Chapter 5. Differentiating between the dialogue methods

We have presented 14 dialogue methods that can be used to structure research integration. These are group processes to jointly create meaning and shared understanding about real-world problems by bringing together knowledge from relevant discipline experts and stakeholders. Ten are methods for creating broad understanding about a problem; they integrate the participants' judgments. Four are specific methods that can drill down into a particular aspect of a problem that might be contentious or of particular significance. The latter methods examine participants' visions, world views, interests and values.

As far as we are aware, this is the first time that dialogue methods have been explored specifically for their value in research integration. Our primary aim is to broaden the range of methods available to researchers who already have some experience in research integration. Consequently, our focus is on describing the methods and providing real-world examples of how they have been used.

Future research could valuably start to differentiate between methods, so that research integrators can easily distinguish which method is best suited for a particular integration purpose. We start this process with an exercise on a real-world problem—changes in illegal amphetamine use—using hypothetical dialogue questions. For each of the 14 methods in the book, we describe a key question related to the amphetamines problem that the method is particularly well equipped to handle. We also describe the discipline experts and stakeholders who would typically be drawn on to address such a question in a research integration context. This by itself is already useful in starting to demonstrate differences between the dialogue methods. We extend this by cross-tabulating the 10 dialogue methods for broad understanding, with the 10 key questions we have developed for them. We then look at each method against each question to determine which of the other methods are likely to be useful for addressing each question.

The problem we have chosen to focus on is the use of illegal amphetamines by young people. While the application of this example in the 14 dialogue methods is hypothetical, the problem we describe is real. A brief synopsis is as follows. In recent years, there have been challenging changes in the patterns of use of amphetamines in Australia, with a move away from powdered amphetamine ('speed') to a potent crystalline form of methamphetamine ('ice'). In addition, there has been a transition from oral ingestion to injecting. Key issues for relevant stakeholders are as follows:

- For users who engage in high-frequency and high-speed injecting, there are likely to be problematic health, social and financial consequences, including acute psychotic-like episodes accompanied by violence, the development of dependence, difficult withdrawal symptoms with agitation and depression, and stress on relationships.
- For treatment providers, these clients are often difficult to manage, especially when they are violent, agitated, hypersensitive and unable to concentrate. Treatment options are limited to cognitive-based therapies, with no pharmacotherapies (that is, drug treatments) available.
- For police, ambulance officers and hospital emergency workers, the violent behaviour of users can be a major problem, especially as force and administration of morphine are the most commonly used ways to calm them down.
- For drug user organisations (also known as peer-based organisations), there is an important role in developing and distributing advice on how to reduce harm, including information about safer injection practices, concomitant drug use, safe sex and so on. Peer-based outreach workers, who seek out amphetamine users, can be an important part of such strategies.
- For police, the drug sources include local manufacture and importation. Clandestine local laboratories pose risks of explosion and fire. The drugs are easy to conceal for importation. There is little evidence that police interdiction ('busts') involving significant amounts of these drugs have any impact on their availability.
- For pharmaceutical companies and pharmacists, the constituents of legal drugs (pseudoephedrine) are the precursor for illicit amphetamine manufacture. Depending on the scale of the illegal operation, pharmaceutical companies can be targeted for precursors or pharmacists can be approached to obtain legal drugs from which precursors are then extracted.
- For society in general, there is a false perception of widespread use, which can encourage normalisation of this problematic behaviour. Reporting is often seriously exaggerated and concern about the adverse consequences can be out of proportion. For example, amphetamine users are less likely to die than heroin users.

Discipline-based researchers have substantial contributions to make to understanding these problems, for example:

- assessment of the prevalence of amphetamine use and of the various harms, as well as the characteristics of those most likely to be affected (epidemiologists)
- identification of medical problems caused by or associated with amphetamine use (clinical researchers)
- evaluation of treatment options (clinical researchers)
- examination of drug markets and the impacts of various law enforcement strategies (criminologists)
- investigation of the different behaviours associated with amphetamine use and how violent behaviour, for example, might be ameliorated (psychologists)
- detailed observation of the lives of amphetamine users (ethnographers)
- understanding the causes of amphetamine use (psychologists, sociologists and/or epidemiologists)
- calculating the treatment and law enforcement costs of amphetamine use (economists)
- investigating the social costs of amphetamine use (sociologists).

We now describe a characteristic research question about this problem that each dialogue method is well suited to address (Table 5.1). We also suggest a typical array of discipline and stakeholder experts whose knowledge about the problem will contribute to each form of dialogue and who can be expected to be included among the participants.

