

RESEARCH AS DAILY PRACTICE

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This article introduces a series of articles that describe a sequence of research projects that we, as therapists, conducted collaboratively as part of our ongoing daily clinical practice at the Calgary Family Therapy Centre. We designed and completed a set of three formal research studies within the parameters of our work as therapists using an approach we call Research As Daily Practice. There is an intuitive appeal to Research As Daily Practice that comes from (a) privileging therapists' ideas, questions, and curiosities; (b) conducting research flexibly within the time parameters of the daily work of therapists; (c) seeing the processes of conducting research as resonant with the processes of therapy; and (d) showing that meaningful research can be conducted without external funding or resources.

In this introduction to a series of articles, we explain what we mean by Research As Daily Practice and how it fits within a practitioner's world. In the subsequent three articles we describe the specific projects we have conducted as part of our daily therapeutic practices.

HUMBLE BEGINNINGS

Twenty years ago, we (Sally and Dan) wrote an article that we never published entitled "Research as Practice: Practice as Research." Our early efforts as new professors centered on connections and integrations across two seemingly disparate areas—research and practice. We recall a reviewer's critical comment about that draft article at the time: "We all know and do this." We could not then, and

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still cannot, believe that we all *already* do this. It is all too easy to profess that we use research in our practice, but in Research As Daily Practice we are embracing the connections in ways that go beyond simply integrating research findings into therapeutic practices. Carefully examining how research and practice entail very similar steps or phases (albeit languaged differently) is, we believe, still a largely unexplored area in the world of practice.

We work within a social constructionist view of the world that allows, and even celebrates, the combining and recombining of ideas and practices into new forms with new possibilities (Gergen, 2009). This work is the most recent iteration of our efforts to integrate research and therapeutic practice. Because we work both in the practice community and in a university setting, our dean lightheartedly suggested that we think of ourselves as “pracademics,” a word melding the practice with the academic. Social constructionist writings have sustained us in working at the intersections of research and practice ideas without aligning with one side or the other. We find that the tensions at the borders or intersections of ideas are fertile zones of inquiry, places where concepts and practices relate and merge. This liminal space allows us to ask questions that we would not be aware of otherwise.

Even though I (Karl) have never been formally trained in research methods, throughout my 40-plus years of practice I have found myself continuously engaged in informally “researching” the ideas held by therapists that influence and/or organize their clinical activities with families. Thus, I found the notion of Research As Daily Practice very attractive and was delighted with Sally and Dan’s proposal to apply the notion at the Calgary Family Therapy Centre, a freestanding agency financially supported by Alberta Health Services and a popular practicum/internship site for graduate students.

All three of us are academics within a university context who have been involved in family therapy for most of our professional careers. As two males and one female, White and English first-language speakers, we have grown up in the North American context. Our practices have centered around working with families who have come from all socioeconomic groups, many racial and cultural backgrounds, differing sexual orientations, and a wide spectrum of presenting problems. We have worked in agencies that provide family therapy services at no cost to our clients.

MOTIVATIONS AND PURPOSE

In this article we will concentrate on potential connections and links between practice and research, connecting research *practices* to clinical *practices* by describing similar sets of strategies, steps, and procedures that both initiatives use. Furthermore, we will demonstrate that there is no need for “knowledge translation” (the oftentimes challenging step that seeks to make research applicable in the practice arena; see Graham et al., 2006) when the “research” questions and processes are located within the practice context of clinicians as they work with clients.

