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# Practice-based research and counselling psychology: A critical review and proposal

Isabel Henton

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**Content and Focus:** *This narrative literature review critically considers the relationship between practice-based research and counselling psychology. Its starting-point is contexts where gaps between psychotherapy research and practice have been identified. Developments in practice-based research, and the extent to which counselling psychology appears engaged in these, are then explored. Contexts in which practice-based research is conducted are considered, with particular focus on the practice-research network. The challenges associated with practice-research networks, in particular, the issue of practitioner involvement, are highlighted. These issues, relating both to counselling psychology's engagement in practice-based research, and practitioners' engagement in practice-research networks, suggest an exploration of the role of practitioner research training. Empirical literature relating to current counselling psychology research training programmes is reviewed. Recently, in the US and in Europe, a model of 'practice-based research training' has emerged as the next generation of practice-research network. Practice-based research training, as its name implies, involves the close integration of the activities of clinical practice, research and training. Examples of practice-based research training initiatives are outlined.*

**Conclusion:** *This paper aims to highlight the importance and relevance of practice-based research to counselling psychology in the UK and beyond. Practice-based research training is proposed as a highly promising paradigm for counselling psychology, with potential to ameliorate the gaps, deficits and challenges reported in this review.*

**Keywords:** *Practice-based research; evidence-based practice; counselling psychology; research training; psychotherapy research; practice-research network.*

## Introduction: Gaps between research and practice

### *Outcome research versus clinical practice*

IT IS UNSURPRISING, given the complexity of psychotherapy, that no one theory, methodology, or epistemology can provide a comprehensive view of the therapeutic exchange (Castonguay, 2011). However, perhaps more surprising is that psychotherapy research and practice are often described as opposing domains. For example, in a word-association experiment, clinicians described research as 'objective, hard, cold, scientific, factual, time-consuming, difficult, prestigious, tedious, expert', whereas practice was seen as 'subjective, busy, messy, difficult, soft, warm, pressured, flexible' (Darlington & Scott, 2002, p.5).

In some contexts, relations between psychotherapy research and practice can sometimes even seem hostile. One such context is experimental outcome research, in the form of the Randomised Controlled Trial (RCT), which clinicians have often suggested is an inappropriate way to measure or evaluate psychotherapy. As Freud wrote to Saul Rosenzweig in 1934, 'I have examined your experimental studies...with interest. I cannot put much value on such confirmation because the abundance of reliable observations on which these propositions rest makes them independent of experimental verification. Still, it can do no harm' (cited in Talley, Strupp & Butler, 1994, p.3).

Since Freud's early pronouncement, experimental research has been defended as the only valid way to test causality, or the

'efficacy' of particular treatments (e.g. Bower & King, 2000; Kihlstrom, 2006; Fonagy, 2009). However, critics suggest experimental science is epistemologically incompatible with the artful, invisible, even unconscious, ontologies of practice (Holmes, 2002; Rustin, 2003), the 'swampy lowlands' (Darlington & Scott, p.1) where tacit knowledge operates to a great extent (Thornton, 2006).

In particular, it is suggested, RCTs are based on the incorrect assumption that therapy acts on people, like drugs act on medical symptoms (Elkins, 2009; Marzillier, 2004; Mollon, 2009; Stiles & Shapiro, 1989). Moreover, the way RCTs are frequently designed means their findings, whilst internally valid, cannot be generalised to real-world clinical practice (Henton & Midgley, 2012; Seligman, 1995; Westen, 2006). For instance:

1. RCTs generally rely on the *Diagnostic and Statistical Manual of Mental Disorders* diagnoses, but most clients do not fit these criteria (Westen, Thompson-Brenner & Novotny, 2004);
2. In RCTs, outcomes often equate with symptom reduction, but outcomes (e.g. in psychodynamic therapies) may require broader definition (Wallerstein, 2003);
3. RCTs attempt to deliver pure treatment orientations, but real practice is mostly theoretically impure, and more likely effective due to common factors (Frank & Frank, 1991), such as the therapeutic relationship (Norcross & Wampold, 2011), generic change principles (Beutler & Castonguay, 2005), or therapist/client characteristics (Mozdzierz, Peluso & Lisiecki, 2009; Crits-Christoph & Gallop, 2006; Bohart, 2006);
4. RCT treatments are based on therapy manuals, however, manual adherence may limit clinical flexibility and lead to poorer outcomes (Duncan & Miller, 2006); and
5. Principal Investigators' allegiances usually strongly predict RCT outcomes (Luborsky et al., 1999).

