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Surveying Qualitative Research Teaching on British Clinical Psychology Training Programmes 1992–2006: A Changing Relationship?

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Abstract

There have been indications that qualitative research has become more popular in British clinical psychology, particularly amongst trainee clinical psychologists. In a 1992 survey conducted by the author, 81% of UK clinical psychology training programmes that responded reported that they taught qualitative methods for an average 4.85 hours and that only a small number of students submitted qualitative dissertations. This article reports the results of a similar survey conducted in 2005–2006. Twenty-six programmes responded (a response rate of 83.9%). In contrast to the 1992 survey, 100% of the responding programmes reported that they taught qualitative methods for an average of 12.6 hours (approximately 31.1% of total research methods teaching). The most popular methods were Grounded Theory, Interpretative Phenomenological Analysis and Discourse Analysis. All of the programmes reported that they would accept theses solely using qualitative methods, with an average of 42.8% of dissertations falling into this category in the previous four years. The results are discussed in the context of the development of British clinical psychology and training.

Introduction

Historically, clinical psychology has had an uneasy relationship with qualitative research. Elsewhere I have suggested that this is due to the legacy of naïve realism and the consequences of this dominant epistemology for research, publication and therapeutic orientation (Harper 2008). Notwithstanding some recent exceptions, qualitative research methods have therefore historically been marginalised within UK and US clinical psychology.

As qualitative research has become more popular in British psychology generally, there has been a concomitant rise in its popularity within clinical psychology, particularly in training programmes.

Between spring and summer of 1992, I surveyed the uptake of qualitative research methods on UK clinical psychology training programmes (Harper 1993) and found that half of the responding programmes reported having accepted at least one qualitative dissertation, that qualitative methods were taught by 81% of courses but that the average amount of teaching (approximately five hours) was quite small. This compared relatively favourably with US studies. For example, Shemberg, Keeley and Blum (1989) found that fewer than half the directors of US clinical psychology training programmes felt a majority of their faculty would see phenomenological and survey methodology as acceptable for their students. Keeley, Shemberg and Zaynor (1988), examining the percentage of clinical psychology dissertation abstracts found that although “nontraditional” research methods (including qualitative methods) had increased from 2.8%, it had still only risen to 9.8% in 1985. Ponterotto's (2005) survey of counselling psychology programmes in North America reported similar results: although 95% of the respondents accepted qualitative methods dissertations, only 10% of students had actually conducted such studies.

Henwood's (1998, 2004) study indicated some ambivalence about qualitative research within the UK clinical psychology training community. She reported that none of the programmes she approached objected to qualitative research outright, though methods such as Discourse Analysis (DA) aroused some concern with one programme, noting that an external examiner had objected to this method per se whilst another commented that methods associated with the “crisis of representation” were seen as challenging “the epistemological assumptions upon which our approach to knowledge is built [and so] would be difficult to include” (Henwood 1998, p. 18). Henwood identified the influence of what she termed a discourse of “disciplinary legitimation”:

The extent to which qualitative methods are perceived as being acceptable within clinical psychology, and especially by external examiners of research projects and D Clin Psy theses, was an important conditioning influence on people's views and on the extent to which some felt they could act upon them. (Henwood 1998, p. 27)

At the time of my original survey and of Henwood's work, qualitative methods were only just beginning to be taught and used on British clinical psychology training programmes. In the intervening period, a process of disciplinary legitimation appears to have gathered pace. For example, a Qualitative Methods in Psychology section was established within the British Psychological Society (BPS) in 2005 with more than 1000 members. The Society's accreditation criteria for both undergraduate psychology and clinical psychology programmes now require coverage of qualitative research. Qualitative methods have increasingly been mentioned in British research methods textbooks, and international and national clinical psychology periodicals have published qualitative studies. Indeed, Barker, Pistrang and Elliott (2002), in their text on research methods in clinical and counselling psychology, state that “qualitative methods have now become much more fully accepted within psychology, and the heat seems to be dying out of the old quantitative versus qualitative debate” (p. 91). As a result, it seemed an appropriate moment to survey programmes again in order to see if there had been any changes since 1992 and, if so, to map them.

Method

Context of Training

According to figures from the Clearing House for Postgraduate Courses in Clinical Psychology (personal communication), there were 23 programmes running in 1992 (though only 21 had an intake that year), with a total entry of 226 trainees. By contrast, in the 2006 entry there were 554 trainees studying on 31 programmes. In other words, numbers of trainees have more than doubled in that 14-year period and the number of training programmes has increased by 25%.

Procedure

A questionnaire was developed based on the one used in 1992. The same broad and inclusive definition of qualitative method was adopted and the introductory part of the questionnaire stated that the focus was not only “nonnumerical methods” but also “methods where quantitative data might be used but in accord with less mainstream theoretical frameworks like social constructionism (e.g., Q-Methodology) or Personal Construct Theory (e.g., Repertory Grids).” The focus was on “big Q” analytic methods rather than methods simply of data collection. The present survey included additional questions on the proportions of qualitative teaching and of qualitative dissertations (prompted by previous surveys) and types of method used in theses.

