

# What qualifies as the best kind of qualitative research?

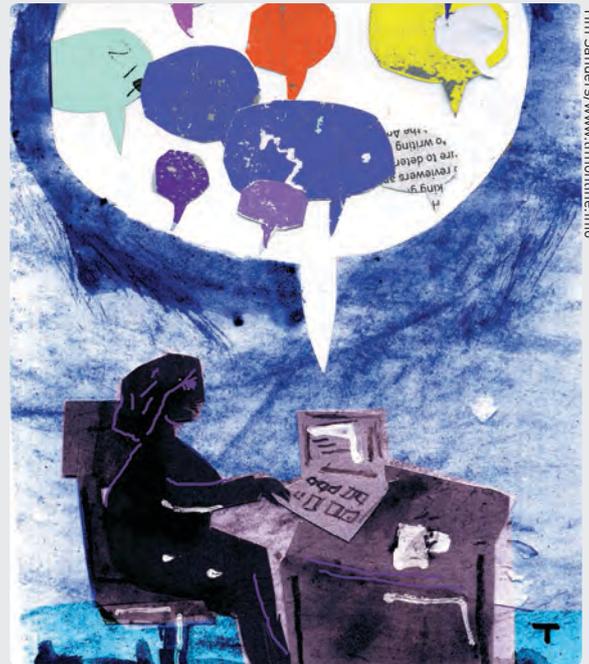
Qualitative research is now 'fully in the canon of psychological methods' (Levitt, 2019). Yet, there is still confusion in some corners about what good quality qualitative research looks like. This is not surprising, given the range of methods that fall under the umbrella of 'qualitative research'; and that's before we start on the full range of epistemological positions we might take up as qualitative researchers. Many researchers have written about criteria for good quality qualitative research and a number of checklists have been developed. However, they are not always accessible to a wider audience and do not always apply across the broad range of qualitative approaches and methods out there.

Our recent editorial in the *British Journal of Health Psychology* (BJHP) offers a solution to this problem. We formed a working group to develop guidelines which would help reviewers and researchers alike. We searched the literature to determine whether guidance existed, with a view to writing our own if not. We were delighted to discover that the American Psychological Association's (APA) newly revised *Journal Article Reporting Standards*, now includes standards for reporting qualitative research. Furthermore, the APA's Society for Qualitative Inquiry in Psychology (SQIP) (Levitt et al., 2018) has produced detailed guidance on making judgements about the quality of qualitative research which can be used in parallel with the journal reporting standards.

After reviewing SQIP's guidance and the APA reporting standards, we made the decision to adopt them and endorse their use for the publication of the best quality qualitative research in *BJHP*.

We have since had the pleasure of opening a dialogue with Heidi Levitt, SQIP's lead on APA journal reporting standards taskforce for qualitative research. We asked Heidi how she and her colleagues set about developing the guidance. Like us, they were keen to recognise the full gamut of qualitative methods in their guidance. The process of generating the guidance was long and complex, but what they have produced offers ways of thinking about qualitative research quality that Heidi tells us will 'support qualitative researchers to thrive across perspectives, methods and topics'. They do this by being open-minded, drawing on some seminal works, and by consulting the international community.

The central theme of the guidance is *methodological integrity*, which is judged in terms of *fidelity to the subject matter and utility in achieving research goals* (Levitt et al., 2018). This shifts the focus to functionality and fit rather than tradition and dogma. It means fitting appropriate methods to the research question in order to achieve the researcher's goals. For reviewers, it means coming to understand when a discursive analysis is more appropriate than grounded theory; it means knowing that studies using interpretative phenomenological analysis



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often have smaller samples because of their idiographic commitment, compared to a thematic analysis which is theoretically flexible and can be used in many creative ways. Heidi's guidance opens up this world of qualitative research in an accessible way without oversimplifying things.

The article proposing the journal reporting standards for qualitative research (Levitt et al., 2018) was the most frequently downloaded APA article of the year last year. Furthermore, colleagues have told Heidi that they are using the guidance both to assist with the reviewing of qualitative research submissions in APA journals and for assisting others in writing good quality journal articles. The potential impact of this guidance is huge! It signals further growth in the understanding of qualitative research, better quality publications, and acceptance of qualitative research in psychology.

For further guidance, Heidi and colleagues have produced a video (see [tinyurl.com/qual-video](https://tinyurl.com/qual-video)).

