Editors: Evidence-Based Practice and Practice-Based Evidence: Invitation to a Dialogue

Readers of this journal will no doubt be familiar with the call to “bridge” research and practice that resonates through the mental health disciplines, and whose echoes are increasingly audible in the field of bereavement counselling and therapy. But whether this sounds like a clarion call to collaboration or a shout of warning may depend on where one is positioned in this traditional divide. Too often, the rhetoric of evidence-based practice greatly privileges the voices of researchers, who, after all, control the majority of communication outlets in the health and social sciences, as well as the resources to pursue their scholarly agendas. In contrast, practitioner voices are more rarely heard and, when they are, tend to be more cautionary or downright resistant. Unsurprisingly, the bridging that results frequently mirrors that depicted in the classic 1957 film Bridge on the River Kwai, in which British prisoners of war are pressed to construct a bridge by their Japanese captors, which will function to transport war material and troops to the front. The film culminates in the completion of the bridge and its destruction by a team of Allied saboteurs just as the first troop train reaches the trestle. If the spanning of science and practice in thanatology is to meet with a happier fate, the conditions of collaboration of the two parties obviously will need to be quite different. The present issue of Grief Matters is intended to make a modest contribution to this dialogue. David Balk, one of the field’s most visible exponents of such bridging, begins with a candid analysis of the factors that militate against a firmer embrace of evidence-based practice by therapists in the field, arguing that researchers commonly pursue agendas that clash with the everyday realities of the clinic, and that the rapid and intuitive modes of knowing, which guide the hurly-burly of grief therapy, contrast greatly with the measured, unhurried and formal reasoning that guides research design and analysis.

In the article that follows, Laurie Burke and Katherine Lawson join me in recounting the practical lessons learned in a research program that took the bridging of laboratory and community service settings as a central goal. Following the paradigm of Community-Based Participatory Research (CBPR), we attempted to study the distress and resources of one particularly beleaguered population of the bereaved: African Americans contending with the loss of a loved one to homicide. We hope that the lessons learned will suggest respectful ways of constructing collaboration between university researchers, community clinicians, and the clients they serve.

Finally, John Jordan, another leading light in the bridging movement, offers a personal view of thanatology’s history of engagement with evidence-based practice, optimistically underscoring the extent to which grief counselors have eagerly embraced newer theories and concepts such as the Dual Process Model of coping with bereavement and continuing bonds. Particularly important, I think, is his implication – amply illustrated in the discussion of his own growth as a therapist – that practitioners are more favourably disposed to the realistic assimilation of research-guided principles into their work, than they are to regimented adherence to researcher-manualised procedures. This subtle but significant point – that scholarship can inspire clinical creativity rather than mere conformity to protocol – could go some distance toward fostering genuine dialogue that respects both parties.

In closing, the present papers, each in their own way, invite a levelling of the playing field regarding consideration of evidence-based practice, one in which practitioner contributions are more clearly valued. Extending this stance, one might even suggest a rebalancing of the usual discourse, by issuing a call for practice-based evidence; that is, the grounding of research in the actual practices of experienced clinicians, rather than only in the abstract theories of university-based investigators who commonly recruit inexperienced graduate students to implement simplistic interventions. What might the research–practice dialogue sound like, for example, if investigators were to study, say, 40 hours of video of grief therapy by seasoned therapists prior to designing a study of the mechanisms associated with their effectiveness, or apprenticed themselves to practitioners leading bereavement support groups to develop real-world appreciation for the change processes they embody before investigating them? Indeed, it would seem eminently feasible to measure and distinguish good and poor outcome cases in field settings, and then empirically determine what attitudinal, relational and behavioural factors on the part of therapist and client predict improvement versus deterioration over time. Such studies would be no less scientific than those whose methods and focus originate in the laboratory, and there is every reason to believe that they would yield an informed and informative clinical science that would be embraced, rather than resisted, by those practitioners whose work it would be intended to refine.