Programmes were first approached in September 2005 via the BPS Group of Trainers in Clinical Psychology (GTiCP) email lists for both programme directors and administrators. The initially low response rate was addressed by refining the survey, securing the support of GTiCP officers before resending the questionnaire and obtaining input from a research assistant to follow up nonresponders. By September 2006, a total of 26 programmes had returned questionnaires out of the 31 programmes with an intake in the 2006–07 academic year—a response rate of 83.9%. This compared favourably with the response rate of 66.7% in 1992.

Resultsⁱ

Number of Programmes which Provide Teaching on Qualitative Research Methods

All 26 programmes reported that they taught qualitative research methods—an increase compared with only 81% of programmes in 1992.

Amount of Time Devoted to Qualitative Methods (as Opposed to Quantitative Methods)

Only 20 (76.9%) of the sample provided a numerical response to this question. This was a difficult question for respondents to answer since research teaching was structured differently on each programme. For example, in addition to teaching on specific quantitative and qualitative methods, much teaching was devoted to generic issues (e.g., research design, developing research questions, literature searching, ethics, service user involvement) or touched on methods which drew on both quantitative and qualitative approaches (e.g., data collection, single case designs, evaluation of psychotherapy). Three programmes also noted that much of their research teaching was generic and involved peer-led group-work.

In 1992 the average amount of time allocated to qualitative methods was 4.85 (SD = 3.33) hours. In the present study, the mean number of hours of qualitative methods teaching was 12.6 (range = 1.5–29, S.D. = 7.9), nearly a three-fold increase, although the extension of many programmes from two to three years as they converted to doctoral programmes in the 1990s is likely to be a factor here. At the time of the original survey, I noted that it would have been interesting to compare the relative proportions of qualitative and quantitative research methods teaching and so this question was included in the present survey.

Proportion of Total Research Methods Teaching Devoted to Qualitative Methods

Twenty-four programmes gave figures in response to this question. Some programmes reported the proportion of qualitative methods teaching as a proportion of the teaching on specific qualitative and quantitative methods whilst others reported it as a proportion of all the teaching on research (including the generic issues noted above) and others reported both figures. Where both were reported, only the proportion relating to specific methods was entered into calculations. However, given that many programmes noted that they spent varying amounts of research teaching on generic issues, it should not be assumed that the teaching which was not on specific qualitative methods of analysis was necessarily quantitative in nature. The mean proportion of research teaching devoted to qualitative methods was 31.1% (range = 10–58.9%, S.D. = 14.6).

Content of Qualitative Method Teaching?ⁱⁱ

In 1992, some programmes included teaching on particular issues such as the philosophy of science; the relative merits of relativism versus positivism; the use of qualitative methods in a complementary approach to research; and drawing distinctions between theories, data collection and handling and approaches to analysis.

In the present survey, 21 programmes gave details of the content of teaching with seven respondents attaching module outlines. As noted above, much research teaching was generic in nature. In addition, 14 programmes specifically noted having introductory sessions on qualitative methods. These typically covered the epistemological assumptions of different methods (e.g., distinguishing between phenomenological and constructionist approaches), definitions of key terms, an overview of different methods of analysis, considerations of sampling and generalisability, framing research questions, developing a rationale for qualitative methods and issues of reflexivity.

Ten programmes specifically noted methods of data collection, predominantly interviewing (five programmes) and focus groups (five other programmes). Three programmes stated they covered transcription and coding, and three programmes reported the use of qualitative software packages. Six programmes specifically noted teaching about appropriate criteria to use in evaluating the quality of qualitative research.

In 1992 there was considerable variation in the kinds of methods covered in teaching, though the most popular were DA (four programmes), participant observation (four), ethnomethodology (three) and account analysis (three). In the present study, the methods most frequently taught were Grounded Theory (16 programmes), Interpretative

Phenomenological Analysis (IPA, 15), Discourse Analysis (DA, 10), Narrative Analysis (five), Repertory Grids (four), phenomenological approaches in addition to IPA (three), Content Analysis (three), Thematic Analysis (three), case studies (two) and Template Analysis (two). The following methods were taught on only one programme each: psychotherapy process research, Q-Sort, the voice relational method and co-operative enquiry. Thus, since 1992, there has been a change in the kinds of methods taught. In particular, there has been an impressive growth in the use of Grounded Theory and IPA. Grounded Theory had not been mentioned in responses to the 1992 survey, and of course, publications using IPA had not yet begun to appear at that time.