Table 5.1 Characteristic research questions for each of the dialogue methods, plus typical discipline and stakeholder participants in a research integration process

Dialogue method	Characteristic research question	Typical participants (disciplines/stakeholders)
Broad methods		
Citizens' jury	Is amphetamine use a priority for community action?	(Discipline experts provide information)
		Cross-section of the public
Consensus conference	How can the community best respond to amphetamine use?	(Discipline experts provide information)
		Cross-section of the public
Consensus development panel	What are the best-practice guidelines for treatment of amphetamine users?	Clinical researchers
		(Unlikely to have stakeholder representatives, although the clinical researchers will generally also be treatment providers)
Delphi technique	What is the nature and extent of harm arising from amphetamine use?	Clinical researchers, epidemiologists, psychologists, sociologists
		(Might not have stakeholder representatives, although families, police, treatment providers and users could be included)
Future search conference	What is the future of young people in a society with high availability of stimulant drugs?	Clinical researchers, epidemiologists, psychologists, sociologists
		Churches, families, media, police, schools, treatment providers, users
Most significant change technique	What are the outcomes of peer education among 'ice' users?	Ethnographers
		Peer educators, users
Nominal group technique	How can police, ambulance officers and emergency workers better respond to acute psychosis and violent behaviour among amphetamine users?	Psychologists
		Police, ambulance officers, emergency medicine specialists
Open space technology	How can the harms from high-frequency, high-risk injecting best be reduced?	Clinical researchers, ethnographers, psychologists, sociologists
		Peer educators, police, treatment providers, users
Scenario planning	What is the best balance between direct (eg., drug seizures) and indirect (eg., precursor control) law enforcement methods?	Criminologists
		Criminal intelligence analysts, police, pharmaceutical company representatives
Soft systems methodology	What are the key considerations for a national government action plan on amphetamines?	Clinical researchers, epidemiologists, psychologists, sociologists
		Churches, families, media, police, policy-makers, schools, treatment providers, users

Table 5.1 (continued)

Dialogue method	Characteristic research question	Typical participants (disciplines/stakeholders)
Specific methods		
Appreciative inquiry	How can a busy hospital emergency unit best deal with amphetamine users?	Clinical researchers, psychologists, sociologists
	(Different visions are likely to be important)	Emergency medicine specialists, users
Strategic assumption surfacing and testing	How should a treatment service respond to violent users?	Clinical researchers, psychologists, sociologists
	(Different world views are likely to be important)	Treatment providers, users
Principled negotiation	How can pharmacies, police and government best cooperate on precursor control?	Criminologists
		Pharmacists, police, policy-makers
	(Different interests are likely to be important)	
Ethical matrix	Should schools suspend amphetamine users?	Criminologists, education researchers, psychologists, sociologists
	(Different values are likely to be important)	Parents, police, school principals, students, teachers, users

The 10 research questions, which are typical of those addressed by the individual methods to gain a broad understanding, are:

1. Is amphetamine use a priority for community action?
2. How can the community best respond to amphetamine use?
3. What are the best-practice guidelines for treatment of amphetamine users?
4. What is the nature and extent of harm arising from amphetamine use?
5. What is the future of young people in a society with high availability of stimulant drugs?
6. What are the outcomes of peer education among 'ice' users?
7. How can police, ambulance officers and emergency workers better respond to acute psychosis and violent behaviour among amphetamine users?
8. How can the harms from high-frequency, high-risk injecting best be reduced?
9. What is the best balance between direct (for example, drug seizures) and indirect (for example, precursor control) law enforcement methods?
10. What are the key considerations for a national government action plan on amphetamines?

In Table 5.2, we cross-tabulate the 10 methods for broad understanding and the 10 questions.

Table 5.2 Which methods for broad understanding are well suited to answer each of the characteristic research questions?

Method	Question									
	1	2	3	4	5	6	7	8	9	10
Citizens' jury	√	√								√
Consensus conference	√	√								√
Consensus development panel		√	√	√			√	√	√	
Delphi technique			√	√			√	√	√	√
Future search conference		√			√					√
Most significant change technique						√		√		
Nominal group technique			√	√			√	√	√	√
Open space technology	√	√			√			√		
Scenario planning		√			√				√	
Soft systems methodology		√			√		√	√		√

This exercise demonstrates that most dialogue methods are suitable for more than one type of question, but also that different dialogue methods are particularly applicable for answering different types of questions, and for doing so in different circumstances. The domains in which the individual methods are particularly applicable become clearer when we look at the questions one at a time, noting which methods fit best, and the reasons for this.

1. Is amphetamine use a priority for community action?

As well as citizens' juries, the consensus conference and open space technology were classified as being appropriate dialogue methods for dealing with this question. This reflects its emphasis on the community as a key stakeholder, hence the need for a method that taps community—rather than expert—assessments. It is noted, however, that the three methods include expert inputs, frequently from researchers, to assist the citizens to make informed judgments.