In summary, the call to bridging in our field can be met in multiple ways, which could extend beyond the usual attempts of university-based researchers to simply “translate” their laboratory-based interventions into community settings. Along with the other contributors to this issue of Grief Matters, I hope the articles to follow add momentum to that movement.
Building a Bridge to Span the Research–Practice Gap

David E. Balk
PhD (Couns Psych), MC (Couns Ed), MA (Theology), BA (Philosophy)
Professor
Brooklyn College of the City University of New York
2900 Bedford Avenue
Brooklyn NY 11210
USA
Phone: 718 951 5000
Fax: 718 951 4670
Email: dbalk@brooklyn.cuny.edu

Abstract
For the most part, neither bereavement practitioners nor bereavement researchers take seriously the wisdom, knowledge, expertise, and experience of the other. This article examines the research–practice gap in bereavement care and looks at such topics as (a) evidence-based practice, (b) research findings with clear implications for providing bereavement care, (c) obstacles to agency and practitioner adoption of evidence-based practices, and (d) speculation on the importance of (1) being grounded in a theory, (2) possessing the critical thinking skills of analysis and synthesis, and (3) acting on a core set of beliefs keeping one open to learning from persons whose knowledge bases differ from one’s own.

Setting the Stage
Considerable discussion has occurred since the publication of the Center for the Advancement of Health’s call for bridging the research–practice gap (2004). Some areas of thanatology have presented remarkable success in bridging this gap. Consider practitioners’ very rapid acceptance of scholars’ claims about (a) continuing bonds, (b) the Dual Process Model (DPM), and (c) disenfranchised grief (Klass, Silverman, & Nickman, 1996; Stroebe & Schut, 1999; Doka, 1989). It would be instructive to learn what led practitioners to give such wholesale adherence to these three constructs. Obstacles stand in the way of bridging the gap. One obstacle stems from the very different work milieu of practice and of research. Researchers and practitioners differ significantly in their professional objectives, traditions, and points of interest. Researchers tend to read peer-reviewed journal articles, and practitioners tend to read books. Decision-making for practitioners is considerably time limited and situation bound, whereas researchers are allowed to structure their time to resolve long-term issues. Questions driving researchers often possess theoretical importance but seldom centre on matters relevant to the ongoing realities in a practitioner’s world (see Bridging Work Group, 2005).

Bridging the gap requires researchers receptive to challenges that state, “In what ways do your findings matter?” Bridging the gap requires practitioners who have a clear sense of what they are doing, who explain articulately the basis for their actions, and who are receptive to challenges that state, “How do you know what you practice works?”

What Leads Practitioners to Dismiss Research
These six observations are pertinent to what leads practitioners to dismiss research as a valuable source of knowledge:

1. Practitioners know from observation, discussions with colleagues, and intuitive leaps of judgement that there are ways of knowing other than research.
2. Practitioners frequently need to make on-the-spot decisions without waiting until researchers produce data meeting the criteria that demarcate knowledge as scientific.
3. Practitioners need to be decisive when matters are ambiguous. Researchers require standards of decision-making that are unrealistic in the practitioner milieu. Practitioners would lose the luxury of refraining from making a decision until the chances of being wrong were less than five in 100.
4. Practitioners consider research dull and removed from reality, whereas practice is brimful of existential consequences. Chi-square values, ANOVA F-ratios, scatter plot diagrams, and regression equations seem unconnected to engaging the reality of clients grieving a death and to interacting with families in a hospice.
5. Research is difficult for many practitioners to understand. Many practitioners admit that the two courses in graduate training that had zero appeal – and may have scared them – were statistics and research methods. Some practitioners openly admit this sense of shortcoming in informal conversations.
6. Researchers don’t translate their knowledge into forms intelligible in the world practitioners inhabit. This matter is perhaps more at the heart of the gap separating researchers and practitioners than just about all the other influences.

What Leads Researchers to Dismiss Practice
There are three observations that are pertinent to what leads researchers to dismiss practice as a valuable source of knowledge:

1. The world of practice is filled with ambiguity, with fuzzy data, and with puzzling interactions. Ambiguity is messy, and researchers seek precision in knowledge. Contributions to scientific knowledge are accepted only if there is trust in the validity and the reliability of the findings.
2. Researchers contend that it is folly to trust intuition. There are numerous examples of mistaken judgements based on intuition. Consider the intuitive understanding that the sun obviously moves around the earth. And yet researchers use intuition when puzzling about unexpected findings and when going beyond the statistical inferences to identify new hypotheses worth testing.
3. Some researchers tacitly (and others explicitly) fault practitioners for not being smart enough to master the difficulties of research. This objection is heard in various guises. But basically it is a judgement against the practitioners’ critical thinking powers. In truth, some practitioners become anxious when around research and researchers. Some practitioners have told me they find research too complex to comprehend. A question, however, to consider: “Why is it okay for researchers to fault practitioners as not being smart enough to understand research, but it is out of bounds to fault researchers as not being smart enough to understand the realities that impinge in the practice arena?”