As the last point implies, the debate is not merely epistemological, but involves issues of politics and economics (Elliott, 1998; Henry, 1998). The fact that RCT evidence is the gold standard in the evidence hierarchy dominating health services policy, commissioning and insurance on both sides of the Atlantic, has been heavily criticised (e.g. Guy et al., 2012; Holmes et al., 2006). RCT findings are the key influence on the UK National Institute for Health and Clinical Excellence's (NICE) clinical guidelines (Pilling, 2008), and the Improving Access for Psychological Therapies (IAPT) programme (UK Department of Health, 2010), and in the US, on empirically supported treatments (ESTs; Chambless et al., 1998, 1996; Chambless & Ollendick, 2001). These political developments have increasingly disenfranchised therapies less well represented in RCT research (Bohart, O'Hara & Leitner, 1998; Wachtel, 2010), and arguably encouraged a 'cookbook' approach to therapy (Parry, 2000).

Last year, a heated debate broke out in the UK's *Therapy Today* magazine involving among others Counselling Psychologist Mick Cooper (Cooper, 2011) and Richard House (Rogers, Maidman & House, 2011). Rogers, Maidman and House suggested that psychotherapists should reject RCTs on the basis of incompatible values. Cooper argued therapists within orientations under-represented by RCTs should urgently consider engagement, to ensure their professional survival, particularly within the UK National Health Service (NHS). In November 2011, there was a similarly heated discussion at the UK New Savoy (IAPT) conference, between the Panel Chair, Michael Rawlins, Chairman of NICE, and the floor. In his much-publicised Harveian oration (an annual invitational lecture held at the Royal College of Physicians in London), Rawlins (2008) seemed to have argued against the evidence hierarchy, suggesting practitioners must be 'teleoanalysts', that is, they must evaluate plural forms of evidence (Green & Glasgow, 2006). However, following the 2011 confer-

ence, and this author's closer reading of Rawlins' oration, perhaps Rawlins was not arguing against evidence hierarchies *per se*, but simply suggesting hierarchies should not be a substitute for clinical judgement. But given the wider political forces potentially impacting professional survival, this is perhaps neither here nor there.

Overall, in these contexts, the research-practice 'gap' feels something of a misnomer: 'Calling it a gap is like saying there is an Israeli-Arab gap in the Middle East. It is a war, involving deeply held beliefs, political passions, views of human nature and the nature of knowledge, and – as all wars ultimately involve – money, territory and livelihoods' (Tavris, 2003, p.xiv).

### ***Evidence-based practices versus evidence-based practice***

Evidence-based practice (EBP) is an important, relevant paradigm here, and is a term used in various ways (Ollson, 2007; Midgley, 2009). Sometimes it is short-hand for evidence-based practices (EBPs plural), that is, ESTs and parallel UK developments (e.g. NICE guidelines; Roth & Fonagy, 2005). However, the term EBP was originally coined around the millennium from the term 'evidence-based medicine,' the latter defined in the *British Medical Journal* as an (ideal) form of clinical decision-making that applies best research evidence *and* clinical expertise to particular client needs (Reynolds, 2000; Sackett et al., 1996). Indeed, the American Psychological Association (APA)'s 'Evidence-Based Practice for Psychology' manifesto (2006) is holistic, particularly emphasising the importance of clinical judgement.

It has been suggested this latter meaning of EBP (i.e. good clinical decision-making) is based on a 'practitioner-as-research-consumer' model (Elliott & Zucconi, 2006, p.83), which can be constructed very differently from practitioner, outcome researcher or policy-maker vantage-points. For instance, practitioner-sympathetic commentators have criticised academic researchers for their

'empirical imperialism' (Castonguay & Borkovec, 2005, p.1): researchers expect clinicians to 'buy' their research, regardless of its presentation or relevance (Goldfield & Wolfe, 1998; Persons & Silberschatz, 1998). Moreover, seminal practitioner-sympathetic survey research suggested that clinical experience, theoretical literature and pure research were more useful to clinicians than outcome research (Morrow-Bradley & Elliott, 1986). Decades of further surveys have, since the EBP paradigm, produced increasingly nuanced and diverse findings (Boisvert & Faust, 2006; Cook, Biyanova & Coyne, 2009; Cook et al., 2009; Lucock, Hall & Noble, 2006; Nelson & Steele, 2008; Stewart & Chambless, 2007; Safran et al., 2011). For example, in Cook, Schnurr et al.'s 2009 survey of 2500+ US psychotherapists of different orientations' 10 books most useful to practice, although a Carl Rogers' volume came top, three books referenced ESTs, and two were treatment manuals.

