From My Perspective . . .

A Path to Clinically Applied Research With Juveniles

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Growing up, I was sure that I was going to be a doctor, and not in the PhD sense. I am not even sure I knew then that there were types of doctors other than physicians. My life plan was very clear—finish high school, go to university majoring in pre-med, then on to medical school, and then specialization and practice in the area of my choice. My plan unfolded as expected for a time, finishing high school and starting at university in a well-respected science program, but then the path became complicated.

My first year at university came and went. I didn’t love my life science courses, but I knew my second year would be more interesting and exciting. But then, the second year also came and went, and still I found my courses boring and uninspiring. “When will I start to like my courses?” I kept thinking. The only bright spot was I had decided to add something different and take a psychology course as an elective. While some of my peers complained about how boring it was, I considered my psychology course to be the bright spot in my course load. I started my third year thinking this was the year, the year when my pre-med courses would come alive for me—but again, I was left cold by organic chemistry and ecology, but my abnormal psychology course, now that was interesting! I realized that I loved trying to understand how people think and why they engaged in certain behaviours.

Thankfully, most of my life science courses could be used for a science degree in psychology, and soon I had made the switch to being a psychology major, spending the next 2 years fully immersed in all different types of psychology—cognition, perception, developmental, social, and abnormal. The benefit of taking only psychology courses for 2 years was that I was able to clearly see that not all areas of psychology were interesting to me but abnormal psychology, especially addictive behaviours and forensic work, were the areas I found most exciting. I started looking for volunteer and work opportunities in this specific area. I was able to combine these interests—addictions, forensic work, and research—in a great job working for one of my professors conducting outcome research on a substance abuse intervention for adult offenders.

I then went on to graduate studies and quickly came to realize that I wanted to be able to tie my research into “real world” applications. I wanted to conduct research with the actual populations that I was hoping would be helped by my research. My graduate work and postdoctoral fellowship focused on adult offenders, but I had an interest in the development of life course–persistent antisocial behavior and was able to pursue that line of research in earnest after my fellowship when I started a clinical and research position in a youth justice clinic. From that point, I began a research program that focused on the development of antisocial behavior in justice-involved youth.

I embedded my program of research into my clinical work, which was providing court-ordered clinical assessments to justice-involved youth. Specifically, I was interested in risk assessment, predicting which youth would be most likely to continue on an antisocial trajectory, both from a clinical and a research perspective. But as my understanding of these youths’ lives became richer and my experiences with them grew through my clinical work, I came to realize that predicting risk for reoffense was not all I wanted to accomplish. In addition, I wanted to understand whether there were dynamic risk factors that could be addressed and whether addressing these factors could change the life trajectories of these youth.

I have since gone on to combine my clinical work, hoping to improve the situations of justice-involved youth, with a program of research that is informed by the clinical concerns of the youth I work with. In turn, my research improves my clinical practice by highlighting what works in rehabilitating youthful offenders. I’ve since worked on a number of issues that are tied together by a common theme: evaluating what we do, not just assuming we are having a positive impact with the work we do, but finding evidence that it does (or does not, as the case may be).

I have been involved in projects evaluating whether the clinical assessment tools used routinely in clinical practice are actually useful and whether these tools are equally reliable and valid for both boys and girls; whether the information obtained from youth and their parents leads to the same understanding of a youth’s concerns; whether the treatment of different types of needs, and in particular mental health needs, influences reoffense rates; and whether these effects vary by gender. My goal in all of my research projects has been to contribute to evidence-based practice with justice-involved youth and to truly be a scientist-practitioner. Another goal of my work has been to ensure that our results aren’t just shared with other academics but are shared with the other people who work with, and will impact on, youth—judges, lawyers, probations officers, and policy makers—it is not enough to discover the answers; we must ensure that the information is going to the decision makers in all parts of the systems in which we work. A final goal has also been to train the next generation of clinician-researchers, having them experience both the benefits and the challenges of working with clinical populations.

While my work has been extremely interesting, gratifying, and I think useful, conducting research in a clinical setting is not without its challenges. In my experience, the biggest challenge comes from trying to balance clinical demands with protecting time to actually do research. When clients are in a clinical crisis or the court is waiting for an assessment report for a court proceeding, I can’t say, “But it’s my research day!” That just doesn’t cut it!

Despite these challenges, having a program of research that is tied to my clinical practice is a key factor in helping to actually get the research accomplished. Among other things, it ensures that the clinical population is interested in participating—they can clearly see the benefits. Similarly, program administrators can also see the benefits of evaluating and demonstrating the usefulness of the clinical work. Finally, graduate students and clinical trainees have also been key to a successful clinically applied program of research; their dedication and enthusiasm, as well as their PhD timelines, have been instrumental in getting projects started and moving them along to completion. Completing a dissertation in a clinical setting is very time and labor intensive, but the potential to have your work have a direct impact on the lives of your research participants is priceless.

**Dr. Skilling** works as a clinical-forensic psychologist and a clinician scientist at the Centre for Addiction and Mental Health in Toronto and at the University of Toronto. Her primary clinical role is conducting psychological assessments for the juvenile courts, and her current program of research focuses on the impact of treatment, particularly mental health treatments, on reoffending in juvenile justice populations. In addition to balancing her clinical and research roles, she balances family life as the mom of three children moving into their teenage years and says she is keeping her fingers crossed that she can help keep them on a positive trajectory!