Do researchers have to become practitioners? There are examples of superb researchers with strong practice credentials. Five examples that come to mind are David Kissane, Robert A. Neimeyer, Colin Murray Parkes, Beverley Raphael, and J. William Worden. However, bridging the gap does not require that researchers become practitioners. Nor do practitioners need to become researchers. What is needed is openness to collaboration in which researchers and practitioners see that there is something of value to be gained and something meritorious to contribute.

Collaborations will occur when three important conditions are met: (a) researcher acceptance of agency realities when moving from a controlled laboratory setting to the world of practice; (b) practitioner work based solidly in theory; and (c) the inculcation of character traits that lead researchers and practitioners to (1) listen openly to the points of view of the other, and (2) believe that there is something to learn from persons whose knowledge base differs from one’s own. The following will examine these assertions by first examining evidence-based practice.

**What Evidence-Based Practice Entails**

Evidence-based practice has gained salience in many fields of endeavour. Various elements comprise evidence-based practice: (a) recognition of a problem needing treatment, (b) a sound theoretical foundation for the intervention, (c) substantial literature on the value of the intervention, (d) clinical acceptance of the intervention, (e) evidence the practice does not cause harm, and (f) randomised clinical trials persuasively establishing outcomes (Saunders, Berliner, & Hanson, 2003). Given the space limitations of this article, I have chosen to look at the insistence on randomised clinical trials.

Randomised clinical trials are the procedures used to determine whether specific intervention protocols consistently produce desired outcomes in targeted groups. Randomised clinical trials follow what Mill (1848) called “the method of differences”; a logical procedure that asserts a research study can demonstrate cause and effect when two groups are alike in all ways but one, and the only way they differ is that only one group gets the intervention. Getting groups to be functionally equivalent is achieved through random assignment, which means every individual in an intervention study has the same chance to be assigned to either the treatment or the control group.

**Examples of Evidence-Based Thanatology Findings**

There are evidence-based findings with clear implications for agencies providing services to bereaved children and families. A singular example comes from the long-term research of the Family Bereavement Program at Arizona State University. Using randomised control designs, the researchers tested the efficacy of a set of interventions with the surviving parent and children following the death of a parent (Haine, Ayers, Sandler, & Wolchik, 2008). The program found important gender differences in outcomes for the children, and established persuasively that consistent parenting providing both discipline and nurturance was a key to a grieving child coping well with a parent’s death. What is notable is that these findings clearly converge with similar findings from the two-year longitudinal study of parentally bereaved children carried out in Boston by Silverman, Worden and Nickman (see, for instance, Silverman, Nickman, & Worden, 1992; Worden, 1996).

Another outstanding example comes from separate research programs in New York that examined outcomes from intervention protocols for children and adolescents whose fathers or mothers died in the Twin Towers terrorist attacks (Christ, 2010; Goodman & Brown, 2008). One finding with clear practice implications was that bereaved mothers sequestered their own grief in order to fulfill new responsibilities of single parenting. Another finding is that children’s recovery was dissonant with their mothers, leaving the mothers feeling isolated in their grief by the third and fourth year following the attacks (Christ, 2010). Other evidence-based findings underscored the approach to take when persons are both traumatised and bereaved: the clear evidence is that gains occur when the trauma is addressed first (Brown, Goodman, Cohen, & Mammarino, 2004; Christ, 2010).

These findings have implications for: accepting the phenomenon of delayed grief, challenged by some bereavement research (Bonanno, 2009); appreciating the diversity in trajectories of bereavement that has emerged in Bonanno’s longitudinal studies of spousal bereavement; and accepting differences in grief intensity, timing of grief reactions, and duration of reactions (ideas proposed as long ago as Lindemann’s 1944 paper).

**Obstacles to the Agency Adoption of Evidence-Based Practice**

**Adopting treatment protocols**

Translating tightly controlled, internally valid studies to the world of buzzing, booming confusion is a challenge. The researcher has shown that their procedure works in a controlled setting. Now can the procedure succeed in a setting in which practitioners work? One approach is to insist that the same tight controls be applied in the agency where the practitioners work. Many practitioners think such a solution is a fool’s errand demonstrating no awareness of the pressures and constraints of real-world agency work. An alternative the practitioner offers is to adapt the protocol to fit the reality of the agency and its milieu. When such adaptations occur, one concern that arises is, “Do you still have in place the evidence-based practice?” However, another issue that demands attention is the resistance of practitioners to follow what they perceive as a lock-step, nonresponsive interaction.
with clients. Even when there is apparent acceptance of the protocol established in the evidence-based research study, do individual practitioners actually follow the steps presented in the manual?