On the other hand, researchers have strongly criticised therapists for insufficiently consuming (reading/using) outcome research (e.g. Williams & Irving, 1999), and for not understanding the rationale for outcome research designs (Persons & Silberschatz, 1998). More recently, from a top-down policy perspective, an alternative practitioner-as-research-consumer discourse has emerged, which does at times seem somewhat 'imperial' in tone. Within this discourse, researchers/policy-makers adopt dissemination or implementation science to explore the 'transportability' (Gotham, 2006, p.610) of EBPs into clinical practice (NICE, 2007; Parry, Cape & Pilling, 2003; Proctor, 2004; Shafran, 2011; Stirman, Crits-Christoph & DeRubeis, 2004). In this context, EBP's two meanings start to become blurred, since dissemination research is often about EBPs by proponents of established EBPs, but is often justified on the basis that EBP decision-making models are not always elaborated in clear practical terms (Dowie, 1996; Tanenbaum, 2003).

### **Practice-based research**

This review critically explores developments within the alternative psychotherapy research paradigm of *practice-based research*, and the extent to which counselling psychology is engaged with these developments. Practice-based research (PBR) refers variously and broadly to non-experimental research, research by practitioners, research in naturalistic/routine clinical settings, and particular therapy research paradigms such as case-studies, process research and effectiveness studies. Proponents argue that, together with experimental research, PBR provides a comprehensive picture of psychotherapy, and, therefore, PBR is of great value to clinicians, commissioners, and policy-makers (Barkham et al., 2010a). It is also suggested that in PBR, research and practice come closer together than in other forms of research such as outcome research (McLeod, 2001), and that this too is valuable to the same communities (Castonguay, 2011). A brief overview of the main forms of PBR follows.

#### ***Case studies***

There are various systematic case study protocols, involving diverse data-types, data-gathering techniques, epistemologies, and aims. However, most protocols involve building a rich case-record of therapeutic outcome and alliance measures, and qualitative process notes/recordings, to form the basis of a research report (McLeod & Cooper, 2011). Case-studies might aim to address outcome questions directly (McLeod, 2000), to build/test theories (Stiles, 2010) or more phenomenologically, to describe experience (Flyvbjerg, 2006). One influential protocol is the Hermeneutic Single Case Study Design (HSCED; Elliott, 2002), in which a team attempts legalistically to identify the causes of therapeutic change by systematically eliminating other potential intra-/extra-therapeutic explanations.

#### ***Process research***

Process research is generally situated within the therapy 'events paradigm,' the latter orig-

inating in Carl Rogers' person-centred approach to research (O'Leary, 2006). Early process research aimed purely to identify particular processes or events during therapy. For example, task analysis (Greenberg, 1984) uses detailed descriptions of tape-recorded events to identify successful/unsuccessful resolutions of therapeutic problems. Subsequently, process research began to explore correlations between therapist/client processes and outcome (Hill, 2006). The first example of this approach was change process research (CPR; Greenberg, 1986; Rice & Greenberg, 1984), which uses sequential analytic methods to identify specific speech-acts, episodes, and relationships leading to immediate, intermediate and final outcomes. Other process research methodologies (Timulák, 2010) include assimilation analysis (Honos-Webb et al., 1998); comprehensive process analysis (CPA; Elliott, 1989); consensual qualitative analysis (CQA; Hill et al., 2005; Hill, Thomson & Williams, 1997); helpful and hindering events research (Llewelyn et al., 1988); relational depth experience research (Wiggins, Elliott & Cooper, 2012); and moments of empowerment research (Timulák & Lietaer, 2001).