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## References

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# Developing a trauma-informed forensic psychology

On the 21st November I attended the excellent and thought-provoking event Trauma-Informed Care in Forensic and Prison Mental Health Services by the Quality Network for Prison and Forensic Mental Health Services at the Royal College of Psychiatry. This was a hugely oversubscribed event, indicating the burgeoning interest in this area. As a forensic psychologist with 20 years of practice under my belt one of the biggest concerns that has stood out to me is how we account for and help alleviate the interpersonal trauma that is endemic in our client group. Having worked with female offenders for the last 10 years I have always been of the opinion that you would have to be blind to miss this treatment and assessment need. The same is also true for many male offenders particularly if we take the time to view the impact of trauma through a gender-specific lens.

Along with many colleagues both

in the Scottish Prison Service and south of the border I have gone out of my way to train in and implement various trauma therapies. However, several issues have continued to concern me, not least the massive disconnect between theories accounting for offender rehabilitation and my subsequent trauma relevant training. Similarly, the complexity of working with survivors who are also offenders is considerable. Often the existing trauma approaches don't account for this complexity and there is also a startling lack of quality empirical evidence in this area.

Some of this complexity was evident at the trauma-informed care event. The truly inspirational service user accounts by Su Pashley and Sue Denison, for example, highlighted the difficulties many clients experience in institutionalised settings and in transitioning back to the community. However, perhaps one of the overriding reflections for me was how

deeply a social and political issue this is. In response to a panel question about the overwhelming need and the minimal resources available to effectively address trauma within forensic settings, Richard Morgan-Jones, a retired consult psychotherapist, provided a one-word answer: 'vote'. Obviously, apt in the lead up to this December's general election. But it also highlights the following question: what type of society, and indeed what type of forensic psychology, do we want in an era where we continue to lock up ever larger numbers of people? To this end I have written an online article (<https://thepsychologist.bps.org.uk/complexity-complex-trauma>) which I hope generates some debate.

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# Adapting addiction treatment

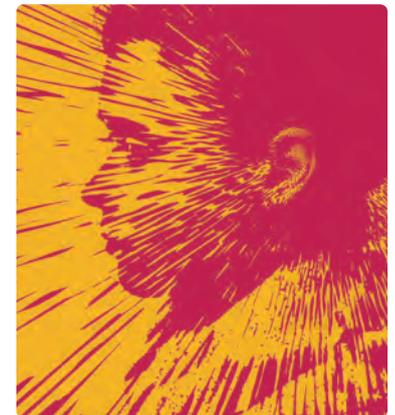
It is well known that patients with substance use disorders (SUD) and general learning disabilities experience barriers to treatment, have more relapse to substance use during treatment, and drop out of addiction treatment on a larger scale than patients without learning disabilities. However, our studies show that most of these patients go through years of treatment and contact with public support systems without being assessed or diagnosed with learning disabilities.

A 2019 review paper on intellectual disabilities and substance use by van Duijvenbode and VanDerNagel in *European Addiction Research* is quite direct, criticising addiction medicine for ignoring a whole population of patients: 'This article is meant to address the elephant in the room and wake up the sleeping dogs. That is, this article has addressed the topic that has been ignored by addiction medicine (i.e., SU[D] in individuals with mild to borderline intellectual disability).' Our research from Norwegian addiction facilities supports their statement.

In our study (published in 2018 in the *Journal of Mental Health Research in Intellectual Disabilities*: see [tinyurl.com/wgxxnye](https://tinyurl.com/wgxxnye)) of 94 in-patients with SUD, about 30 per cent fulfilled the criteria for intellectual or

borderline intellectual disabilities. Only one participant was identified with a developmental disorder by the treating institution. None were identified with learning disabilities prior to treatment. The individuals with intellectual or borderline intellectual disability in our study had lower education, more previous contact with public support systems, and more self-reported childhood learning difficulties than patients without learning disabilities. There were no statistically significant differences between the groups concerning substance-related factors, except for substance-use relapse during treatment.

Our research shows that neither child welfare services, schools, nor psychiatric services had identified the learning disability during childhood, and that they continue to go unrecognized for their learning difficulties through addiction treatment. If we are to adapt treatment to the intellectual disability, we first need to identify it. In a 2018 paper in the *Nordic Journal of Psychiatry*,



we validated the Hayes Ability Screening Index (HASI), and can recommend it as a quick measurement to identify who should further receive a full assessment for learning disabilities.