One option for implementing research in a practice setting is obvious: adopting a research finding from a tightly controlled protocol does not require adopting the protocol itself. A practitioner can see, for instance, the importance of the finding about ongoing, consistent parenting with bereaved children or the finding about dealing first with trauma before turning attention to bereavement. Practitioners can weave such findings into their work without having to take over the intervention protocol that produced the findings. Instances of such adoption of research findings minus the intervention protocol offer opportunities for researchers to collaborate with practitioners to understand successful research dissemination in practitioner venues. What leads practitioners to adopt research findings is an issue worth examining, as the answer has implications for successful dissemination of research-based information.

**Research focused on questions without interest to practitioners**

Research that examines questions of no interest to practitioners does not come close to bridging the research–practice gap. Research that addresses questions of interest to practitioners would be undertaken if researchers and practitioners collaborated. Such collaboration would also build greater appreciation for, and understanding of, the work of one another. Later in this article some ideas will be posited on what is needed for such collaborations to occur.

**Resistance to the research design**

An obstacle to the adoption of a research protocol is resistance to the demands of the research design. The reasons are legion. Among them is an agency culture that does not permit placing clients into a control group when the evidence-based practice has shown persuasively that the persons in the treatment group gain and persons in the control group do not (or even regress when compared to persons in the treatment group).

**Lack of practitioner investment in the treatment protocol**

Practitioners may not be invested in following the treatment protocol. The agency administration and the researchers may not have obtained practitioner adherence to the steps to be followed in the study. There can be clinician reactions against a lock-step procedure that is unresponsive to the needs of a client.

**Some Educated Speculation on What Will Promote Bridge Building**

A gifted mentor in this author’s graduate studies used to challenge his counselling psychology students with the question, “What theory are you using to guide your work?” He taught the value of using a coherent conceptual framework and of the danger of simply “winging it” from session to session with a client. Building on this wisdom, an underlying structural feature to span the gap separating practitioners and researchers embraces theory.

For researchers to make a contribution to scholarship, they need a coherent, intelligible theoretical framework that (a) gives their work focus, (b) allows others to position the researchers’ findings in clear relation to some aspect of their field of inquiry, and (c) enables the researchers to converse with others about implications and meanings. For example, a researcher informed by social learning theory has a starting point and conceptual scaffolding for doing their work and for conversing with others about the implications of their research.

For practitioners to engage knowingly with clients and also to make use of research, they need a coherent, intelligible theoretical framework that (a) gives their work focus, (b) enables them to examine and evaluate both the effectiveness of practice outcomes and the merit of a researcher’s claims, and (c) enables the practitioners to converse with others about implications and meanings. For example, a practitioner informed by grief work theory has a starting point and conceptual scaffolding for interacting with a client and conversing with others about their practice. It has been this author’s experience that many practitioners are eclectic, make use of several points of view, but fundamentally have a singular starting point—a specific theoretical framework—that guides them in their practice.

It is not that there is one theoretical framework that all researchers and practitioners must adhere to or that they must adhere to the same theory. This article does not propose a dualist understanding of knowledge. However, for researchers and practitioners to engage in fruitful collaboration, each side needs to understand the stance they take to explain their work and have the skill to present that stance to others.

In addition to this fundamental appreciation for the place of theory, practitioners and researchers need the higher order cognitive skills of analysis and synthesis and certain character traits such as openness to information and a core set of beliefs that recognises the prospect of learning from persons with differing knowledge bases (in some cases, science; in other cases, expert practice). For instance, a practitioner needs to engage in a process of elimination when diagnosing a client in order to integrate a meaningful picture of a client’s frame of reference; a researcher needs to read disparate pieces of literature in order to formulate a coherent statement of where a problem area now rests for researchers to study. Both researchers and practitioners need to use these skills in analysis and synthesis to make sense of what each other says.

Initiatives will span the research–practice gap when researchers listen to what practitioners identify as areas of concern that they would like researchers to address. The practitioner can frame the area of concern by linking it to what theory informs their practice and identify the puzzle that needs to be examined. It seems possible that a comparable conversation could occur when a researcher frames an area of concern with implications for practice and asks practitioners for their input.

