

Quick and Dirty Research: Opportunities for People Who Are Too Busy to Do Research to Do Research

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Abstract

As a trainer and supervisor I have heard of many examples of the use of a solution-focused approach bringing about significant improvements in the lives of service users. Too often, from my point of view however, these wonderful stories of the possibilities of change stay known only to a few. As a practitioner I also recall my concerns over what might be required for my witnessing of this evidence to be presented to a wider audience. In this paper I reflect on my own journey into research whilst still being in practice, the ideas from professional culture that may have influenced my thinking, the possibilities of moving from *evidence-based practice* to *practice-based evidence* and the opportunities that were available to me in a busy Child & Adolescent Mental Health Service. The paper proposes the possibilities of a “quick and dirty” approach for others in practice who would like to do research. Two examples are given of studies that took advantage of available opportunities. I then offer a series of questions, in the hope that this paper will encourage more practitioners to carry out research.

Keywords: solution-focused, research, practice-based evidence, CAMHS

Working as a social worker and family therapist in a child and adolescent mental health service in the U.K., I was often curious about the usefulness of the work I was carrying out. Was my involvement really making a difference for the families, children, and young people who came to see me? Might there be a way to research this? Whilst others in my service may have entertained similar thoughts, most however, seemed preoccupied by a pressure to keep on seeing people, a pressure that I also felt: a pressure that inclined me to leave it to others to do the research.

Reading Schon's *The Reflective Practitioner* (1983) alerted me to a bigger and longer-term context that might have been influencing my inclination to leave the research to others. I was particularly interested in Schon's assertion that the knowledge that informs professional practice—which had initially belonged to the professionals in practice—had, over time, been taken over by the universities that trained them. I understood Schon to be arguing that the “Centres of Excellence” had moved from the workplace to the university. Having now met many who work in the universities and who train future and current professionals, I realise that this distinction is often not so clear-cut. Nonetheless, the distinction, at the time, reinforced my thoughts about my position. I was paid by the local council

to work with families. Colleagues working in universities were expected to do research and publish papers. I was not. Colleagues in universities, I assumed, had resources at their disposal to carry out research. I had none—or so it seemed at the time.

The Impact of Solution-Focused Brief Therapy

Then came solution-focused brief therapy (SFBT). Having previously engaged with clients in a problem-focused and advice-giving manner, the change to being interested in client strengths, asking about the future they wanted and what might already be contributing to that, brought new energy to my work—a much greater conviction that significant change was happening, and a renewed interest in finding ways to explore what was happening. Solution-focused thinking also provided a different way to think about my position as a practitioner who wanted to do research. How much time could I devote to research? Not much, but I could devote a small amount of time, and this might be enough to do something interesting and worthwhile. How much did I know about research? Very little, but I knew people who knew a lot more and these might help me carry out some research in a sensible way.

QUICK AND DIRTY RESEARCH

Quick and Dirty Research

This was how I came across the concept of “quick and dirty research.” The colleague I turned to, Jill, a clinical psychologist in the same service, defined *quick and dirty* research in the following terms,

- A study that can be done with little time and minimal resources,
- A study that does not require complex statistical analysis, and
- A study that might be a springboard for others who have more time and resources to carry out more sophisticated research.

The phrase “quick and dirty” has a number of meanings. Dictionary.com defines “quick and dirty” as “rapidly and carelessly done” (“Quick and Dirty,” 2013). However, an internet search shows that quick and dirty research has a place in the world of marketing and an education research website quotes Paul Fain (2013) as saying,

To keep up with the breakneck pace of developments in online education, higher education researchers must be nimble and sometimes make do with “dirty” and quickly gathered data. Otherwise weighty discussions about student learning might get lost in all the hype around massive open online courses and other digital innovations. (para. 1)

My curiosity over the effectiveness of my use of SFBT came at a time when my working life was pretty hectic. SFBT was one of many new approaches to practice, all vying for practitioners’ attention. I was very convinced at the time that SFBT was the most effective approach to practice that I had found, and I was keen to test this out through research, despite the busyness of the workplace.

The Benefits of Consultation and My First Study

Recognising my eagerness to gather data and draw conclusions, Jill slowed me down, insisting that I define the hypothesis I wanted to test. Once I had defined my hypothesis and was again ready to gather data and draw conclusions, Jill again slowed me down and insisted that I make sure I gathered data in a way that was feasible and likely to test my hypothesis. I then learned that whilst quick and dirty research might be done with little time and few resources, there were no excuses for carelessness over research design and choice of methodology. Solution-focused thinking, in addition to being a new frame for thinking about practice and research, also provided me with a new way to think about the gathering of data.

Might I already have data that could be of relevance? In the event, I discovered that I already did have useful data: by the time I came across SFBT, I had worked as a qualified practitioner for 13 years. My curiosity about the difference I might be making had also been around for 13 years, thus

resulting in 13 years of rudimentary outcome data covering clients who had reported successful outcomes, clients who had stopped meeting me, and clients I had referred on to other services. My first study (Wheeler, 1995) used two methodologies: a before-and-after measure of the impact of SFBT on outcomes, and a postal survey which produced a return rate less than 50% and so was not reported in the published paper. Most years since the paper was published I have been contacted for copies, as the paper is not available online. A Google Scholar search recorded 12 citations in other publications.

