster.

To begin with, we had to place our 'subjects' randomly into different treatment groups. We thought a simple 'odd and even' allocation of parents into Group A and Group B should be straightforward. Group A would start treatment as soon as sufficient numbers were reached, while Group B would start ten weeks later, allowing us to measure the effect of 'waiting', the effects of no treatment. How naive! In the real world, parents when placed into Group B, said they could not travel to Group B location (Group A was closer to home). They had no car or money for public transport. Others worked on Group B day, or had child minding only on Group A days. These were all non-invented real life issues. We also noticed that suddenly, people disappeared from our waiting list into nowhere. We were left with two parents for Group A and six parents for Group B!

Referrers weren't impressed with the possibility that the client they had referred could be placed on the waitlist, which made selling of the project difficult. They wanted services for their clients soon as their clients were in need of urgent support. Some referrers were concerned about their

own credibility if they recommended participation and the client ended up on the waiting list.

Unreal world research requires that group size should be approximately the same. We agreed, when we lived on our own planet, yet found after starting our program that our group size went all over the place. With one group, we started with ten referrals, but only seven parents came to the first session, and two dropped out straight after it. Real life issues affected the attendance of the remaining parents, including child illness, finding employment, own severe illness, and transport (the mother who found work pro-

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vided transport to another parent). This left us with just one motivated parent! Another group started with eight on the waitlist, with one 'drop-out' in the beginning, yet all other parents continued. In this case, the group process itself fostered cohesion and may have been more important than the program itself. How are we going to compare such different groups — cheese with chalk — later?

Incomplete data offered another encounter with the real world. If a parent failed to attend a session, which also



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involved some form of measurement, we posted a questionnaire. However, half of the questionnaires were never returned to us. Therefore, on our beautiful data sheet, black holes seem to appear all over the sheet, as if suddenly data had been sucked away into nothing. The missing data is a

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real nuisance. We need numbers or our statistical instruments will refuse to do the calculations.

The ‘watch, wait and wonder’ of the control ‘Waitlist-Treatment Group B’ was another issue. After ten weeks of waiting, would parents still be motivated or would the momentum be lost? Clients were highly motivated when things at home were tough. Once the crisis settled, they were not as interested in making an effort to attend a course three hours per week over six consecutive weeks.

Adherence to the research protocol? One group decided after completion of the program to meet for monthly boosters over six months, the time of the final data collection. Our research protocol says that clinical needs should override

research needs. Therefore, we had no problem supporting this move. Yet how will we later make sense of the data, as it is likely that treatment gains will be higher in this group?

Staff change! What can you do if people connected to the project decide to leave their job and work on a different continent? After all, we are only a small research team and staff movement is inevitable. We may have to engage a new centre, and put in a new ethics application if someone else comes on board. Alternatively, we could increase our numbers and be satisfied with a less representational sample of rural, metropolitan and outer metropolitan clients. Research projects from the planning stage to the completion require time, lots of time, and a stable research team is an unrealistic dream.

Having travelled this far, we are not about to give up. On the contrary, we are more motivated than ever to see this project through. Our work as therapists has taught us to be patient with difficult problems, to allow time for change to occur, perhaps to adjust our therapy methods as needs arise. Likewise, we will continue to conduct groups, measure what we can measure, and gradually collect our little numbers for those boxes. If there are many black holes, so what? If a ‘reputable’ unreal world journal rejects our findings, so be it. We may nevertheless find some resonance in the real world. Clinicians and clinical researchers will be able to relate to our grass root difficulties in conducting research with real people in real life situations, and the resulting earthy (messy) data. Certainly, it has been a new experience for us all. ©

Letter to the Editors

Dear Maureen and Hugh,

On the 25th anniversary of the Journal, I write to congratulate the Journal and all who have sailed in its pages and worked so hard behind the scenes. I count myself lucky to have witnessed the ‘arrival’ of the first edition when, as a final year social work student on placement with Michael White at the Adelaide Children’s Hospital, boxes of the first edition were carried triumphantly into Michael’s and Graham Martin’s offices.

I remember their excitement and enthusiasm, which were to be qualities of the early days of family therapy that attracted me to this field. Twenty-five years later, the excitement and enthusiasm for new ideas and practices is still evident in the Journal, and in me. Well done everyone.

Andrew Wood
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