#### ***Effectiveness research (practice-based evidence)***

Effectiveness research is a form of outcome research defined in contrast to efficacy (experimental outcome) research by its being conducted in naturalistic settings (Lambert & Ogles, 2004; Nathan, Stuart & Dolan, 2003; Seligman, 1995). Compared to the PBR methods above, effectiveness research has greater potential to go beyond the correlational (Borkovec & Castonguay, 2006). In the UK, although effectiveness studies tend to exclude experimental controls (designed to increase internal validity and thereby, the potential for causal inferences), nevertheless these studies' large sample-sizes mean that smaller effects (e.g. rare/adverse outcomes) can achieve statistical significance, potentially providing causal information (Parry et al., 2010). Indeed, with higher statistical power, these

studies address questions RCTs may not, for example, cost-effectiveness, the impact of moderator variables (case-mix, treatment length, therapist/patient factors), and service/organisational factors. In the US, effectiveness studies often do incorporate experimental protocols such as randomisation and manuals by maximising internal validity, such studies can potentially identify causal relationships (Cahill, Barkham & Stiles, 2010).

Since receiving a mandate from the Department of Health's strategic review of psychotherapy services (1999), UK effectiveness research has mainly been conducted in NHS settings, supported by Clinical Psychology university departments or practice-research networks (Cahill et al., 2010). More recently, the IAPT programme has made large NHS data-sets available (e.g. Glover, Webb, & Evison, 2010). Effectiveness research is also conducted in UK voluntary settings (e.g. Gardiner et al., 2003). UK authors emphasise the complementarity between effectiveness research – or Practice-Based Evidence, as it is known in the UK (PBE; Barkham & Mellor-Clark, 2000) – and efficacy research, and how together these forms of evidence are both rigorous and relevant (Barkham et al., 2010a; Barkham & Mellor-Clark, 2000). This emphasis seems to reflect an apparently relatively top-down political agenda in the UK towards democratising psychotherapy research policy. Barkham et al. (2010a) propose a cyclical or dimensional relationship between efficacy and effectiveness studies, citing research showing that effect sizes of more and less clinically representative studies are not significantly different (Shadish et al., 1997).

### **Counselling psychology and practice-based research**

#### *Mutuality and dialogue*

With its postmodern emphasis (Chwalisz, 2003; Loewenthal, 2006; House, 2003; Neimeyer & Diamond, 2001; Spinelli, 2001), counselling psychology often emphasises the *différence* between research and practice,

joining calls for mutuality and dialogue between the two, rather than a closing of the gap (Safran, 2001). For example, it is proposed that 'psychological science as a human practice and psychological practice as a human science' should inform each other (Hoshmand & Polkinghorne, 1992, p.55). The dualistic science-practice distinction reflects the modernist professionalisation of knowledge and a positivistic view of science (Chalmers, 1999). Counselling psychology reframes both research science and practice as discovery-oriented activities of equal value (Hanley, 2010; Spinelli, 2001).

This mutual, equitable research-practice relationship is elsewhere characterised as a *marriage* both within counselling psychology (BPS, 2006) and in the wider field. For instance, Elliott and Morrow-Bradley (1994) suggested that to save their troubled marriage, research and practice should engage in a more constructive dialogue. These authors argue this is needed because, as in a marriage, researchers and practitioners depend on each other, like it or not, for better or for worse. Certainly, research needs practice: most major psychotherapy research ideas are derived from practice (Freud, Beck, Rogers). Since therapy research is mostly applied, its ultimate aim is presumably shared with practice, that is, to alleviate human suffering (Castonguay, 2011). Conversely, practice needs research: it has been argued that engaging in research fosters conceptual clarity in practitioners by making the implicit explicit, and that practitioners need research (like jazz musicians need systematic musical learning) to extemporise successfully (Safran & Muran, 1994). At a broader level, research demystifies practice, increasing accountability to funders, and equity among consumers – for practitioners to resist is arguably solipsistic, even unethical (McLeod, 2001).

#### *Pluralism*

Counselling psychology discourse often centres on methodological pluralism in psychotherapy research, and the discipline

has long advocated an expanded definition of evidence to include less positivistic forms (e.g. Howard, 1984). In the last decade, counselling psychology has, alongside its allied professions, repeatedly called for a greater use of qualitative and mixed methodologies in psychotherapy research (Barbour, 2000; Haverkamp, Morrow & Pontoretto, 2005; McLeod, 2001; Midgley 2004; Rennie, 1994). A wide range of qualitative methodologies have been applied to psychotherapy, including grounded theory (Rennie, 2006), phenomenological methods (Wertz, 2005), conversation analysis (Madill, Widdecombe & Barkham, 2001), discourse analysis (Spong, 2010), and narrative methodologies (Etherington, 2009; Hoshmand, 2005).