**Note**

Knowledge considered to be science (a) is pursued with an investment in uncovering the truth, (b) requires empirical evidence for support, (c) is openly shared through dissemination of method and findings, (d) can be tested through replication, (e) possesses evidence of validity and reliability, and (f) is subjected to skeptical inquiry demanding persuasive support (often via a blind peer-review process).
References


Community-Based Participatory Research in Bereavement: Bridging Research and Practice in the Wake of Traumatic Loss

Robert A. Neimeyer
PhD
Professor
Department of Psychology
University of Memphis
Memphis TN
USA
Email: neimeyer@memphis.edu

Laurie A. Burke
MS
Doctoral Candidate
University of Memphis
Memphis TN
USA

Katherine Lawson
EDD
Director
Victims to Victory
Memphis TN
USA

Abstract
In recent years, Community-Based Participatory Research (CBPR) has emerged as a major paradigm in public health to span the divide between academic research on the one hand and community practice on the other. In this paper, the authors review their efforts to implement CBPR principles in the field of grief research through the construction of an ongoing partnership between university-based psychologists and community organisations serving the bereaved, and particularly one such agency offering support to families whose loved ones died by homicide. This paper briefly conveys lessons learned in the process, concentrating on challenges that can arise from the differing interests and values of various stakeholders, and concludes by summarising the scientific and practical yield from the effort.

Minding the Gap
Discussions of “bridging” science and practice in the field of bereavement frequently convey a sense of frustration on the part of researchers, as they confront the vexing problems of conducting research in “real world” settings with the cooperation of practicing clinicians. As such efforts encounter stumbling blocks in recruitment of participants, reluctance on the part of practitioners to implement protocols, and difficulty following through on interventions beyond the period of grant funding, investigators can be tempted to return to the security of the laboratory where the relevant variables (and research participants) are more easily controlled. The result is a widening chasm between abstract models and their “translation” to field settings, which are governed by more pragmatic considerations.

Of course, the gap between science and practice is hardly unique to thanatology, as it is a common concern of researchers in public health and related fields. Indeed, “implementation science” is now emerging as its own discipline, focused on the development of “strategies to adapt and integrate evidence-based health interventions and change practice patterns within specific settings” (Wallerstein & Duran, 2010, pp. S40-S41).

Nonetheless, even this concerted effort at promoting integration of science and community programs can be accused of leaning toward a unidirectional approach, one that privileges academic knowledge and methods over those of the communities nominally being served. For example, academics usually unilaterally control the research process, often “manipulating” procedures and imposing them on the “other” (Wallerstein & Duran, 2010, p. S41). Pressure to ensure “compliance” with research protocols on the part of resident community members likely grows more intense when the latter are traditionally marginalised and disempowered, and hold values and interests quite different from those of university researchers, who are usually members of a dominant cultural group.

One concerted response to this state of affairs has been the development of Community-Based Participatory Research (CBPR), which can be defined concisely as systematic investigation with the participation of those affected by an issue for purposes of education and action or affecting social change (Green et al., 1995). More generally, it implies a strongly collaborative approach to research that acknowledges the unique strengths of all parties, engages a topic that is of interest to the relevant community, recognises culturally based knowledge and competencies, and strives to use culturally relevant assessment tools (Minkler, 2005; Wallerstein & Duran, 2010). Although the cultivation of mutual trust between university and community workers typically requires earnest efforts across a period of years, as well as cultural humility and consciousness of privilege on the part of academic collaborators, considerable strides have been made toward formulating principles to guide such partnerships (Minkler, 2005). Moreover, such efforts have begun to bear fruit in a number of global contexts ranging from water sanitation programs in rural areas to AIDS prevention initiatives in urban centers. In Melbourne, Australia, for example, a participatory action research project on diabetes greatly increased community recruitment upon hiring a community co-director and modifying the name of the project to one congenial to the Aboriginal population it sought to engage (Thompson, 2000). As a result of such successes, the US Institute of Medicine (2002) recommends that the CBPR paradigm be taught as a core competency within the health professions. Summarising these developments, Wallerstein and Duran (2010) note that “CBPR has emerged in the last decades as a transformative approach that bridges science and practice through community engagement and social action to increase health equity” (p. S40).

The present paper summarises our own efforts to adopt a CBPR approach to research in bereavement, focusing on the practical steps taken to forge a partnership between university researchers and community agencies offering support for the bereaved, and especially to those losing a loved one to homicide. Although some CBPR programs have concentrated on violence prevention (e.g. Lanz, Viruell-Fuentes, Israel, Soffely, & Guzman, 2001), applications of the paradigm to bereavement per se are rare, and we hope that our challenges and successes will be instructive for others seeking to enhance the practical yield of research in field settings.