In contrast, the scenario planning method is inappropriate as the task does not include developing scenarios. Soft systems methodology is not appropriate as it is based on a shared understanding, from the outset, that a problem exists (rather than exploring the seriousness of the problem, as here) and has a distinctly action-oriented focus. The breadth of the question, and the need to tap informed community, rather than expert, judgments, means that the Delphi technique is less appropriate than the nominated methods.

2. How can the community best respond to amphetamine use?

In addition to the consensus conference, most of the dialogue methods listed have been assessed as suitable for responding to this question—the exceptions being the Delphi technique, most significant change technique and the nominal group technique, which are assessed as being unsuitable. This reflects the breadth of the question and the fact that a range of stakeholders—for example,

community members, experts, decision makers, and so on—are able to contribute to finding answers to it.

The in-depth exploration by stakeholders that results in action plans, as occurs in soft systems methodology, is apposite here. As with question one, the breadth of the question means that methods such as the citizens' jury, consensus conference and open space technology are highly suitable as all are useful in opening up the issues, exploring a variety of possible responses and reaching judgments on the most appropriate responses. This breadth means that the Delphi technique and nominal group technique are less appropriate. The most significant change technique is unsuitable owing to its focus on understanding outcomes in the context of evaluation—a consideration not relevant here.

3. What are the best-practice guidelines for treatment of amphetamine users?

This was the typical question for the consensus development panel, but the Delphi technique and the nominal group technique would also be suitable. This is because the question needs to be answered by experts and, since difference of opinion is likely to exist among experts on the topic, a highly structured method is needed to tap their judgments and synthesise them with those of their peers. The narrowness of the question is also an important consideration. A fair degree of control of the process is needed to produce results, in contrast with other, more open, free-flowing dialogue techniques.

The methods that are designed to elicit the judgments of citizens, rather than experts, are inappropriate here owing to the subject matter. The most significant change technique is irrelevant as it is not a program or policy evaluation task, and scenario planning is also unsuitable as eliciting and weighing current knowledge is the focus, not developing scenarios for the future.

4. What is the nature and extent of harm arising from amphetamine use?

As with question three, we have assessed the consensus development panel, the Delphi technique and the nominal group technique as being the dialogue methods best suited to answering this question. This reflects the need for expert assessments and the narrowness of the question.

5. What is the future of young people in a society with high availability of stimulant drugs?

This question was designed for the future search conference method, but three other methods could also be helpful in finding answers: open space technology, scenario planning and soft systems methodology. Scenario planning techniques could be used to develop a range of different scenarios given different assumptions about such things as the availability of amphetamines, patterns of use, population groups with high prevalence of use, societal responses, and so on. This detailed scenario development could build on a more inclusive method, such as open space technology, taking its products as inputs to scenario planning.

The citizens' jury and consensus conference methods are not well suited in this case owing to their lack of focus on the future. The question is not in the realm of evaluation so excludes the most significant change technique. It is too broad for the consensus development panel, Delphi technique and nominal group technique and calls for inputs from a range of stakeholders, not just experts.

6. *What are the outcomes of peer education among 'ice' users?*

Uniquely among the 10 questions, only the dialogue method for which this question was developed—the most significant change technique—has been identified as particularly useful in addressing it. This is because the core function of the most significant change technique is to contribute to evaluation, especially program evaluation. It is a narrative technique to elicit the stories that best illustrate the most important outcomes of a program. Clearly, these outcomes could be positive, negative or a combination of the two, so the process of eliciting them needs to be sensitive to the possibility of bias towards surfacing the positive outcomes and concealing the negatives.

The emphasis on summative and outcome evaluation in the question distinguishes it from the others and makes dialogue methods other that the most significant change technique either far less suitable than this method or completely unsuitable.

7. *How can police, ambulance officers and emergency workers better respond to acute psychosis and violent behaviour among amphetamine users?*

Four methods seem useful for addressing this question: the consensus development panel, the Delphi technique, the nominal group technique and soft systems methodology. This reflects the fact that, to answer the question, people with substantial knowledge and experience of the topic need to be involved, meaning that methods based on tapping citizens' judgments are excluded. A high degree of structure in implementing the method, with the locus of control found in the organisers and facilitators rather than participants, is important, and is found in these four methods. It is output oriented, rather than process oriented. The question is complex, addressing areas of uncertainty, meaning that soft systems methodologies will be useful.

The most significant change technique could also be applicable—although probably not as directly as the other methods listed—as an evaluative element exists. Narratives demonstrating sound outcomes when police, ambulance officers and other emergency workers use certain approaches to dealing with amphetamine users exhibiting violent behaviour could be generated and assessed using the most significant change technique.

The narrowness of the question excludes the broad exploration of issues that characterises the future search conference and open space technology.