### **Practice-based research**

A brief scan of the UK's *Counselling Psychology Review (CPR)* in the last decade seems to confirm counselling psychology's research philosophy parameters as postmodern, pluralistic, qualitative, philosophical and humanistic (Pontoretto, 2005). Most articles seem to be small-scale explorations of trainee or therapist experiences, or discussions of professional or theoretical topics (e.g. Martin, 2011; Walsh & Frankland, 2006, 2009; West, 2011). There seems to have been relatively little practice-based research, that is, case-studies, process research or effectiveness research, in the *CPR*. This is curious, given the profession's statements about marrying research and practice (BPS, 2006) and the primacy of practice in generating knowledge (Kasket & Gil-Rodriguez, 2011).

The situation may partly be due to the lack of a UK 'Journal of Counselling Psychology' (Hanley, 2011). However, evidence from other sources also supports a PBR gap in UK counselling psychology. For example, apart from Michael Barkham (who has a Counselling Psychology PhD), there seem to be no UK counselling psychology authors in a recent UK book about practice-based evidence (Barkham, Hardy & Mellor-

Clark, 2010b). At the 2011 Society for Psychotherapy Research (SPR) conference, which hosted 680 psychotherapy research presentations from 38 countries, there was one poster, and four presentations from the 14 counselling psychology institutions in the UK and Ireland. In a systematic review of effectiveness studies (Cahill et al., 2010), only 1/18 UK studies (again excepting Michael Barkham) has a counselling psychologist author, Terry Hanley (Gibbard & Hanley, 2008). The recent suggestion that to stem the EBP 'juggernaut', UK counselling psychology should embrace pluralism and social justice (Rafalin, 2010, p.45), seals the impression that UK counselling psychology may be missing an opportunity to include practice-based research among its research priorities.

In the US, a scan of *The Counseling Psychologist (TCP)*<sup>1</sup> and the *Journal of Counseling Psychology (JCP)* suggests these journals are more likely to publish pure research relating to cultural issues than PBR. A special edition of *TCP* (May 2011) confirms this initial impression. Its key contribution, 'Whatever happened to counselling in counselling psychology?' (Scheel et al., 2011a), led to responses including 'Declining counseling research in counseling psychology journals: Is the sky falling?' (Lichtenberg, 2011), and (enigmatically) 'The ghosts of counseling psychology: Is counseling research really dead?' (Murdock, 2011). Content analyses of *TCP* and the *JCP* showed a decline in counseling-related research from 77.7 per cent to 37.2 per cent on average between 1979 and 2008 (Scheel et al., 2011a). Meanwhile studies involving attachment, multicultural and minority issues, coping and well-being had grown in frequency (Mallinckrodt, 2011). Of felt concern to the profession's academic status, the small volume of counseling-related research that did exist was the most-cited in non-counseling psychology journals (Lichtenberg, 2011). Although counseling is

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<sup>1</sup> 'Counseling' spelling used in US context.

what arguably defines counseling psychology, and is most counseling psychologists' main professional activity (Goodyear et al., 2008), the fact this is no longer reflected in its flagship journals 'cannot be good news for our identity': counseling psychology research is 'a confusing pile of bricks' rather than a strong building or edifice (Scheel et al., 2011b, p.687).

## **Practice-research networks**

### *Overview*

I would like to explore one context in which PBR is conducted, the practice-research network (PRN), where, again with some exceptions, counselling psychology also seems under-represented. PRNs are an infrastructure or form of research action in which practitioners and researchers collaborate to co-construct research and build research capacity as a form of social and intellectual capital (Fenton et al., 2001). Most PRNs link practitioners to funding and administrative structures such as universities (Hickner, 1993). PRNs often involve pooling effectiveness/outcome data from local services collected using standardised measurement sets. Subsequently high-quality regional, national or even global databases can (if desired) be built (Parry et al., 2010). PRN data can thus inform practitioners, services and policy-makers from micro- to macro-levels (case-by case, practitioner-by-practitioner, service-by-service) (Zarin et al., 1997). PRNs are diverse, both in their aims (pure research, clinical audit, benchmarking, quality improvement), size, and intended cover/reach (Parry et al., 2010; Van Weel, 2002).