Building a Bridge in Both Directions
Practising as psychologists in the Memphis metropolitan area confronts us daily with the distinctive challenges faced by various ethnic communities in our city and the personal and cultural resources with which they meet them. In particular, as researchers and clinicians with a long-term interest in bereavement, we have grown concerned with the alarmingly high rate of homicide
among African Americans (21 per 100,000), which exceeds that of their Caucasian counterparts by nearly a factor of 10 (Kochanek, Murphy, Anderson, & Scott, 2004). This, in combination with recent qualitative research underscoring the unique coping strategies of African Americans faced with loss (Rosenblatt & Wallace, 2005), prompted our interest in this topic.

The present report conveys lessons learned in the course of conducting two successive studies supported by the Tennessee Board of Regents (TBR), each of which has focused on the generally neglected topic of bereavement in ethnically diverse populations. The first of these, dubbed Project BRAVEHearts (for Bereavement Responses After Violent Experiences), concentrated on 54 African American adults who had experienced the murder of a loved one in the past five years. Notably, the study provided a longitudinal view of their adaptation, documenting both the severity of their posttraumatic, depressive and complicated grief symptomatology and the factors that mediate or moderated it, such as social support and religious coping. The second study, named Project INSPIRIT (for Investigating Natural Spiritual Processes in Response to Incidents of Trauma), aimed to replicate the primary findings of the initial study, broaden the sample to permit comparisons of 150 mourners of different ethnicities, and sharpen the focus on spirituality that emerged as a critical factor in the BRAVEHearts study. Here we summarise the relevant methods adopted in each project, briefly mention some important differences, and outline an empirical learning in conducting a community-based study focusing on a vulnerable and largely neglected population.

**Constructing a collaborative research team**

CBPR principles strongly emphasise efforts to build relationships of mutual respect and understanding between researchers and community partners as an antidote to the misunderstanding and mistrust that commonly characterise such “collaborations” (Minkler, 2005). In this case the cultivation of collegial relationships began several years before the proposal of the current research, when one of the authors (Katherine Lawson, KL) participated in a grief therapy workshop offered by another of the authors (Renate A. Neimeyer, RAN) to the professional community. This was followed by further conversations over lunch or coffee that later included another faculty colleague, Meghan McDevitt-Murphy (MM). Ultimately, these congenial conversations about mutual interests eventuated in the invitation by KL in her role as Director of Victims to Victory (VTV), a faith-based agency providing support and advocacy for all homicide survivors in Shelby County, for university partnership in studying the impact of homicide on African American survivors. In keeping with CBPR emphases on the unique strengths of all stakeholders in the relationship, KL subsequently presented the work of her agency to clinical psychology faculty and graduate students at the university, better preparing them to understand the needs and resources of a community shaken by violent loss.

As Project BRAVEHearts began to take shape, the authors worked to assemble an ethnically diverse research team. Ultimately this came to include various university faculty, graduate students in clinical psychology, undergraduate aides and project staff at VTV, including Victim Assistance Specialist Yvonne Becton, herself a homicide survivor, who devoted countless hours to recruitment of clients for participation in the project across a full year of data collection. In return for their high levels of engagement in the research, university investigators offered similarly high levels of support for VTV’s programs and activities. This took the form of monthly meetings of Co-Principal Investigators (Co-PIs: RAN and MMM) and the Project Coordinator (Laurie A. Bourke, LAB) with VTV staff, and the voluntary participation of the latter in many aspects of VTV’s mission across the course of a year, averaging 12 hours per week. In addition, university personnel, at all levels of Co-PIs through student assistants, fulfilled various functions supporting VTV activities, ranging from the facilitation of specialised support groups (e.g. for bereaved husbands, wives, mothers, fathers and children) through organisation of an annual retreat, and serving food during a candlelight vigil honouring the slain loved ones during the holiday period, which draws 300–400 survivors annually. Significantly, these commitments have held for the long term, across a four-year period that has extended beyond the length of the study. The earnest cultivation of this partnership has helped ensure the cooperation of VTV with subsequent research as well. Project INSPIRIT attempted to follow similar principles of team-building, broadening the focus to construct partnerships with four Memphis churches serving predominantly African American, predominantly Caucasian, and ethnically blended congregations. However, in doing so we encountered barriers to collaboration arising from a general suspicion about research on the part of some churches irrespective of ethnicity. Moreover, these attitudinal obstacles were reinforced by complicated lines of responsibility for approving such activity (e.g. on the part of education and support ministries, in addition to the church rector or pastor). These impediments were overcome more easily with some churches than others, and required persistence and personal connection to garner an audience for the project and effectively permit recruitment of their members. In retrospect, although our efforts ultimately were reasonably successful, we recognise the need for a longer historical period of collaboration to build trust with the faith community to promote the sort of collaboration that characterises the relationship between the university and VTV.

