How to do research in a clinical setting without "failing": Ideas and strategies

Top ways to fail

- Lack of communication with staff
- Poor Monitoring & Quality Assurance
- Act simultaneously as clinician and researcher
- Low response rates
- Not investing

Top Strategies
1. Develop patient-centered research with the patient
2. Communicate the benefits of research to patients
3. Enhance the patient experience
4. Address ethical dilemmas
5. Enhance technology to facilitate interaction with the patient
6. Foster data sharing through technology
7. Invest in your research
8. Add pilot response rates
9. Add adolescent level of effort pie chart

Costs and Benefits
How to do research in a clinical setting without "failing": Ideas and strategies
Top ways to fail

Lack of communication with staff
Poor Monitoring & Quality Assurance
Act simultaneously as clinician and researcher
Low response rates
Not investing
Top ways to fail

- Lack of communication with staff
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- Act simultaneously as clinician and researcher
- Low response rates
- Not investing
Acting simultaneously as full-time clinicians and researchers

Hire/appoint someone with the time, resources and skills.
Acting simultaneously as full-time clinicians and researchers
Hire/appoint someone with the time, resources and skills
Lack of communication with staff

Get staff excited

Educatc growth and learning

Emergency and office and next step
Lack of communication with staff
Sometimes it felt like we were doing this....
And now it looks more like this.
on why and how
Handouts for office and field staff
Simple info sheets for parents and clients
Get staff excited
Poor Monitoring & Quality Assurance
Make it someone's job to obsess over data collection
Use Your Outcome Data to Rise Above the Industry Average

Tools For:
- Behavioral Health Programs
- Therapists
- Educational Consultants
- NATSAP Programs
- Research Scientists
- Associations

What We Do
OutcomeTools is a state-of-the-art delivery and analysis system for organizations who want to track their effectiveness through the use of electronically delivered outcomes assessments. Choose from a wide variety of standardized assessments like the Y-OQ™ or develop your own custom assessments.

Delivery Methods
### Pilot Study Response Rates

<table>
<thead>
<tr>
<th>Category</th>
<th>Adolescents</th>
<th>Parents</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intake</td>
<td>98%</td>
<td>40%</td>
<td>99%</td>
</tr>
<tr>
<td>Discharge</td>
<td>84%</td>
<td>71%</td>
<td>52%</td>
</tr>
<tr>
<td>Follow-up</td>
<td>90%</td>
<td>71%</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>Adolescents</td>
<td>Parents</td>
<td>Adults</td>
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<tr>
<td>Discharge</td>
<td>84%</td>
<td>15%</td>
<td>52%</td>
</tr>
<tr>
<td>Post-DC</td>
<td>7%</td>
<td>8%</td>
<td>2%</td>
</tr>
</tbody>
</table>
Get a bulldog
~Gil Hallows
Informed staff and monitoring cures attrition during the program
A follow-up process that integrates TECHNOLOGY and PERSONAL INTERACTION
Effort required for parent responses N=452

- First Email: 49%
- Second Email: 28%
- 2+ Emails and/or calls: 23%
Level of Effort for Adolescent Responses N=363

- AC high effort: 40%
- AC moderate effort: 30%
- Parent low effort: 19%
- Parent/adoles. Moderate effort: 11%
Effort required for young adult responses N=82

- Parent - low effort: 10%
- Young adult - low effort: 29%
- Young adult + parent: 21%
- AC - high effort: 29%
Comparing Second Nature response rates

<table>
<thead>
<tr>
<th></th>
<th>Response Rate %</th>
<th></th>
<th>Response Rate %</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Intake</td>
<td>Discharge</td>
<td>Post-disch</td>
<td></td>
</tr>
<tr>
<td>Pilot 2010 Parent</td>
<td>36</td>
<td>15</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Study 2013 Parent</td>
<td>76</td>
<td>60</td>
<td>69</td>
<td></td>
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<tr>
<td>Pilot 2010 Student</td>
<td>94</td>
<td>71</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Study 2013 Student</td>
<td>94</td>
<td>81</td>
<td>55</td>
<td></td>
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</tbody>
</table>
Response Rates: Intake & Discharge

<table>
<thead>
<tr>
<th>Study</th>
<th>Students</th>
<th>Parents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell 2003</td>
<td>61%</td>
<td>43%</td>
</tr>
<tr>
<td>Behrens &amp; Satterfield 2006</td>
<td>37%</td>
<td>19%</td>
</tr>
<tr>
<td>NATSAP Database 2011</td>
<td>32%</td>
<td>9%</td>
</tr>
<tr>
<td>2N Pilot 2010</td>
<td>68%</td>
<td>14%</td>
</tr>
<tr>
<td>2N 2013</td>
<td>77%</td>
<td>51%</td>
</tr>
</tbody>
</table>
Response Rates at Post-discharge

- Russell 2003: Students 46%, Parents 74%
- Behrens & Satterfield 2006: Students 19%, Parents 27%
- 2N Pilot 2010: Students 14%, Parents 17%
- 2N 2013: Students 55%, Parents 69%
Costs and Benefits

Not investing

Research and evaluation is an investment - there is a cost, but it will pay off
Not investing
Research and evaluation is an investment - there is a cost but it will pay off.
Top Strategies

1. Hire/appoint someone to manage the research
2. Communication between research team, clinicians, and field and office staff
3. Show enthusiasm about research!
4. Monitor data collection
5. Use technology – Outcome Tools
6. Integrate technology and personal interaction into the follow-up process
7. Get a bulldog ~ Gil Hallows
8. Invest in your research
9. __________
10. __________