Number of Programmes Accepting Dissertations Using Qualitative Research Methods as the Main Method of Analysis

Eight programmes in the 1992 survey (half of the sample) reported that trainees had conducted qualitative research dissertations. In the present survey, all programmes responding in the current study (26) said they accepted qualitative dissertations. In 1992 no information was collected on what percentage of final year dissertations used qualitative methods, as Ponterotto's (2005) survey of counselling psychology programmes had done. As a result, a question on this was added to the present survey.

All 26 responding programmes reported an estimate of the proportions of trainee dissertations which had used qualitative methods between 2002 and 2006. Figure 1 shows the number of programmes reporting the percentage of theses using qualitative methods as a proportion of the total number of theses—the percentage categories match those used by Ponterotto (2005). Trainees had thus used qualitative research methods on 96% of programmes.ⁱⁱⁱ Mixed methods theses which incorporated a significant proportion of qualitative methods were included by at least three programmes. The mean was 42.8% (range = 0–92.5%, S.D. = 25.5). The 1992 survey did not include a question about proportions, and so it was not possible to compare. On only five programmes (8.6%) in Ponterotto's (2005) survey of North American counselling psychology programmes was the proportion of qualitative theses more than 41% of the total number of theses, whereas in the present study this was the case for 12 programmes (46.2%).

FIGURE 1 ABOUT HERE

Types of Qualitative Research Method Used in Final Year Dissertations

Of the 18 programmes noting the use of specific qualitative methods in theses, the most popular were IPA (17 programmes) and Grounded Theory (11). The next largest cluster were the eight programmes reporting the use of at least one method focused on textual analysis (including Conversation Analysis, DA, Foucauldian DA and Narrative Analysis). Methods used on at least two programmes included Thematic Analysis or Qualitative Content Analysis, Psychotherapy Process Analysis, Repertory Grids and Q-Sort. The remaining methods were reported by one programme each: Attributional Analysis and Template Analysis. A question on this was not included in the 1992 survey.

Teaching and Supervisory Resources Available

The 1992 survey did not include a specific question about who provided teaching on qualitative methods. In the present survey, 25 respondents (96.2%) indicated that programme

tutors were involved in providing this teaching. On the other programme this was provided entirely by National Health Service (NHS) clinicians. However, 17 of the 25 programmes where programme staff taught also involved others: six involved academics from other departments in the same institution, five drew on expertise in the wider academic department in which the programme was situated (e.g., the wider psychology department), five involved NHS clinicians and three drew on academics from other universities. In addition, five programmes noted that they occasionally drew on staff in addition to programme staff.

In 1992, three programmes named specific supervisors who would be available for those trainees wishing to conduct qualitative research. Two programmes reported that appropriate supervisors would be sought if necessary whilst another six programmes noted that the usual support structures (i.e., regional clinical psychologists and staff members) would be available to trainees.

In the present study, 25 programmes noted that supervisors experienced in qualitative methodology were available, though it is unclear how many of these would be seen as specialists (i.e., having a track record of publications in the area). The majority of programmes did not state specifically whether the supervisors were programme tutors, though this was generally implied. This is perhaps understandable since research supervision is provided in different ways on different programmes—on some the majority of first supervisors are NHS staff, on others they are programme staff and on others supervisors may be drawn from the wider academic department. Two programmes specifically noted the use of NHS staff experienced in qualitative methods. Five other programmes made specific reference to drawing on supervisors from the university but outside the programme team.

In addition to supervision, two programmes offered regular staff-led drop-in groups for trainees using qualitative methods, and on four programmes trainees had peer supervision groups. One programme had a group devoted to a particular method (IPA). Some programmes noted that whilst it was possible to allocate a supervisor experienced in qualitative methodology generally, it was not always possible to match trainee and supervisor in relation to specific methods. Two programmes noted that they would fund attendance at external workshops in particular qualitative methods if they were affordable. Another programme noted that tutors had extended their knowledge of qualitative methods through a programme of staff development. A further programme noted that they had run training sessions for NHS staff who acted as thesis supervisors.

Discussion

The survey comparisons suggest that qualitative research has gradually become more accepted in British clinical psychology training. The survey conducted by Thompson, Larkin and Smith (2011) provides further evidence of this. They reported that qualitative methods were used in approximately 40% of UK trainee dissertations in the previous year, with half using IPA. An annual IPA conference has been held since 1999 and trainee clinical psychologists are apparently keen attenders.^{iv} Respondents' comments on the present study's survey forms indicated that, over time, their concerns about how external examiners would react to qualitative theses had eased and more programmes were adopting what one respondent termed an “even-handed” and “pluralistic” approach where the key issue was

choosing the method most appropriate for the research question. Thus it would seem that the process of disciplinary legitimation (Henwood 1998) has become more established over the last two decades.