Within psychotherapy research, PRNs are a recommended infrastructure (APA, 2006; Borkovec & Castonguay, 2006; Parry et al., 2010). Although most often associated with practice-based and effectiveness research, PRNs can be pluralistic, in theory also conducting experimental and basic research (Borkovec et al., 2001). Many psychotherapy authors have argued that the value of PRNs is their connection of research and practice

(Barlow, 1981; Goldfried & Wolfe, 1998; Castonguay, 2011). Arguably, researcher allegiance and imperialism occurs in all research (Bohart & House, 2008), but PRNs have the potential to replace these forces with research-practice democracy and clinical relevance (Castonguay & Borkovec, 2005). In a health research context, this has been described as moving from research as enlightenment and research as retail, to research as exchange (McDonald & Viehbeck, 2007).

In the UK, one influential PRN is the SPR-UK North PRN, established in 1995 by Michael Barkham and colleagues, and linked to Sheffield and Leeds Universities (Barkham, Hardy & Shapiro, 2011). This PRN has been heavily involved in the UK's PBE movement (Parry et al., 2010), and in the development of the widely-used CORE outcome measure (Gray & Mellor-Clark, 2007). In the US, one influential PRN is the Penn State PRN, established in the late 1990s alongside Pennsylvania State University's long-running clinical psychology psychotherapy research programme (Castonguay, 2011; Snyder, 1957). This PRN involves Clinical Psychologist Tom Borkovec, Counselling Psychologist Louis Castonguay, and other influential US researchers in its programmes.

### *Practitioner involvement*

Aside from issues of resources (e.g. time and energy involved; financial resources for administration; assessment batteries and data collection/management) and of design (outcome choices, data collection processes, data attrition) (Holloway, 1991; Levant, 2001; Norquist, 2001; Parry et al., 2010), one significant issue for PRNs is practitioner involvement. Practitioners involved in PRNs are often enthusiastic unpaid volunteers, less commonly they are recruited by service managers, or randomly (Audin et al., 2001; Norquist, 2001). However, PRNs vary in the degree to which, and how, they aim to involve practitioners, as well as their success in doing so.



Reasons for varying practitioner involvement seem multifarious (Gard, 2003) and, as elsewhere in this review, the issue of practitioner involvement or engagement is apparently subject to different discourses depending on authors' vantage-points. In the UK, the emphasis (e.g. in the Sheffield/Leeds PRN) seems more researcher- and policy-driven. Within this more top-down discourse, the focus seems to centre on how practitioner non-representativeness can threaten the validity of designs, about the effort involved in creating a practitioner-friendly infrastructure, and about how the lack of practitioner research involvement may be one reason for the relatively low research yield of UK PRNs to date (Parry et al., 2010).

By contrast, the US Penn State PRN seems to have a more bottom-up practitioner or practitioner-researcher perspective. It is argued that since everyone benefits from more clinically-relevant research, the PRN's success is predicated on clinicians' participating fully in designing and implementing the research (Castonguay, 2011; Zwar et al., 2006). Carl Rogers might have agreed since he argued 'the only hope of doing significant research is to be immersed in clinical work' (Kirschenbaum & Henderson, 1989, p.275). Castonguay, Boswell, et al. (2010a) suggest PRN clinicians are the new scientist-practitioners, and future studies must:

...intrinsically confound research with practice..., [so that] it is impossible to fully distinguish whether the nature of the questions investigated, tasks implemented, or the data collected are empirical or clinical... It could be argued that clinicians truly integrate science and practice every time they perform a task in their clinical practices and are not able to provide an unambiguous answer to questions such as: 'Right now, am I gathering clinical information or am I collecting data?' (pp.352-353)

### Summary

Castonguay's picture seems to be a promising challenge to doubts raised about the

viability of the scientist-practitioner model of practice, for example, the suggestion that researchers and practitioners are 'different kinds of people... with regard to abilities, interests, cognitive styles... even the possibility of differential cerebral dominance' (Frank, 1984, p.429; cf. also Corrie & Callahan, 2000; Midgley, 2004; Rogers et al., 2011).

However, despite this promise, overall, there are issues with practitioners' degree of engagement or willingness to engage in PRNs, from whatever vantage-point, and these issues may represent a stumbling-block in PRNs' ability to act as an infrastructure for the production of PBR. Also, as stated at the outset, counselling psychologists appear to be less engaged in PRNs than allied professions are. For instance, although Michael Barkham and Louis Castonguay are both counselling psychologists, from my research to date, there is no counselling psychology PRN in the UK.