With this new knowledge available, we should no longer allow ourselves to be sleeping dogs, but try our very best to adapt addiction treatment to the needs of individuals with general learning disabilities. However, studies on treatment effects often omit individuals with learning disabilities, and we therefore know little about effective interventions. Until we have solid, evidence-

based methods for this population, addiction medicine can profit from adapting techniques such as shorter sessions, repeating learning material, involving caregivers in treatment and the use of visual support material in treatment.

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## BAME representation and psychology

**It is long acknowledged that there is a lack of psychiatrists and psychologists of ethnic backgrounds within mental health professions. For example, research by the Health & Social Care Information Centre in 2013 showed that Black, Asian and Minority Ethnic (BAME) individuals make up only 9.6 per cent of qualified clinical psychologists in England and Wales, in contrast to 13 per cent of the population (Office of National Statistics, 2018).**

BAME applicants are less likely to meet the selection criteria for doctorate programmes which is a prerequisite for becoming a chartered psychologist in the UK (Scior et al., 2007). This was demonstrated by the Leeds Clearing House for Postgraduate Courses in Clinical Psychology, which found that in 2016, only 4 per cent of the 6 per cent Asian/Asian British groups, and 2 per cent of the 4 per cent Black/Black British groups who applied to clinical doctorate programmes were accepted, compared to 91 per cent of the 84 per cent of white groups. However, these statistics only represent half the picture. Essentially, researchers do not have an indication of the proportion of BAME individuals who are qualified or trainee psychologists in the different sub-disciplines i.e. educational, health, forensic, occupational, and sport psychology; nor a complete idea of the number of BAME psychiatrists.

An ethnically diverse and representative workforce within

psychiatry and psychology professions is imperative for addressing the well-documented unequal clinical outcomes and overall negative experiences that BAME mental health service users face. BAME professionals can provide a more culturally reflective and sensitive service (Haigh et al., 2014). As such, organisational and representative bodies for psychiatrists and psychologists should aim to prioritise and advance BAME groups within those professions. They should also address some of the main issues recognised in the literature which might prevent BAME students from continuing professional development in the field. These issues include, but are not limited to: the low visibility of BAME professionals in the field; lack of exposure to cross-cultural and African/Asian centred psychology; experiences of racism, micro-aggressions and biases in both the profession and at academic level (Ragaven, 2018).

As such, 'BAME in Psychiatry & Psychology' (BIPP) was developed. It's an initiative holding quarterly panel discussions, talks, workshops, and/or presentations at King's College London, delivered by psychiatrists, psychologists, and mental health practitioners, addressing the key issues identified above. Specifically, its activities provide insight, guidance, and knowledge on accessing careers in psychiatry and psychology for individuals of BAME background;

the activities increase exposure to, learning, and discussion of cross-cultural or BAME psychological theory, practice and research; and they explore various approaches to addressing racial disparities in mental health care.

The strength and uniqueness of the BIPP lies in the fact that those delivering the activities are BAME psychiatry and psychology professionals who have already navigated successfully in their careers. They have attained preeminent positions and are thus equipped to provide thorough insight. The inaugural event was held at King's College London last September, and the event 'BIPP – Addressing Men's Mental Health' on 22 January aims to provide communities with a professional understanding of BAME men's experiences of mental health and help-seeking behaviours, as well as statutory support practices available.

Will the BIPP be an effective initiative for addressing underrepresentation and racial inequalities within the field?

Further information on BAME in Psychiatry & Psychology can be found on our LinkedIn page ([linkedin.com/company/bame-in-psychiatry-psychology/](https://www.linkedin.com/company/bame-in-psychiatry-psychology/)) and on our Twitter account (@BIPPNetwork).

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See online version for references

# A blind spot for the climate crisis?

As the UK gears up to go to the polls in December, the BPS shared its own 'psychological manifesto', highlighting overarching priorities for government. In it, they state:

'Any government serious about improving the lives of the public and understanding why intractable social problems persist must ensure that their policies and interventions are based on an in-depth understanding of human behaviour.'

Much of the manifesto is welcome, not least a call for all parties to commit to addressing the underlying determinants of ill-health and inequalities.