What might account for this rapid growth? On UK training programmes trainees generally decide for themselves what topic they will investigate and what research methods they will use. From my own experience, some choose qualitative methods because they have previously only used quantitative methods and wish to extend their repertoire. Others feel that these methods are better at exploring the meaning of participants' experiences, which coincides with their interest in psychological therapy. The small sample sizes commonly available to trainees also make small qualitative studies attractive. Lastly, there is a group of trainees who are particularly interested in the kinds of research question best addressed by qualitative methods.

Cooper and Turpin (2007) report that just under a quarter of British trainees publish from their dissertation, but anecdotal evidence suggests that fewer qualitative projects are published. This is a pity as qualitative studies often have good face validity for stakeholders and thus have the potential for greater impact, an issue that may play more of a role in the future assessment of academic research in the UK.

The apparent dominance of IPA and Grounded Theory in trainee dissertations may be a result of their focus on subjective experience. However, it may also reflect clinical psychology's historical commitment to realist epistemologies. Why, for example, are qualitative methods that explore social context (ethnomethodology) or incorporate social intervention (action research) so neglected? Moreover, the predominance of the interview in data collection poses the danger that it will become as ubiquitous as the questionnaire in quantitative research. Another danger is of trainee projects continually re-inventing the wheel with thinly descriptive studies of the "people's experiences of X problem" type which fail to build on the insights of the extant literature and which are not theoretically generative.

What does the future hold for qualitative research in British clinical psychology? Dallos and Smith (2008) have argued that qualitative methods could be used in a more distinctive manner, for example, in re-invigorating the case study tradition. In social psychology there was an initial focus on 'big Q' methods, followed by innovations in data collection (e.g., the use of visual data, memory work, diaries), the use of analytic methods which used a mix of quantitative and qualitative approaches (e.g., Todd et al. 2004) or which mixed different qualitative methods (e.g., Frost 2008; Warner & Spandler this issue). British clinical psychology may well follow this pattern.

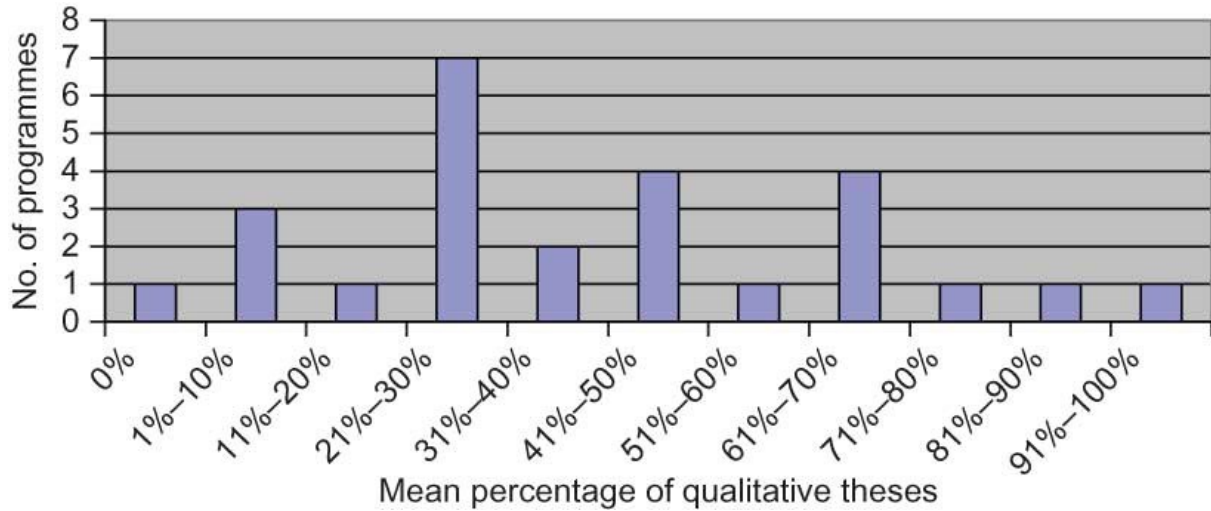
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Figure 1. Proportions of theses using qualitative methods between 2002-2006



ⁱ Where respondents were asked for a single figure (e.g., number of hours of teaching) and instead gave a range, the midpoint was chosen as the value. If figures were given for each cohort then a mean for the programme was calculated. Where percentages are reported, these are rounded up to the first decimal place and thus they do not always add up to 100%.

ⁱⁱ Responses to this question were not always exhaustive and so programmes could report a method being used in a thesis where it had not been mentioned in response to this question. This does not necessarily mean it was not taught on the programme.

ⁱⁱⁱ The programme, which reported no qualitative dissertations between 2002 and 2006, noted that there had been one before that period and there was one forthcoming in the next academic year. The programme also reported that a number of placement-based service evaluations were qualitative in nature.

^{iv} I'm indebted to one of the anonymous reviewers for pointing this out.