**Ethical considerations**

From the outset, ethical concerns were paramount given the delicate nature of the research – investigating responses to the death of a loved one, often under traumatising circumstances associated with homicide (in BRAVEHearts as well as INSPIRIT), suicide, sudden accident, and other circumstances (in INSPIRIT). Many of these issues would arise in any psychological study needing to ensure informed consent, confidentiality of de-identified data, clear lines of responsibility and redress, etc. However, in view of the topic and the potential vulnerability of participants, the authors benefited from a two- or three-tiered review by the University of Memphis (UM) Institutional Review Board (IRB), a second committee of ethnically diverse faculty overseeing the thesis and dissertation projects embedded within the research program, and in the case of INSPIRIT, consideration by committees within some of the churches as well. Moreover, to ensure culturally
relevant assessment, all measures and interview schedules were pilot-tested with small groups resembling the intended participants and were modified in light of their feedback.

**Conducting the Research**

In practical terms, conducting two demanding studies of this sort in quick succession required Herculean efforts of organisation and data collection. In the case of BRAVEhearts, these entailed recruiting numerous paid and volunteer student workers, who together devoted a total of 80 hours per week to the project for nearly one year. Weekly meetings between Co-PIs and the Project Coordinator, in person or via email/phone, were required for orchestration and monitoring of all parts of the study, and biweekly training and supervision sessions were held with Co-PIs for all student interviewers involved in data collection across the course of the project. Similar efforts were necessary for INSPIRIT data collection, except that the absence of elaborate diagnostic interviews for PTSD, depression and complicated grief in this second study entailed less stringent training to competency in these procedures.

For BRAVEhearts, potential participants from VTV were reached through a variety of avenues. Recruitment methods included direct referral from VTV staff, announcements at the biweekly survivors’ support group meeting, and a mass mailing and follow-up phone call to all clients who had been contacted by VTV in the past three years. The payment of $25 per interview, funded through the TBR grant, helped secure participation in both the initial and follow-up assessment, in keeping with CBPR principles that emphasise compensating community participants at a rate comparable to graduate assistants as a gesture of respect for their contribution. Even so, initial recruitment remained a challenge, as several prospective participants declined participation because they were too emotionally vulnerable to participate in interviews following the murder of their loved one, because they were wary of research, or for unstated reasons. However, 91% of those participating in the initial interviews willingly returned for a follow-up assessment, suggesting that once initial barriers to recruitment are overcome, retention may be less of an issue.

For INSPIRIT, 150 spiritually inclined mourners were recruited from four local churches, the UM undergraduate student body and VTV. All participants were adults who had been bereaved by violent death (homicide, suicide, or fatal accident) or natural death (anticipated or unanticipated) of a loved one. Recruitment of church members was especially daunting, owing not only to ambiguous gate-keeping procedures on the part of pastoral care communities in each setting, but also because of the large no-show rate of 25% following initial signs of interest among members of the congregation. For this reason, over 700 phone calls were required to secure the targeted sample, although on-site recruitment and assessment mitigated this problem somewhat. For the sake of efficiency, we adopted a procedure of group rather than individual assessment in INSPIRIT, given the inefficiency in assigning project staff to sessions that did not materialise in BRAVEhearts. Doing so did not improve (or worsen) our no-show rate, but it did spare research staff the frustration of repeated attempts to meet with participants.

**Culturally sensitive assessment**

Although both Project BRAVEhearts and Project INSPIRIT made use of standardised and well-validated assessments in the form of clinical interviews and self-report scales, care was taken to ensure that the voices of participants would be heard clearly in both studies. For example, in BRAVEhearts, thorough application of a broad ranging, structured social support interview allowed participants to enumerate all of the relevant figures in their social network, to describe their relationship to each, and to distinguish between actual and anticipated positive and negative interactions. Such idiographic assessment led us to greatly extend the list of relationship categories nominated by Caucasian participants in previous studies as we applied this methodology to African Americans. Thus, our participants designated between 4 and 36 social network members representing dozens of categories not used by earlier investigators, including such frequently occurring designations as extended family (e.g. great aunt, godparent), clergy (e.g. deacon, pastor), and fictive kin (e.g. play brother or sister). In INSPIRIT, we further made use of both free-form written narratives to investigate potentially culturally specific spiritual coping processes following loss, and a follow-up focus group to enrich qualitative research findings on the spiritual struggles following a loved one’s death reported by a subset of participants. More generally, all measures were reviewed thoroughly for appropriateness by African American psychologists on the project’s advisory panel as well as by community partners.

