

Chapter 10

Breaking out of the Ivory Tower: Making the Move from the Lab to the Real World

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ABSTRACT

This chapter outlines the author's process of moving from conducting laboratory research to community-based participatory research and her perspectives on the academic cultural barriers to making this shift. She also describes themes across her studies that are characteristic of successful projects and offers suggestions for future directions for clinical psychology that could increase academics' involvement in engaged research. The author also describes some important lessons from these experiences, such as (1) creative collaborations with interdisciplinary partners can lead to meaningful work outside of disciplinary and funding restrictions; (2) community partnerships can be "messy" to conduct, but the payoff in external validity is worth it; and (3) engaged scholarship requires a high level of investment and trust by both researchers and the community partners. However, despite the difficulties in establishing these connections and navigating differing agency structures, the final products can have a much larger impact and reward than carefully-controlled laboratory studies.

INTRODUCTION

Clinical psychology, at least in most recent history, has not traditionally been a bastion of engaged research (e.g., Atkins, Rusch, & Mehta, 2016). The path of valued scholarship has generally moved, if at all, from research "lab" to the "real world," and rarely did the path return in the opposite direction. Not surprisingly, this unilateral flow has had its problems. Numerous articles and conference themes have decried the research-practice gap, by which they mean that practitioners fail to wholeheartedly adopt the research generated by academics who rarely practice and often are not even licensed. The American Psychological Association (2005) created a compromise in their clinical practice guidelines that required clinicians to consider the available research evidence, patient background and values, and their own

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experience when making clinical judgments about treatment planning. Many researchers considered the APA's failure to give the greatest weight to the research "leg" a betrayal of science. Subsequently, academic clinical scientists left the APA in droves and established their own accrediting body for "clinical science" programs, which was a departure from the prevailing scientist-practitioner models. These newer programs focus more heavily on training their students to be scientists and to engage in the research process. Relatively more time is spent on research activities than training activities, and research-based outcomes are prioritized over solely clinical outcomes in their accreditation standards. Theoretically, these programs should yield research-based practitioners, but the data indicates that graduates of these programs who go into academia rarely become licensed and do not practice themselves, which creates a credibility gap with practitioners. However, signs indicate that the tides are beginning to turn; academics are beginning to understand that strategies may work in their tightly controlled research clinics but might not reach people when they are deployed in the community, particularly when deployed with under-resourced and under-represented minority clients who rarely present themselves in the research lab (Atkins & Frazier, 2011). The field of implementation science has emerged to facilitate academia in more carefully considering community and practice concerns when conducting their research and to develop serious scholarship around the process of moving from the lab to the "real" world (Atkins & Frazier, 2011).

CASE STUDY

I was asked to write this chapter for this book because my personal story reflects my accidental journey from being trained in a program that was moving to a clinical science orientation focused mostly on in-house research to becoming more involved in engaged scholarship in my community. I did not do this transition deliberately and am only now beginning to discover the wide community of scholars who make this leap way before I did. My field is behind the curve on this change, but it is struggling to catch up. I believe as more researchers engage in this process they will discover, as I did, that there are enormous benefits to coming out of the ivory tower and working directly with community leaders. In this paper, I initially describe the first part of my career and how traditional clinical psychology training can be problematic. Then, I will describe both the benefits and challenges I encountered as I began my move out of the ivory tower. First, I discovered that the work is intrinsically more meaningful and more directly applicable to people who really need it, and this benefit enriches both participants and researcher alike. Second, the creative and interdisciplinary collaborations are highly attractive to a wide variety of funding sources, which allows you to do good work while also satisfying a high university priority. Even better, these collaborations teach academics important lessons regarding how to make their research more disseminable and feasible with the populations you are trying to reach. Finally, I also learned that these collaborations do not come without risk. They are slow, "messy," and require a great deal of time and investment by both community partners and researchers. To do them successfully requires some careful timing and mentorship, which are often lacking in traditional academic settings.

I started graduate school in 1991, so I have essentially grown up with the conflict and tension between scientists and practitioners as the background of my training and career. My clinical program at UNC-Chapel Hill was in transition at the time I enrolled, moving from a practice-focused and psychodynamic program to one that was more research-based and cognitive-behavioral in orientation. The tension between the old and the new was palpable; it was clear that students were expected to pick a side and that

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