Guidance for Researchers Visiting the weSPARC Insight Advisory Board

The **weSPARC Insight Advisory Board** is a virtual board of individuals with lived experience of a mental health condition. weSPARC Insight was formed in January 2022 and members join together virtually once a month to provide feedback on iSPARC research-related projects and products. The members of the board help tailor research ideas, projects, and products to the needs and preferences of those with lived experience. See some of weSPARC Insight's recent products here.

Here are some "do"s and "don't"s when you are seeking consultation from the weSPARC Insight Board:

Pre-Work

DO ✓

- Provide advance information to prepare board members—your bio (why you're doing this work), brief summary of your project, and questions to start thinking about. Circulate one week in advance.
- Request beforehand if you would like to record (audio only); be clear about why this is necessary and how the recording would be used or stored.

DON'T ✗

- Don't expect board members to meet you, learn about your project, and respond to thought-provoking questions without giving any time to prepare.

Getting Started

DO ✓

- Start with introductions. Ask attendees to share names, pronouns, and any identities that they want to share in the moment.
- For your introduction, we value authenticity: though board members recognize the importance of degrees and training, they're most interested in the reasons why you're doing this work and why you care about this topic
- Encourage all guests to introduce themselves. Each guest should have an active role and purpose in the meeting.
- Recognize the expertise in the room. You bring research expertise to the table, but board members contribute valuable lived experience.

DON'T ✗

- Don't expect board members to reveal personal details regarding lived experience.
- Don't invite members of your research team to attend "in the background" only for the purpose of observing or taking notes.
- Don't treat advisory board members as research subjects. They are a group of professional consultants, not a focus group.
- Don't treat meeting notes as data (intended to be impressions/advice).

General Approach

DO ✓

- Humanize your work through stories: narratives, case studies, how you got into the field, the greater purpose of your research.
- Keep it simple. Use everyday language. When you mention new concepts, people, or institutions, define them on first mention.
- Actively facilitate the discussion, show that you are invested in the consultation, and take breaks.
- If you are taking notes, make an effort to be transparent about what you're writing down, for example take notes on a shared document, make summarizing statements of member feedback to check your understanding and provide opportunities for clarification, etc.

DON'T ✗

- Don't rely primarily on statistics, academic findings, and graphs to present your research. Be selective with graphs and test results: if you use them, be sure to explain the different components and the significance.
- Don't use jargon, highly technical language, acronyms, or name-dropping!
- Don't solely rely on board facilitators or board members to facilitate the presentation or discussion.

Content & Questions

DO ✓

- Describe the gap that you're seeking to fill with this consultation and why you are seeking feedback specifically from this board.
- Prepare content and discussion questions that are trauma informed.
  https://www.traumainformedcare.chcs.org/
- Make sure you leave plenty of time and space for questions and discussion.
- Be conscious of cognitive overload (i.e., when your brain tries to process too much information at once).
- Prepare slides that are highly visual with limited text. Make slides accessible for those with disabilities.
  https://store.samhsa.gov/sites/default/files/sma14-4884.pdf
- Prepare specific questions to ask the board to elicit useful, relevant feedback. If possible, provide clarifying prompts and examples of potential responses.
- Summarize each section before moving to new content. Provide opportunities for feedback at these pause points.
- Explain how you plan to use the information you gather—e.g., acknowledgment of the consultation, reporting on themes, protecting board member confidentiality, etc.

DON'T ✗

- Don't treat advisory board consultation like "ticking off a box" for stakeholder engagement.
- Don't include highly triggering content or discussion questions that require members to recall or retell painful memories.
- Don't try to cram in too much content.
- Don't treat it as a one-way presentation.
- Don't overfill your slides with text. Allow board members to review slide content before you begin presenting the content.
- Don't make an open ask for general thoughts on the research.
- Don't ask board members to hold questions and comments until the end of the presentation.
- Don't share direct quotes of board member feedback. Don't reveal board member identities.

