

COMMENTARY

Using Qualitative Research Methods to Improve Clinical Care in Pediatric Psychology

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The editors of *Clinical Practice in Pediatric Psychology* recently issued a call for articles reporting the use of qualitative methods in improving clinical care. This commentary describes the valuable role that qualitative research methods can play in the development, adaptation, and refinement of clinical care practices; highlights examples of this research from the current literature; and refers authors and readers to resources for reporting upon and evaluating the rigor of this scientific approach.

Keywords: qualitative research methods, assessment, intervention, clinical care

While emerging from a distinct philosophical perspective, qualitative methods complement quantitative research methods in the general pursuit of knowledge (Carroll & Rothe, 2010) and are gaining attention and acceptance in pediatric psychology (Wu, Thompson, Aroian, McQuaid, & Deatrck, 2016). With a focus on capturing the subjective lived experience of groups of individuals, qualitative research methods have inherent value for improving various aspects of clinical care. In an effort to illustrate and promote the use of qualitative methods in improving clinical care in pediatric psychology, *Clinical Practice in Pediatric Psychology (CPPP)* recently issued a call for articles exemplifying this research approach. This commentary is provided as a preliminary introduction to a special issue showcasing these articles, which will be published at the end of 2017. To whet the readers' appetite, this commentary highlights a few examples of relevant research using qualitative and mixed methods to

improve clinical care. It also points toward resources providing guidance for adequately reporting upon and evaluating the scientific rigor of studies using these research methods.

Qualitative research methods are well suited for building theory relevant to clinical care (e.g., Long, Marsland, Wright, & Hinds, 2015); describing medical experiences (e.g., Alderfer et al., 2015; Samson, Rourke, & Alderfer, 2016) and clinical care needs (e.g., Hodgetts, Zwaigenbaum, & Nicholas, 2015); and providing information for the development, evaluation and implementation of clinical screening tools, assessment batteries, and interventions (e.g., Beresford, Stuttard, Clarke, & Maddison, 2016; Bingham et al., 2016; de Visser et al., 2015; Kitman-Ulrich, Wilson, & Lyrly, 2016). They are also well suited for adapting and tailoring empirically validated clinical approaches (e.g., manualized treatment) for new populations or specific subgroups within populations (e.g., Valentine et al., 2016) and for evaluating educational approaches (e.g., Roberts & Castell, 2016) and clinical training in psychology (e.g., ten Napel-Schutz, Abma, Bamelis, & Arntz, 2016).

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The Lived Experience: Building Theory and Identifying Clinical Care Needs

Qualitative research approaches are specifically designed to capture the voice of individuals, answer questions of how and why, and provide a nuanced understanding of experiences

(Carroll & Rothe, 2010). As such, they are immensely useful in identifying the range of responses that may result from an experience and factors that may underlie these different responses. This information allows for the development of theory and specification of potential clinical care needs.

For example, within this issue, Samson et al. (2016) report on qualitative research investigating the changes that siblings of children with cancer experience at school, in extracurricular activities, and with friends after a brother or sister is diagnosed. This research provides a nuanced understanding of the impact of this family level stressor in various contexts constituting the social ecology of childhood, identifies some common unmet needs of siblings of children with cancer, and points toward what may ultimately be fruitful avenues of addressing these needs within the community. This article extends a growing body of qualitative research that has provided insight into the experiences of siblings of children with cancer (e.g., Long et al., 2015; for a recent review see Alderfer et al., 2010).

Qualitative research has also proven useful in understanding how important medical and health-related decisions are made and identifying perceived barriers to care with clear implication for prevention and intervention. For example, qualitative methods have been used to understand decisions regarding sexual intercourse and perceptions of pregnancy among rural adolescent females (Ezer, Leipert, Evans, & Regan, 2016) and decisions among parents regarding testing of their children for genetic cancer predisposition (Alderfer et al., 2015). Such research can guide the development of decision-making aids for use in clinical care. Qualitative methods have also been used to identify parent-perceived barriers to engaging in preventative health care for young children (Alexander, Brijnath, & Mazza, 2015), with implications for public health campaigns. Each of these examples illustrate the power of qualitative methods in providing a deep and valuable understanding of a phenomenon that can inform clinical efforts.

Developing and Tailoring Assessment Tools and Interventions

Qualitative methods can also be used to specifically create and evaluate clinical care approaches and adapt them for effective use with

specific groups. This applies to refining the content and delivery mode of assessment tools (e.g., Bradford & Rickwood, 2015; Reader et al., 2016) and interventions. For example, the ORBIT model for developing behavioral treatments for chronic diseases incorporates qualitative methods into multiple phases of intervention development (Czajkowski et al., 2015). De Visser and colleagues (2015) provided an excellent example of a multiphase study using a variety of qualitative methods to define and evaluate components of an intervention to prevent harmful alcohol use among young people. Similarly, in an article published in *CPPP* earlier this year, Beresford et al. (2016) illustrated the use of qualitative methods in evaluating psychoeducational sleep management interventions for children with neurodevelopmental disabilities. Their report distilled parents' perspectives of the processes through which such interventions lead to improved sleep, barriers that hinder positive outcomes, and optimal format and mode of intervention delivery. In another article published in this journal earlier this year, Kitzman-Ulrich et al. (2016) used qualitative methods to better understand why family-based weight management programs are not effectively addressing the needs of African American families. Their research examined barriers, facilitators, motivators, and program preferences of parents and youth and resulted in a more culturally sensitive family-based intervention: Families Improving Together (FIT) for Weight Loss Intervention. Qualitative interviews with parent and child (patient) stakeholders have also informed the development of coping tools (Marsac et al., 2014) and family-based interventions in pediatric cancer (Hocking et al., 2014) and congenital heart disease (Sood et al., 2016).

Attending to Quality and Rigor

The slow uptake of qualitative research methods in psychology has been attributed to its subjective nature and concerns about bias (e.g., Gough & Deatrck, 2015; Wu et al., 2016). There is, however, a long-standing tradition of attention to the "trustworthiness" of qualitative findings (e.g., Guba, 1981; Guba & Lincoln, 1985) that has been refined in successive generations (e.g., Jeanfreau & Jack, 2010; Tracy, 2010; Wu et al., 2016) and extended to mixed-

methods designs (Brown, Elliot, Leatherdale, & Robertson-Wilson, 2015). There are now clear guidelines for conducting scientifically rigorous qualitative research, reporting qualitative findings, and evaluating the quality of qualitative research. For a detailed discussion of these issues specifically within pediatric psychology, please see Wu and colleagues (2016).

In Summary

Qualitative research methods are proving to be invaluable in efforts to improve clinical care. Indeed, they provide a deep, nuanced understanding of experiences that is simply not afforded by the use of quantitative approaches. The final issue of *CPPP* in 2017 will highlight research using qualitative methods to improve clinical care in pediatric psychology to further promote the rigorous use of these methods in our field.

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