CURRENT INTERFACE BETWEEN RESEARCH AND PRACTICE IN THE WORLD OF FAMILY THERAPY

We believe that there are several difficulties at the current interface between research and practice as performed. They can be summarized in the following points that we hear repeatedly from private practitioners, agency practitioners, researchers, and students:

- Formal research as customarily formulated and carried out is often not applicable to practice, that is, it is not focused on the specific issues of interest and utility for therapists.
- Formal research is not easily accessible to practitioners, that is, it is not written in practitioner-friendly language. Significant elements or meanings are often “lost in translation” that could have been useful to practitioners.
- Knowledge is assumed to be developed by researchers and to be applied by practitioners. Each group has developed practices that reinforce this apparent discontinuity and separation of roles.
- Neither group is very pleased with the way the two groups work together. Practitioners tend to be wary of researchers who claim superior knowledge and seek to impose their research findings upon clinicians. Researchers tend to be frustrated and sometimes offended by practitioners’ stonewalling or misapplication of what the researchers have presented.
- Few substantive efforts have been put forward to actively seek to rearrange the nature of the alliance between researchers and clinicians to work more effectively.
- Local knowledge of the practitioner tends to be undervalued. Knowledge development by practitioners is not considered to be as valid or as important as the knowledge created by researchers.

Our response to these unwanted difficulties is to rethink the practitioner-researcher relationship. Both practitioners and researchers intend to “make a difference”: practitioners by overtly attempting to help clients make changes; researchers by hoping to uncover and/or create some new practices that when applied to clients, could help them more. The ways used to describe these processes may vary and the immediate goals/outcomes may be different (e.g., interpersonal impacts versus writing up research reports), but there are important commonalities connecting these roles.

As the title of our earlier draft article tried to convey, we believe that practitioners *are* researchers because they use inquiring processes to make quality decisions in their daily practice (gathering data, organizing the data to better explain phenomena, constructing a plan of action, implementing the plan, observing the effects, gathering more data). Coming from a position of curiosity (Cecchin, 1987), practitioners question taken-for-granted premises in order to generate alternative understandings, not as truth-tellings but rather as polyphonic expressions of events, circumstances,

or persons to be helpful. Effective practitioners engage with clients in a process of evolving understandings, utilizing new information and events to continuously refine what they think they know, creating fresh possibilities for moving toward what is most desired. This seemed very similar to research processes. As we imagined our current understandings of research and of practice in progressively overlapping circles, the contemporary distinctions between the two seem less and less useful, while the nondistinguishing or deliberately fusing of the two seems more generative (Wulff & St. George, 2014).

In Figure 1 we provide a listing of processes in doing practice and in doing research, each cast in its respective language, placed side-by-side for comparison. We have paired the processes to more closely examine the similarity of the activities

Practice	Research
Responding to a presenting concern	Identifying a research issue
Clarifying the clinical experience and the specific situation	Clarifying what is known and not known by looking at the relevant literature
Defining a workable problem	Formulating a research question
Conceptualizing the nature of problems and solutions	Generating a hypothesis
Selecting interventions	Selecting methodologies
Engaging the collaboration of clients	Recruiting subjects to participate
Applying interventions	Applying methods
Observing responses and/or reactions	Collecting data
Evaluating outcomes	Analyzing data
Summarizing, writing notes, and/or submitting reports	Writing, publishing, and disseminating results

FIGURE 1. Comparison of Activities in Practice and Research

involved while maintaining the typical language used by each process.

Outlining the steps involved in practice and research in this manner, and displaying here how the steps used in each initiative correspond to the other, may have the unwelcome effect of once again separating the two processes and reifying those activities into a linear series of sequential steps. We offer these comparisons only as a heuristic to demonstrate an idea—not to assert contrasting realities (that we do not wish to privilege). Our working hypothesis is that these two identified processes could be understood as one and the same, and the two separate labels and their associated language are not essential. To further our preferred perspective we modified Figure 1 by adding a center column (see Figure 2) that highlights possible “common roots” of the respective activities used in both practice and research. The terms/phrases in the center column may be considered a more generic description of the activities listed in the other two columns. These generic words/phrases may open a door to incorporate even more initiatives (beyond practice and research) with which to examine the worlds in which we live.

In the same spirit of seeking commonalities, we believe that the entire enterprise of practice and research is upheld by the stance of curiosity (Cecchin, 1987). Indeed, we could refer to the whole series of “common roots” in Figure 2 as derivative of pursuing curiosities. We can also imagine other sets of organizing activities that could be described as formed through an enlistment of these common elements—decision-making, education/learning, journalism, and medicine. In each of these domains, one could describe its aim as the active pursuit of curiosities.