Following on from this, *practice-based research training* (PBRT) has emerged as a promising avenue that applies the PRN concept to the psychotherapy/applied psychology training setting. This developmental model may have the potential ultimately to increase the number of clinician-researchers or PBR-initiating practitioners entering qualified communities, including counselling psychology (Heppner et al., 1992). Before exploring what PBRT is currently happening, it may be helpful to review the current state-of-play within existing counselling psychology research training, to get a sense of whether there is possible fertile ground in which to plant the PBRT concept.

### Counselling psychology research training

Critical research engagement and knowledge are professional and ethical requirements for counselling psychologists according to the UK Health Professions Council (HPC, 2009). However, with doctoral qualification now the mandatory gateway into counselling

psychology, research training may have different meanings for its trainees than for non-mandatory professional doctorate trainees (e.g. in education/social care). The latter trainees are arguably more likely to be professionals with an existing 'zeal' to increase their applied research knowledge (Lee, 2009, p.1).

However, despite the fairly recent doctoral mandate, empirical research relating to counselling psychology research training is historically rich and diverse. Some salient literature is reviewed below.

### ***Quantitative research***

American counselling psychology researcher Charles Gelso initiated an influential programme of quantitative research when he argued over 30 years' ago that many trainees begin their training feeling deeply ambivalent towards research, an attitude that the training environment does little to improve, resulting in low research efficacy and subsequent productivity or publication output (Gelso, 1979). Gelso proposed nine ingredients of an ideal 'Research-Training Environment' (RTE; Gelso, 2006), six of which have been empirically supported subsequently. These are: (1) faculty modelling of appropriate research attitudes and behaviour; (2) students' research activities are positively reinforced, formally and informally; (3) students are involved in research early in training in a minimally threatening way; (4) students are taught that all research studies are limited; (5) trainings value and teach varied research approaches; and (most relevantly in this context); and (6) training shows that research and practice can be 'wedded' (mutually enhancing/part of the same construct system). Subsequent quantitative research identified further RTE factors, such as supportive mentors (Hollingsworth & Fassinger, 2002) and collaboration with peers (Love et al., 2007), and suggested further interactions, for example, between the RTE, personality and gender (Mallinckrodt & Gelso, 2002).

### ***Qualitative research***

While this research is very interesting and valuable, it tends to come from an academic research perspective, with the top-down, albeit important, objectives of increasing research productivity and protecting professional status. The relatively small amount of qualitative research in this area complements and extends these objectives, giving voice to trainees' attitudes and experiences, and making further suggestions for research training on the basis of its findings.

In a qualitative study of UK counselling psychology trainees' attitudes towards research training, one course leader suggests that most trainees enter the programme wanting clinical rather than research careers (Moran, 2011). Perhaps not surprisingly then, many trainees express initially ambivalent, but primarily negative feelings about research, with fear of research and the sense of research as 'difficult' 'lonely' and 'frustrating' predominating, although some later-stage trainees have found research 'exciting' and 'nourishing' (p.174). Similarly, course-leader Frank Piercy asked US family therapy doctoral trainees to articulate their feelings about research, using poems and metaphors (Piercy et al., 2005). This produced particularly rich data: as in Moran's study, one participant's poem beautifully captures trainees' ambivalence about research, but also research's status as a gateway to clinical practice: 'Roses are red, violets are blue, research is a thorn in my side, but it will help my dreams come true' (p.369).

### ***Summary***

In general, what quantitative research, qualitative research and commentary in this area have in common is that they often start with deficits within current research training programmes or trainees' negative/ambivalent attitudes towards research, and end with suggestions for how to improve research training. These suggestions are usually consistent with Gelso's recommended RTE (Gelso, 2006), for example, one frequent proposal across the board equates to Gelso's

sixth criterion: to wed research and practice more firmly together during training (Moran, 2011; Piercy et al., 2005; Rowland & Goss, 2000; Safran, 2001). This then is fertile ground for considering the practice-based research training phenomenon.

