Making Research Pertinent to Clinicians' Needs: The *Journal of Health Service Psychology*

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Modern clinical psychology is now 75 years old, but just out of adolescence as professions go. It was just after World War II, when an influx of returning service members with service-connected mental illnesses overwhelmed the Veteran's Administration, that psychologists became involved on a large scale in the direct treatment of mental illness. It was also about this time that psychological care and psychotherapy began to slowly lose its long attached stigma. Psychological distress, dysfunction, and challenge is a normal aspect of living—and highly treatable. Sadly, stigma still hobbles the public view of mental illness to a certain extent.

In 1974, the National Register of Health Service Providers in Psychology was established with the principal aim of distinguishing psychologists whose education and training equipped them to provide clinical services from those whose expertise lay in nonclinical areas, such as academia or the laboratory. This distinction enabled third-party payors to identify and reimburse psychologists who were independently licensed and capable of the direct provision of clinical services. In 2013, the American Psychological Association acknowledged this distinction—and defined licensed psychologists as health service psychologists as well. This implied that health service psychologists practiced in a fashion more aligned with that of other healthcare professions.

Our treatment models have shifted from services only rendered in specialty mental health settings to models that more fully integrate psychology as a component of overall health care—with practice in *both* general health care and specialty health care. In the past, some variant of private practice was the most common employment setting for early career psychologists. Now, more early career psychologists are employed in organized healthcare delivery settings, often as members of multidisciplinary teams.

The clinical practice of psychology has changed greatly over the last 75 years, but our research methods and mechanisms of scientific communication have remained relatively static. This is not terribly surprising. Research standards evolve at a slower pace than interventions. This is in part due to their potency. The randomized clinical trial, an

invention of the mid-20th century, is one of the most—perhaps the most—powerful clinical research tools ever developed. However, it can be argued with its wholesale embrace that we have neglected other compelling designs (a well-constructed case series may offer greater insight, though less statistical certainty, than a randomized trial). Methods of analysis are also slow to change, though we have seen numerous advances in statistical methods and reasoning that bring greater clarity to research endeavors over the last 75 years.

The disconnect between research standards and clinical methods has had a negative effect on the manner in which clinicians approach and consume scientific knowledge. Individual clinicians are largely incapable of duplicating research strategies, and they do not have the luxury of patient selection and randomization that researchers enjoy. Practice is about the individual case, whereas research is mostly about group differences. Clinicians are increasingly left looking at a literature that does not seem to reflect the realities of daily practice, nor are research findings communicated in a manner that clinicians find overly useful.

This is the problem that the *Journal of Health Service Psychology* attempts to address. We have taken a multi-pronged approach toward the delivery of high-quality clinical content to our readership—not only in the ways we solicit manuscripts and present data to readers, but also in the structure of the articles themselves. First, readers understand that single investigations, however persuasive their findings, are never sufficient in themselves to create change in clinical practice. Indeed, until a substantive body of supporting evidence has accrued, clinicians would be foolhardy to alter service delivery on the basis of a single report.

Clinicians and researchers alike are also aware of the crisis of reproducibility that is a current issue in much of healthcare research (the problem is certainly not limited to psychology!). Unless research methods, sample selection, and analytic techniques are laid out with precision, accurate replication cannot occur. While reproducibility is a concern for all of us, it is more immediately germane to the interests of clinical researchers than to the practitioner.

Traditional four-part journal articles (introduction, methods, results, discussion) exist largely to satisfy the needs of researchers—not clinicians. But, as a field, we cling stubbornly to tradition. Our major journals, even those that profess to be largely clinical in their outlook, rely heavily on the four-part article as the main expository heuristic. By doing so, they *de facto* cater to investigators, not clinicians, who in a perfect world should be the primary audience for clinical research.

It is well past time to rethink this. We know from analysis of citations and downloads that very few clinicians actually read journal articles that might be applicable to their practice. Indeed, readership of all but a few articles in the psychological literature tends to be surprisingly limited. We believe that this is not because clinicians aren't curious. We believe it is because the field persists in presenting data to them in ways that are well established but clinically inapplicable. The answer to this is to present data and information in a different way—one that speaks directly to the needs of clinicians.

Because the majority of content in a traditional four-part journal article is in most instances of peripheral interest to clinical readers, we have elected to elide from our review articles much of what is contained in standard method and results sections. We trust the reader to judge on the basis of an abbreviated list of references the soundness of the research underlying the precept outlined. In the sections below, we will outline in detail what readers (and authors) should expect from a submission to the *Journal of Health Service Psychology*.

To fully engage clinicians in a manner that is consistent with their work demands and interests we must also change how scholarly knowledge is communicated. Traditionally, we have communicated research in a journal-based fashion. A clinical subscriber to a journal, whether in print or electronically, must scan the table of contents of each issue to determine what articles are of immediate interest. The advent of electronic distribution now allows information to be disseminated in a content-based fashion, but the economics of journal publishing have, to date, limited full adoption of content-based dissemination. Thus, in order to access full-text content for an article of interest, the clinician must be either an individual or institutional subscriber to a journal. Practitioners often lack access to institutional subscriptions.