We are not the first writers to have explored how research and practice have much in common. Gale (1992) has written about how “research” interviews can be more therapeutic than therapy interviews. Qualitative interviews can be conducted in ways that are themselves therapeutic. Harlene Anderson (2007) talks of her therapy as a mutual or shared inquiry, creating “a partnered process of coexploring the problem and codeveloping possibility” (p. 26). She casts her therapeutic work more as a “process in which we jointly explored, discussed, and questioned” (p. 27) than an initiative for an expert therapist to change a client. This way of working diminishes the research/practice distinction. Furthermore, David Epston (1999) has written of what he calls “co-research,” which highlights how parents and children can investigate their own troubles with an “experimental attitude” and devise solutions that fit their particular situations. Recasting therapy as a shared inquiry or co-research allows each journey of therapy with a family to be a research endeavor.

We seek to extend this notion of mutual or shared inquiry to include how issues that we, as therapists, see as troubles *across* a number of families can be investigated. Societal discourses that outline how persons should live or what they should aspire to and societal/community conditions (i.e., policies, historical practices, values) that materially impact families play key roles in the troubles experienced by multiple families we see in therapy (Waldegrave, 2009). Seeing common influences across several families in our caseloads allows us to trace the effects of

Practice	Common Roots	Research
Responding to a presenting concern	Attending	Identifying a research issue
Clarifying the clinical experience and the specific situation	Exercising curiosity	Clarifying what is known and not known by looking at the relevant literature
Defining a workable problem	Speculating on possibilities	Formulating a research question
Conceptualizing the nature of problems and solutions	Creating possible explanations	Generating a hypothesis
Selecting interventions	Choosing action	Selecting methodologies
Engaging the collaboration of clients	Enlisting partners	Recruiting subjects to participate
Applying interventions	Reflecting-in-action	Applying methods
Observing responses and/or reactions	Selectively noticing effects	Collecting data
Evaluating outcomes	Correlating distinctions of experience	Analyzing data
Summarizing, writing notes, and/or submitting reports	Drawing tentative conclusions and documenting	Writing, publishing, and disseminating results

FIGURE 2. Common Roots of Practice and Research Activities

processes that may be difficult to see on a single-family basis. Systemic patterns seen as adversely impacting our client families may provide new avenues for us to better understand the complex interplay of factors leading to families seeking family therapy. Our work across our caseloads provides the grounding for us to potentially see larger patterns at work.

DESCRIBING RESEARCH AS DAILY PRACTICE

For us, Research As Daily Practice is a specific form of evidence-based practice—that is, practice that is based upon using local evidence to inform what we do. Our understandings result from *knowledge-in-action* or *reflecting-in-action* (Schön, 1983)—what some would call “practice-based evidence” (Fox, 2003). We believe that curiosities spur inquiry, investigating, and experimenting. This is the central process of how we, as practitioners, practice every day. This applies to our daily work within any of the types of practicing that we engage in as therapists, supervisors, teachers, and researchers. Our definition of Research As Daily Practice is *continuously examining our curiosities and generating information from our own clinical work reflexively* in order to better understand what we *do* and what we *could* do better (Wulff & St. George, 2014).

We are proposing a shift away from remote evidence-based practice (as understood to mean privileging large controlled quantitative studies) toward more local practice-based evidence. We recognize and celebrate the differentness in what we are proposing in these research projects compared to traditional academic approaches. Rather than supplanting standard forms of research, we are searching for ways to create viable alternatives to our customary practices to produce knowledge and improve practice. Attending to practical issues of application into daily practices, our approach fits into what therapists are already doing, rather than necessitating an extra layer of time, effort, and external demands. It is a deliberate effort to answer our own “so what?” questions in both therapy and research. Our purpose in examining our practices is to improve them, to be generative in developing better and more effective methods. This is not to dismiss practices that work effectively, but to enlist our curiosity in pressing beyond what appears to work at present.