## **Practice-based research training<sup>2</sup>**

### *Overview and examples*

In the same spirit as PRNs' confounding of research and practice, practice-based research training (PBRT) intentionally fosters a 'healthy confusion' in trainees between three normally discrete activities: clinical practice, research and training (Castonguay, 2011, p.135). PBRT is for trainees, it is suggested, 'not a bad way to get addicted, from the get-go, to the scientific-practitioner model' with the potential to 'create an intellectual and emotional (hopefully secure) attachment' to this model (Castonguay, 2011, p.135).

In the US, one PBRT is the Penn State PRN in its third generation: a clinical psychology training clinic that has been transformed into a PRN, where trainees simultaneously conduct clinical work and practice-based research with community clients (Borkovec, 2004; Castonguay et al., 2004). As with the Penn State PRN involving qualified practitioners, the clinic operates a core assessment battery and standardised assessment procedures, as well as a research proposal selection committee involving trainees.

A recent European initiative is the International Project on the Effectiveness of Psychotherapy and Psychotherapy Training (IPEPPT; Elliott & Zucconi, 2006). Established in Italy in 2004, the IPEPPT aims to improve psychotherapy and psychotherapy training by encouraging systematic practice-based research in therapy training institutes and university-based training clinics. The IPEPPT steering committee is led by Robert Elliott, Professor of Counselling at the

University of Strathclyde. Elliott has suggested that socially constructed research-practice gaps are more likely to be ameliorated 'if we consciously try to build a reality where from the first steps a more integrative, bottom-up strategy is used' (Elliott & Zucconi, 2006, p.84).

### *Empirical research*

Perhaps because PBRT is a relatively new idea, we know little about it, and particularly, we know little of trainees' experiences of involvement in PBRT, in other words, we don't have much of a 'bottom-up' ground-level view. There are some first-person accounts and questionnaire studies from trainers involved in PBRT (e.g. McWey et al., 2006; Sauer, 2006; Stinckens et al., 2009), from which trainees' perspectives on PBRT are beginning to emerge. For instance, McWey et al. (2006) highlight family therapy students' perceptions of the benefits of PBRT (including a potential future research career, research skills and confidence, learning about research 'messiness', enjoyment of creative group research processes) and its challenges (increased time demands, the 'free-rider' phenomenon, competitiveness, differing ability levels). Involvement in PBRT challenged these students' original perceptions of research: for example, one student commented 'Hey, this is fun. Are you sure this is research?' (p.261).

In association with the IPEPPT, Leuven University in Holland has integrated a systematic research case-study protocol into its postgraduate person-centred counselling training programme (Stinckens, Elliott & Leijssen, 2009). Stinckens et al.'s mixed-methods questionnaire study of counselling trainees' attitudes the case study research project also produced interesting data. Trainees suggested research processes had intensified or deepened the therapy they delivered, increased their therapeutic sensitivity and curiosity, illuminated aspects they

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<sup>2</sup> 'Practice-Based Research Training' (PBRT) is an umbrella term for 'Training clinic PRNs,' 'Psychology Training Clinics' attempting research-practice integration, and 'Practice-based therapy research in training sites'.

hadn't noticed clinically (e.g. therapy ruptures), and helpfully anchored the therapy for both trainee therapist and client.

### **Summary and conclusion**

This literature review has explored the relationship between practice and research, including varying perspectives on outcome research versus clinical practice, evidence-based practice(s), practitioner-as-research-consumer, practitioner involvement in research, the practice-research networks, and research training. It has focused particularly on the degree of relationship between counselling psychology and practice-based research, proposing that engagement in PBR is important and relevant to counselling psychology's identity and future professional status. However, this relationship seems to be less emphasised than it might be within the zeitgeist of counselling psychology, where frameworks such as postmodernism and social justice are currently more central.

Practice-based research training (PBRT) seems to be a highly promising integrative research training paradigm. Perhaps it has the potential, not only to bring research and practice closer together in counselling psychology research training programmes, but also (ultimately) to increase PBR output by qualified counselling psychologists. This review aims to increase the circulation of the PBRT concept within counselling psychology in the UK. Additionally, in so far as PBR output is important and relevant to our profession, this potential chain of relationships, beginning with PBRT, seems vitally important to support via further empirical research.

### **About the Author**

**Isabel Henton** is a second-year counselling psychology trainee at London Metropolitan University. She hopes to carry out her doctoral research on counselling psychology trainees' experiences of integrating practice and research during training. Any comments or ideas relating to this or any other matter raised in this paper would be most welcome.

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