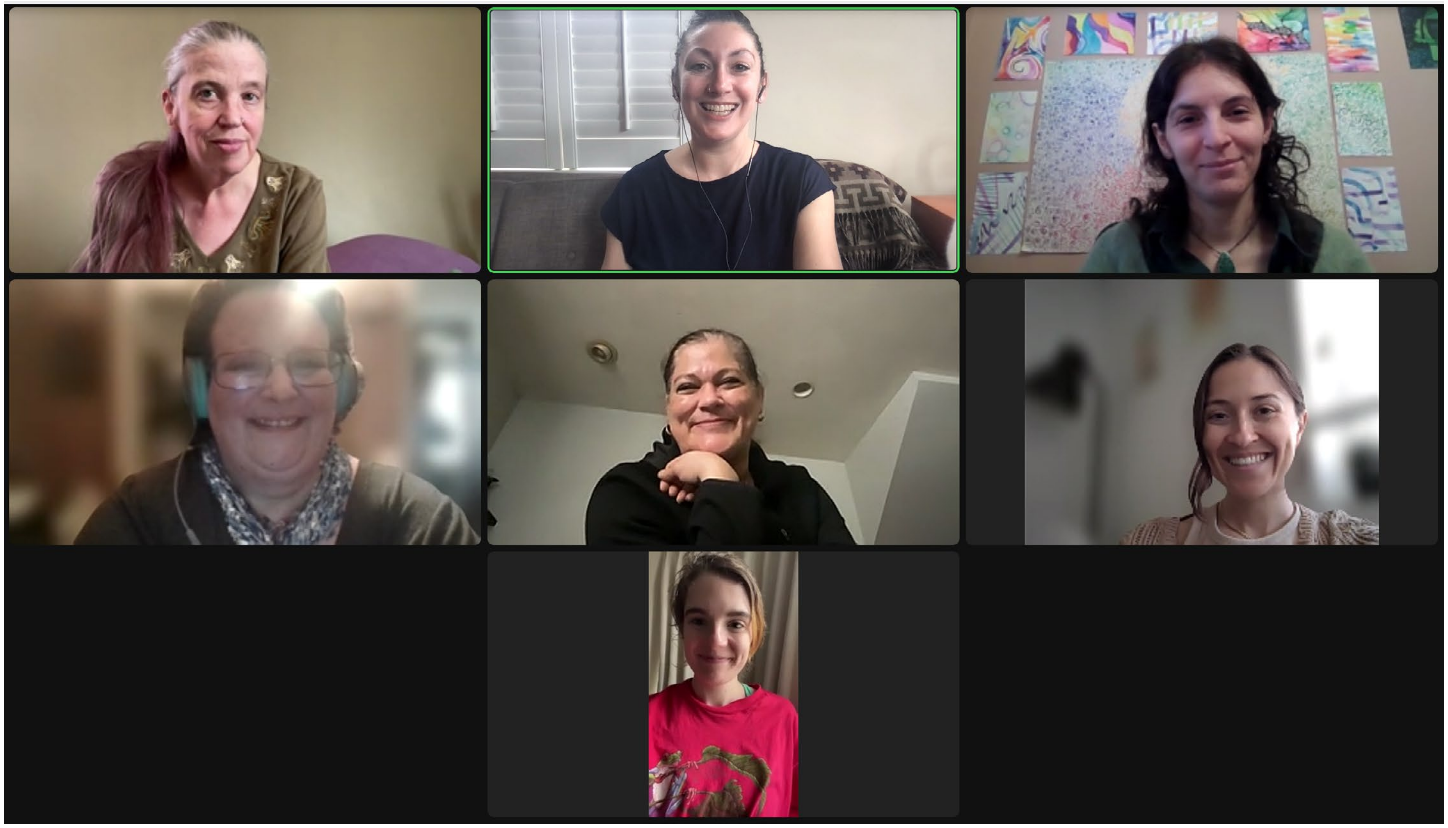
Post-Work

DO ✓

- Consider mechanisms for members to provide feedback anonymously (e.g., chat function, polls, online surveys, JamBoard, through board facilitators), especially if you're not getting a lot of feedback on the day.
- Plan to return to the board to report back on how their feedback was used and if/how it impacted your research.

DON'T ✗

- Don't expect that board members will feel 100% comfortable sharing all feedback with you face-to-face.
- Don't ghost the board!



Suggested Citation: Friedhoff, C., Garcia, M., Martinez, J., Quill, M., Riley, K., Larkin, C., & Anderson, M. L. (2024). Guidance for Researchers Visiting the weSPARC Insight Advisory Board. Worcester, MA: UMass Chan Medical School, Department of Psychiatry, Implementation Science and Practice Advances Research Center (iSPARC).

This is a publication of the Implementation Science and Practice Advances Research Center (iSPARC) a Massachusetts Department of Mental Health Research Center of Excellence. The contents of this tip sheet were supported with funding from the Massachusetts Department of Mental Health. The contents of this tip sheet do not necessarily represent the policy of MA DMH, NIDILRR, ACL, or HHS and you should not assume endorsement by local or the Federal Government.

UMass Chan MEDICAL SCHOOL | Implementation Science & Practice Advances Research Center iSPARC Improving Mental and Behavioral Health Services for Better Lives and Stronger Communities 1993 30 YEARS 2023 | Mass DMH Department of Mental Health