As I read through the manifesto, I was intrigued to hear what the BPS would have to say about the climate and ecological crisis – possibly the most 'intractable social problem' of all, an issue a number of political parties are calling for as the exclusive focus of a TV debate. Furthermore, as I argued in *The Conversation* in 2018, we need psychology to help make sense of how and why this problem is intractable – the cognitive, emotional and social processes involved in making sense of and (not) responding to that crisis.

There is nothing. No mention at all. Perhaps a few years ago, prior to the last election, this might have been just about excusable. But today? In the last year or so the climate crisis has become recognised by more and more people as an urgent and unprecedented problem: think of Extinction Rebellion (XR), Greta Thunberg, Green New Deal, school climate strikes, *Blue Planet*.

Politicians, charities, protestors, and young people are coming out onto the streets. Other professional bodies too. At the beginning of November, the editor-in-chief of one of the world's most prestigious medical journals, *The Lancet*, explicitly urged 'all health professionals to engage in nonviolent social protest to address climate change in the face of government inaction'. We've seen doctors, therapists and counsellors and scientists making similar declarations around the world. They are all sharing the same message – the climate crisis requires immediate action.

Why the blind spot in psychology, at least from the professional body that represents us all? Psychological approaches to climate change have tended to focus on individual behaviour change, decision-making processes communicating pro-environmental messages: How do you get people to recycle more? Buy electric cars?

Similarly, in addressing the climate crisis in the US, the American Psychological Association is hardly a standard-bearer for an ambitious response. It is happy to position psychological expertise as a resource to be tapped by organisations and policymakers keen to 'help people adapt to a warming world'. As the APA call to climate action states, 'we're the experts on individual behaviour, we know about messaging and how to create interventions'. The BPS manifesto similarly emphasises the 'power of evidence-based behaviour change interventions', though not in relation to the climate crisis.

The problem for a discipline in thrall to tinkering with individual behaviour change is that it completely misses the bigger picture. The wider social, political and cultural processes and alliances that perpetuate the 'intractable social problem' of climate crisis doesn't enter the picture, in fact, remarkably, the climate crisis is ignored entirely.

Thankfully, many psychologists are increasingly addressing the climate crisis, its psychological and health impacts, and the denial and defence mechanisms involved in coming to terms with it. What we need to see from our official bodies is more leadership and less platitudes. As XR have so provocatively reminded us, the first step is to tell the truth and declare a climate crisis. The next step is to adopt a more ambitious and radical agenda. Informing behaviour-change interventions is not going to cut it. Individual action matters, enormously, but right at the top of the list of significant behaviours is coming together and demanding a collective response from governments and policymakers for the benefit of all. Psychology should be examining the massive impacts of climate change in terms of ill health and distress, but also finding ways to facilitate social support, activism, and the fostering of hope.

But to begin, if UK psychology's professional body really wants to intervene in politics, and it should, it needs to get its act together and join with doctors, scientists, educationalists and young people across the globe in making it an urgent priority to call out continued governmental inaction over the climate and ecological crisis, and yes, encourage mass civil disobedience.

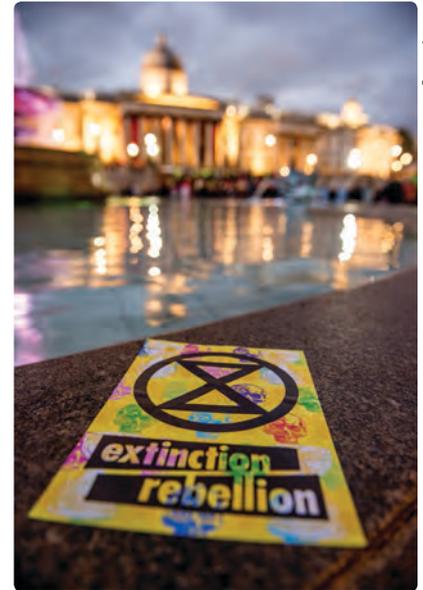
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**Editor's note:** See this month's column from Chief Executive Sarb Bajwa, in 'News', for the Society's position on the climate crisis. See also our online collection 'Action on climate change' for more on the role of psychology and psychologists in tackling climate change.

## Remembering Jim Drewery

A symposium will be held to remember and celebrate the professional life of Jim Drewery (see September issue for obituary).

This will be on 27 March (1.30-6pm) at Reed Hall, University of Exeter. Anyone interested in attending or contributing should contact Janice Smith on 01392 278915 or janicedrewery@icloud.com.



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