IN GOOD COMPANY

We believe that we are in good company with these ideas about the merits for and utility of such an integration of practice and research. “We advocate ‘leaning into’ (Reynolds, 2012) a focus of inquiry that allows the researcher/practitioner to look at ‘paths to take’ while also considering ‘paths not chosen’” (Wulff & St. George, 2014, p. 297). Gail Simon (2012) talks about the ethical practice of research, that is, attending to the ways of doing research that are grounded in participants’ experiences and involving them substantially in the entire process. John Shotter (2012) seems to share some similar thoughts: “They [practitioner inquiries] are concerned with our gaining a sense of ‘where we are’ in relation to our immediate surroundings and of the surrounding field or ‘landscape’ of real possibilities open to us for our next steps” (p. 6). Focusing inquiry on ways to imagine and explore possibilities and next steps is what Gergen (2014) refers to as “future forming research.” Research/inquiry can land us squarely within change efforts, not only

through the use of findings or results, but by the *doing* of it. This connects again with practice initiatives.

DOING INQUIRY

While we held this perspective for many years, it moved beyond the theoretical in 2007. We (Sally and Dan) each were working clinically with about 15 families, and we each felt somewhat “stuck” in our work with them. While conversing with each other about our frustrations and concerns we started to see similarities across these families and therapies. A common presenting concern with many of the families Sally was seeing had to do with young adolescent girls (ages 12 to 14) who were leaving home to live on their own or with friends. Noticing such an inordinate number of families dealing with this particular issue led Sally to wonder what might be going on in Calgary such that this problem became so prevalent. With Dan’s families, nearly all were dealing with physical violence between parents and children or between siblings. The presence of violence and its rootedness within the family’s dynamics led to Dan wondering if there was some idea or process that was sustaining this type of distress in these families. We appreciated the uniquenesses of each family situation, yet we were also noticing distinctive similarities across families in how these problems developed and how they were maintained. Families were not exactly “the same” but neither were they completely different. From our own meanderings in investigating the questions about what could account for so many of our families being troubled in similar ways, we constructed a process that has helped us to look more closely at our clinical curiosities with our colleagues and supervisees by looking across our caseloads.

The first step in our process was to ask our colleagues if they were noticing any of the same types of patterns or concerns in their own caseloads that we were noticing in ours. The ensuing conversations and sharing were exhilarating, and we longed to continue the conversations and study the dilemmas. Our regular schedule entailed weekly 60-minute staff meetings, which included all clinical staff and supervisees; we reserved one of these staff meetings per month for “research.” Karl invited Sally and Dan to lead these research meetings in which we collaboratively designed questions of inquiry and ways to answer those questions that resembled the principles we used in our therapy practices.

As therapists, we spend considerable time and effort developing good questions to help our client families live together in more satisfying ways. Using that familiar and daily process, we developed questions to help us learn more about the patterns in our client caseloads. Outlined below are some questions we asked ourselves about what we were noticing and experiencing. The following sets of questions (Wulff & St. George, 2014) are grouped under five headings that were a forerunner to the set of categories that preceded the “common roots” column in Figure 2.

Attending

- What words or phrases do our clients repeat as they present their troubles and do these words or phrases appear in other families' talk?
- What words or phrases do we, as clinicians, repeat when we talk *about* our clients and do they reveal disciplinary/professional/ideological preferences?
- What rules or traditions do we, as helpers, seem to be loyal to in our efforts to be helpful?
- What terminology is repeated in the literature about these clinical issues and what knowledges do those terms privilege?
- What themes seem to be consistent in the literature?
- What scripts has society provided for the type of work we do with clients? In using those scripts, which groups are advantaged? Which groups are marginalized?

Curiosities

- What intrigues you about your work that you would like to understand better?
- What might be possible here? What else is possible?
- How could these possibilities be clarified and/or realized?
- What are genuine questions that puzzle you?
- What situations or ideas challenge what you have already come to believe? What discomforts result from these challenges?