We believe that the collaboration of the *Journal of Health Service Psychology* with Springer Nature presents a reasonable solution to this access issue. Readers who opt into electronic distribution of the journal by Springer will have access to its entire publication record, which can be searched by area of interest to identify articles that speak to clinical problems. National Register Health Service Psychologists and members of the National Register Practice Academy will continue to receive a printed version of the journal. Those who opt into the additional electronic distribution feature will be able to access full text of these articles online at a minimal charge. Electronic distribution by Springer will also make JHSP available to the

academic community, the training community, and organized healthcare systems. In many cases we will also develop parallel webinars and podcasts on the same or related topics. We hope all of this will have the effect of making pertinent clinical content more immediately accessible to the full array of relevant practicing clinicians and psychologists in training.

JHSP Manuscript Outline/Organization

JHSP uses an article organization or outline that is different from most other psychology journals. The model is more reader oriented. It attempts to meet the reader “where they are” (in the process of clinical practice) and bring relevant scientific and clinical information into their immediate clinical decision-making. This makes the article more accessible and more useful to the reader.

The sections of a JHSP article are: (1) an opening vignette, (2) three or four mini-sections of essential orienting background information, (3) an extended description of the process of assessment or intervention, and (4) a brief closing section with the clinical take-home messages. Reading any of the articles published in the last three years will quickly reveal these elements in one form or another.

The opening vignette for a JHSP article is generally around 150 words in length. It anchors the topic of the article in the reality of everyday clinical practice. The goal is to attract the reader's interest and elicit a sense of identification with the clinical context. The vignette is either fictional or a mash-up of elements from several cases, designed to capture aspects of a clinical problem that will be explored later in the article. JHSP is not a case study journal. The vignette is written from the internal perspective of the psychologist looking out at the patient: observing the behavior, hearing the words, and sensing the emotion. The vignette ends with the therapist wondering about next steps and further information needed.

The 3–4 mini-sections that open the text of a JHSP article provide brief and concise statements of essential information about the clinical problem the article addresses. Each mini-section is only one page in length, and each has a side heading. Examples are incidence and prevalence data, diagnostic criteria, treatment guidelines or protocols, typical manner of presentation, or other information that enriches the understanding of the clinical challenge or the patient's experience. Creative use of figures and tables is encouraged. Information is presented in a direct and declarative manner, with limited citations provided. Only a single high-quality citation is given, occasionally two. The goal is representative, not exhaustive, citations—which supports readability.

The core of a JHSP article is a detailed description of the process of doing an evaluation and/or making an intervention. It might include a description of psychological tests or measures to use (and how to present and score them), or it

might be a description of actually making an intervention (and the varied aspects of the problems that must be addressed, and ways of doing that). This is an in-depth exploration of what to do and how to do it. Sample therapist language is sometimes presented to illustrate how to raise a clinical issue or introduce something for the patient to implement or do differently.

The closing section of a JHSP article is brief, often just a page of text. It consists of concise statements of essential clinical information: tips to remember, facts to rely on, actions to take. Information is often presented in bullet format—generally with 15–18 words or fewer per bullet point. It might take the form of “five lessons learned” or “five clinical tips to remember.” The purpose is to create brief and concise “memory anchors.”

An Interactive Style of Manuscript Generation

JHSP editors use an active and collaborative style of editorial development, which means we prefer to begin an editorial exchange with an author before they have fully completed the writing of a manuscript. We prefer to receive a partial submission consisting of a proposed opening vignette and a couple draft mini-sections. The editors will edit the partial submission and return it to the author. This allows us to shape the manuscript to best serve the eventual reader’s needs and to craft the material into the short and concise model of a JHSP formatted article. It also allows both the author and editors to quickly identify when a given manuscript is unlikely to be a good match with the mission and coverage of JHSP and its readers’ interests and needs.

The JHSP manuscript generation process is, thus, an iterative one. It most typically involves three submissions of increasing length. The first submission is generally a 3- to 5-page initial partial draft, as noted above. After editing and feedback, the author might expand the manuscript to 8–12 pages and submit it again. It will be edited again and returned with further editorial feedback. We generally edit and return a draft in two to four days. At each point, the author and editors

have an opportunity to discuss possible topics to cover, the perspective to take on each, and how large or small the discussion should be. The author finally does a last expansion into a full 16- to 24-page manuscript ready for external peer review. The process of moving from an idea to full manuscript ready for review can be done in as few as 4–6 weeks, but most typically it is done over the course of 3–5 months, depending on the schedule and time availability of the author. Because of the iterative style of writing, it is often easier to fit the development of a manuscript into a busy schedule.

JHSP editors work to have a timely peer-review process. We ask reviewers to return their comments, observations, and suggestions in 5–7 days. We process reviews and write action letters in a day or two after receiving the last review. We view reviews as the thoughts and ideas of informed colleagues on how to improve the communication value of the manuscript. We do not view reviews as commands or demands for changes or additions. Authors are expected to consider whether or not a suggestion will in fact enhance the manuscript for the reader. The goal is always actionable information for the reader.

Feedback and the Future

We are excited by this new model for clinical journal articles. It has evolved as we have worked editorially with clinicians over the last 25 years exploring informational needs and delivery tools for that information. We look forward to feedback from our readers (and our authors) on their experience of learning about clinical practice issues in the *Journal of Health Service Psychology*. We will continue to evolve the journal (and all of our educational training modes) based on such feedback. We look forward to *your* observations and feedback.

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