**Analysis of the data and write-up**

To date, the BRAVEhearts database has generated nearly two dozen national and international conference presentations and six peer-reviewed journal articles, in addition to contributing significantly to three invited book chapters (see references to follow). All of these have been quantitative studies using inferential statistics, with other studies underway drawing on qualitative and mixed-methods analysis to provide a ‘thick description’ of the bereavement experiences of this group. Similarly, INSPIRIT has already yielded a half-dozen conference presentations and one in-press journal article (see References), which made use of validated questionnaires to examine religious coping, meaning-making and bereavement adaptation. Future studies on this data set will use rigorous coding of qualitative descriptions of spiritual struggle contributed by participants to complement statistical analyses of responses.

**Scientific and Practical Yield**

The numerous published findings of BRAVEhearts defy summary in the space available, but they generally (a) document the toll of homicide bereavement in African Americans, assessed in terms of depression, complicated grief, and posttraumatic stress (McDevitt-Murphy, Neimeyer, Burke, Williams, & Lawson, 2012); (b) highlight the perceived health impacts of this crisis, especially in psychiatric terms (Williams, Burke, McDevitt-Murphy, & Neimeyer, 2011); (c) identify a substantial resilient subgroup, despite the psychological assault of this traumatic loss (McDevitt-Murphy et al., 2012); (d) illuminate the role of the social network in supporting or complicating the adjustment of survivors (Burke, Neimeyer, & McDevitt-Murphy, 2010); and (e) underscore the risk of spiritual as well as psychological
crisis as a function of the profound separation distress following a loved one’s murder (Burke, Neimeyer, McDevitt-Murphy, Ippolito, & Roberts, 2011; Neimeyer & Burke, 2011). INSPIRIT findings are beginning to reinforce and extend these results, documenting the role of negative religious coping and a struggle for meaning in adverse outcomes (Lichtenthal, Burke, & Neimeyer, 2011). Further studies are currently underway, drawing on our database to examine specific predictors of bereavement outcome associated with the circumstances of the loss, construct and validate a more adequate measure of spiritual struggle, and more.

In keeping with the ethos of CBPR, we consider our research to benefit bereaved communities and the practitioners who work alongside them, through:

- a sounder, more empirically informed depiction of challenges and resources relevant to African American grief than was previously available in the literature, disseminated through numerous scientific paper presentations and published papers
- training of approximately 4,000 grief counsellors over the past three years in the context of over three dozen full-day continuing education workshops that have featured the lessons of our CBPR studies
- ongoing participation of the university research team in the efforts of community partners (e.g. churches, VTV) to educate, support, and advocate for victims of violent crime, and the reciprocal training of students by VTV staff
- use of our findings as a stepping stone toward the construction of meaning-oriented counselling methods for addressing spiritual struggle and complicated grief, extending the range of currently available techniques for grief therapy. (Neimeyer, 2012)

Lessons learned

In conclusion, conducting this program of CBPR has taught us to:

- cultivate community collaboration across a period of months and years
- collaborate on a research topic of expressed interest to the community
- respect and be informed by community intelligence
- mentor and monitor a large and diverse research staff
- recruit a diverse panel of advisors with insider knowledge of relevant communities
- win trust through personal contacts with participants in an interview context
- follow-through systematically with individual participants from recruitment to project completion
- compensate participants whenever possible for their contribution
- pursue mixed-methods designs that include both numbers and narratives to help ensure fidelity to the voices of the relevant community and permit triangulation
- invite member checking through focus group sessions and collaborative writing.

We hope that our experience in striving to conduct bereavement research that is "community based" and not simply "community placed" is encouraging for other university investigators and community partners striving to close the gap between scientific research and real-world practice.

References


---

**Looking for a career change?**

*Do you want to:*

- Make a difference in people’s lives?
- Fulfill a need that gives you immense satisfaction?
- Work for yourself?
- Be trained by a well respected Funeral Celebrant who has worked consistently in the industry for over 10 years?

*You need to be someone who is:*

- Able to write creatively as well as accurately
- Willing to go the extra mile for the families you work with
- Well presented and articulate
- Comfortable working within a tight timeframe
- Looking for ‘the best job in the world’!

If you think you do, give Robyn O’Connell a call on **0425 726 246** and have a chat or for more information, go to [www.silvercelebrants.com.au](http://www.silvercelebrants.com.au)