Developing Relationships

- Who else is/could be involved?
- How could we work together to explore these questions? Could clients be enlisted as partners in this exploration?
- Who else within your agency/practice is/are having similar challenges or interests?
- What would be the possibilities for a group of families who shared similar troubles to talk together about these issues?

Sense-Making

- What are the important events and connections here that cohere and make sense?
- Do your practices support the status quo—including long-standing psychological discourses about problems and therapeutic change, societal discourses about identity, or ideas about who is “deserving”—or do they challenge taken-for-granted knowledges about our clients?

- What possibilities can arise from alternative ideas to the status quo? What questions do they provoke? What limitations do they present?
- What other ways of understanding what is happening with our client(s) are not yet present in our thinking?

Reflection-in-Action

- What new questions can we develop that take into consideration the influences on families and us that are hard for us to see?
- What new courses of action and joining with others are available to us at this time that might address limiting societal discourses that our families face?
- What are new avenues that we could pursue?
- Are there better questions to pose?
- Where are we now compared to where we were before?

CRITERIA OF GOODNESS

In using a new process of inquiry, we asked ourselves, “How could we determine if we were using the process in an effective and useful way?” Traditional elements of rigor in research standards typically focus on fidelity to the model of research. In that approach, the researcher trusts the method and wants to ensure that he or she has not deviated from it. We take a somewhat different approach in *Research As Daily Practice* and ask about the effect or impact the inquiry had on the circumstances and the people involved. This fits with the position of those who have called for “a new praxis that is deeply responsive and accountable to those it serves” (Lincoln & Denzin, 2005, p. 1123).

We have developed what we refer to as “criteria of goodness” of the research that can help us develop our curiosities in ways that have pragmatic utility (St. George, Wulff, & Strong, 2014). The first is the degree to which our curiosities open space for practitioners to change their practices, allowing something that was not there before. Does the research make room for something that was not previously seen or enacted? That was not previously available? The second is the degree to which our curiosities stimulate imaginative, playful, and creative initiatives to emerge in these new spaces. This criterion validates the need to develop the non-logical—to activate the groundwork for the artistic and imaginative. The creation of the new and the different is intimately tied to the pragmatics of making a positive difference with our client families. The explicit focus on creating “what was not there before” is to foster the search for new patterns in new ways, not for its own sake but in an effort to explore that which has been unexplored—looking to open up new conversations with families to more effectively address their troubles.

INVITATION

We now invite you to read the following three research study reports of Research As Daily Practice that we conducted at the Calgary Family Therapy Centre (St. George, Wulff, & Tomm; Wulff, St. George, & Tomm; Wulff, St. George, Tomm, Doyle, & Sesma, all this issue). But before you do, we want to emphasize the following from our experiences:

- Conducting these inquiries (pursuits of curiosities) was time-efficient and respectful of practitioners' time and involved an entire cohort of agency practitioners. In this collective effort we generated ideas and provided a sense of working together that reduced the sense of isolation in practice.
- Immediate "trying on" of still-evolving knowledge in the practice context (what we were finding out along the way) created richer feedback for our inquiries and significantly reduced the application time for new ideas in our practices.
- Our inquiries demonstrated an honoring of the work of practitioners who effectively implement studies of their own practice that produce genuine innovations.
- Inquiries can be conducted with or without external funding. The expectation or requirement to have funding to pursue inquiries may be a serious impediment to such initiatives and may actually skew the projects to be designed to consume grants rather than using the money to foster the aims of the curiosity that led to the study initially.
- Our projects were at times quite planful in advance and at other times less so in order to fit our evolving situation. We were willing to adjust our processes as we went along in the service of better understanding the focus of our inquiry. Flexibility was built in—it was expected to be a part of an unfolding initiative. We felt that too much a priori planning might not be responsive enough to emergent possibilities as we went along.

We hope that you will find relevance and resonance in our practices of curiosity for your own practices in therapy and/or research.

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