8. How can the harms from high-frequency, high-risk injecting best be reduced?

Although we developed this question as typical for open space technology, the consensus development panel, Delphi technique, nominal group technique and soft systems methodology found helpful in addressing the previous question are also applicable here. As in the previous question, what they will bring are highly structured methods able to tap the knowledge of experts in addressing an area characterised by uncertainty. The output would be agreed strategies and action plans to implement them.

We originally envisaged the question for an open space technology event in which most of the participants were people who used illegal amphetamines. We expect that they could produce new insights and action plans, grounded in their lived experiences, which they and others could implement.

The most significant change technique is also potentially useful, though perhaps not as useful as the other five. The narratives produced by the most significant change technique, demonstrating sound outcomes from particular strategies aiming to reduce the harms associated with high-risk injecting, could inform the development of strategies and action plans.

Methods giving high salience to tapping public opinion and judgments, especially the citizens' jury, consensus conference and future search conference, are inappropriate in this case.

9. What is the best balance between direct (for example, drug seizures) and indirect (for example, precursor control) law enforcement methods?

This is another question that could be dealt with effectively by a number of dialogue methods. We developed the question for scenario planning as different scenarios could be developed for the two broad strategies, facilitating comparison of their utility in contributing to planning. The three highly structured methods for tapping expertise and finding agreement in the face of uncertainty (the consensus development panel, the Delphi technique and the nominal group technique) would work well here as experts have knowledge on the topic to bring to the dialogue.

The question is too narrow for a future search conference or the open space technology, and calls for a more structured approach than used in these methods. Since evaluation is not its focus, the most significant change technique also has limited application here.

10. What are the key considerations for a national government action plan on amphetamines?

This is a typical question for soft systems methodology, as a need exists to understand the whole picture, to set boundaries for the action plan and to understand the implications of leaving some aspects out of the scope of the action

plan. The process needs to be inclusive, structured and focused on the product: an action plan that all participants/key stakeholders are willing to sign up to.

The question could also be dealt with using other dialogue methods, with their somewhat different focuses. As with question nine, the methods for tapping expert opinion and helping experts reach consensus on the key considerations are useful, especially the Delphi technique and the nominal group technique. Since there is no single, clear answer to be found in expert knowledge, individual judgment would be important. For this reason, the methods that minimise the impacts of power differentials between the expert participants (the Delphi technique and the nominal group technique) would be better than the face-to-face, round-table discussion approach used in the consensus development panel.

Again, because there is no single best answer available to the question, and the community at large is a stakeholder, informed citizens could make positive contributions to answering it. Hence, citizens' juries and the consensus conference, being designed and implemented to ensure that the involved citizens are well informed of the options, along with their strengths and weaknesses, could be particularly helpful. The future search conference method would also work, provided the question was expressed differently, perhaps as 'The future of government action on illegal amphetamines: what are the key considerations?'.

The low salience of evaluation here excludes the most significant change technique; the lack of certainty in the evidence base and the need for dealing with power differentials between various experts excludes the consensus development panel method; and the absence of a need to develop scenarios excludes the scenario planning method. Open space technology could be useful in generating ideas, but its unstructured approach means that its products would probably be diffuse, reflecting the areas of interest of the most influential participants rather than a well-balanced, comprehensive exposition of the key considerations.

Comments

In this exercise, we have described a situation in which there are serious problems consequent on the availability and use of amphetamine-type substances, and on societal responses to these. We presented 10 research questions that could arise in such a context, and discussed how the various dialogue methods could be used to address each of them, highlighting those that would be most apposite, those less so and those unsuitable for that particular purpose. We have shown that it is generally not possible to make hard and fast pronouncements, as many of the methods are flexible and adaptable. In addition, the questions can also often be addressed in different ways, emphasising different aspects of the

question. Nevertheless, it is also clear that all the methods are not equally suitable for all of the questions.

We have started to identify criteria that differentiate between the methods, including:

- the narrowness or breadth of the research question
- the level of complexity in the research question
- the balance between empirical facts and subjective judgments
- the types of participants engaging in dialogue—for example, citizens versus subject-matter experts
- the degree to which the methods deal with power differentials among the participants
- the desirability or otherwise of face-to-face engagement
- whether a specific purpose is to be filled—for example, evaluating a program or developing scenarios.

Further differentiating between the dialogue methods, to provide guidance to research integrators in their use, is an important task for future research. Particular benefit will be derived from researchers documenting their experiences in using dialogue methods in research integration and evaluating the outcomes, along with the factors most salient in producing successful outcomes. Some of these factors will be intrinsic to the method (for example, face-to-face versus anonymous), some will be dependent on the research question addressed (for example, the narrowness or breadth of the question), some will reflect contextual factors (for example, the auspices under which the dialogue was conducted) and yet others will rely on the skills of the personnel using the dialogue method. The development of such a body of knowledge is likely to allow research integration specialists to work towards creating a decision tree to guide people in selecting the most appropriate dialogue method to attain their goals, given their situation and constraints.