Further Sources of Encouragement

I was further encouraged to become a practitioner who carried out research by some ideas that Andrew Turnell (2002) shared in Gateshead, U.K, in his first workshop in 2002. I found these to be interesting reflections on the “theory-practice divide” and the possibility of reversing *evidence-based practice* into *practice-based evidence*. Turnell, when speaking of a theory-practice divide, referred to his observation that theories developed in academic institutions often failed to work in practice, and practitioners who often knew what worked in practice typically had little explicit theory to explain what they were doing. Practice-based evidence—a movement which has to some extent grown out of practitioners’ frustrations with evidence-based practice—values the gathering of data from where the practice happens, with a view to developing theories that better fit the reality of the work. As a Solution-focused practitioner I also saw a close connection between practice-based evidence and the “naturalist enquiry” approach that de Shazer and Berg (1997, p.121) have identified as being at the heart of the development of the solution-focused approach. Wampold (2010) has referred to practice-based evidence as “the Holy Grail for those who have sought a unifying approach to the practice and science of psychotherapy” (p. xix).

Other Studies

There is a possibility that my colleague Jill and I are the only practitioners who would openly admit to carrying out quick and dirty research. Reviews of work by other researchers have, however, often drawn my attention to researchers who have taken good advantage of opportunities that have arisen for them. When I reviewed studies on Turnell and Edward’s “Signs of Safety” (1999) for Franklin, Trepper, Gingerich and McCollum’s (2011) handbook on the evidence base for SFBT, for example, I was particularly impressed by a study by Westbrook (2006). The service through which the study was carried out had decided to train child protection workers to use Signs of Safety with families. This, I gather, created an interesting opportunity to carry out a before-and-after study. Parents assessed by the service for child protection concerns were interviewed prior to the training to obtain a baseline of how they experienced

the workers who carried out the assessments. Parents who were assessed after the staff training were then interviewed to see how they experienced the workers who were then using Signs of Safety. Some were the same parents who had been interviewed before the staff training, and some of these had even been assessed by the same worker. The study was designed and carried out by a social worker studying for his master's degree. I do not know whether the service wanted to carry out the study and found the student, or whether the student proposed the study himself to the service. Either way, this is a useful reminder that students from professional courses can be a useful resource when a service is too busy to carry out the research itself. In my own service, on a number of occasions, we established mutually satisfying relationships with professionals-in-training from various disciplines to carry out studies we wanted, but did not have time to do ourselves. More details on Westbrook's (2006) study can be found in Wheeler and Hogg (2011).

Prompt Questions

Here are some questions to encourage those who are too busy to do research to do research,

1. Having read the article up to this point, what ideas are you having that might one day result in you doing some research?
2. What is it that is fascinating you at the moment and might one day be the basis for some research?
3. If you would need to consult with someone who knows more about research than you do, who would be the best person to approach?
4. If you have connections to professional courses, how might you make good use of these connections so that someone else does the research you would like to see carried out?
5. Suppose your research study was carried out; what would be your best hopes for the study once it was in print? What do you hope might happen because your published study is in existence?
6. On a scale of 0 to 10, where 10 is a published study and 0 represents no interest at all in doing research, where are you currently? How can you tell you are there and not lower? How could you tell you were one step up the scale?

Conclusion

In conclusion I hope that your reading of this article and engagement with my questions will result in even more privately-known evidence coming into the public domain.

Finally, it might be worth remembering the following,

- When we see evidence of the usefulness of the work we do, we are encouraged to do more.

- When we research the usefulness of the work we do, we might have the benefit of data which lies outside of what could otherwise be a self-deluding feedback loop.
- When we present our data at workshops, the evidence influences us and those who listen to the presentation.
- When we publish our research, the evidence influences unpredictable numbers of people, taking on a life of its own and going to places we may never even know.

References

- De Shazer, S., & Berg, I. K. (1997) What works? Remarks on research aspects of Solution-focused Brief Therapy. *Journal of Family Therapy*. 19: 121-124, p. 122.
- Franklin, C. Trepper, T., Gingerich, W. J., & McCollum, E. (2011). *Solution-focused brief therapy: A handbook of evidence-based practice*. London, United Kingdom: Oxford University Press.
- Fain, P. (2013, May 1). Quick and dirty research. *Inside Higher Ed*. Retrieved from <http://www.insidehighered.com/news/2013/05/01/education-research-and-pace-innovation>
- Quick and dirty. (n.d.). In *Dictionary.com*. Retrieved from <http://dictionary.reference.com/browse/quick%2Band%2Bdirty?s=t>
- Schon, D. A. (1983). *The reflective practitioner: How professionals think in action*. Boston, MA: Arena.
- Turnell, A. (2002). *Signs of Safety*. Two day workshop presented to Gateshead Council. Gateshead. UK.
- Turnell, A., & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. London. United Kingdom: Norton.
- Wampold, B. E. (2010). Foreword. In M. Barkham, G. E. Hardy, & J. Mellor-Clark (Eds.), *Developing and delivering practice-based evidence: A guide for the psychological therapies* (pp. xix). Chichester, United Kingdom: Wiley-Blackwell.
- Westbrook, S. (2006). *Utilizing the Signs of Safety framework to create effective relationships with child protection service recipients*. Unpublished manuscript, School of Social Work, University of St. Thomas, St. Paul Minnesota.
- Wheeler, J. (1995). Believing in miracles: The implications and possibilities of using solution focused therapy in a child mental health setting. *Association for Child Psychology & Psychiatry Reviews & Newsletter*, 17, 255-261. Retrieve from the author on request John@johnwheeler.co.uk
- Wheeler, J., & Hogg, V. (2011). Signs of safety and the child protection movement. In Franklin, T. Trepper, W. J. Gingerich, & E. McCollum (Eds.), *Solution-focused brief therapy: A handbook of evidence-based practice* (pp. 203-215). London, United Kingdom: Oxford University Press.