Bridging the Research-Practice Gap: Using Applied Inquiries to Promote Client Advocacy

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Introduction

Counselors practice in a field increasingly driven by accountability and program evaluation (Bishop & Trembley, 1987; Hadley & Mitchell, 1995; Lambert, Bergin, & Garfield, 2003). Because financial resources are limited, legislative authority and managed care organizations are more likely to support and sustain counseling programs grounded in empirical efficacy (King, 2002). Unfortunately, many counselors view research as no more than an academic requirement and fail to appreciate how it adds value to their practice by promoting social activism and client wellness (Heppner & Anderson, 1985; Gale & Austin, 2003; Myers, Sweeney, & White, 2002).

Part of the ethical responsibility of all counselors is an "autonomous critical inquiry" (Feltham 2000, p. 712) into their counseling to determine whether or not it is effective. Scientific inquiry is not only essential to good practice but also vital to distinguishing the counselor as "professional" (Claiborn, 1987; Schmidt, 1998; Spruill & Benshoff, 1996; VanZandt, 1990; Weinrach, Thomas, & Chan, 2001). Because our society is increasingly pluralistic, counselors need specific therapeutic interventions that target precise problems within explicit contexts. The scientific method offers powerful tools in which counselors can reduce cultural biases

and objectively examine the effect of their interventions on client outcomes (Heppner & Anderson, 1985).

Investigating the Research-Practice Gap

Despite the prevailing influence of managed care and legislative power to develop and implement evidence-based practices, a sizable gap between outcome research and counseling practice still exists (Lambert, Garfield, & Bergin, 2003; Reynolds, 2000). While the basis for the schism between research and practice is multifaceted (Sexton, Whiston, Bleuer, & Walz, 1997), we feel it is important to identify a few of the myths regarding the integration of science and practice:

- Research in real world practice is not as effective as clinical trials
- Research is abstract, over-statistical, and over-generalized
- Research is costly, complex, and time consuming
- Research is for doctoral-level counselor-educators
- Research impairs counselor-practitioner experience and intuition

These and other myths may explain why "many counselors display ambivalent attitudes when it comes to reading research, engaging in research design, conducting program evaluation, or incorporating research into their practice" (King, 2002, p. 26; Anderson & Heppner, 1996). Such attitudes seem to be especially prevalent among master's level counselor-practitioners. Mate and Kelly (1997) found that doctoral level counselor-educators wrote 70 percent of articles published in the *Journal of Mental Health Counseling* between 1979 and 1993. Comparable patterns were found during the similar time frame in the *Journal of Counseling & Development* (Weinrach, Lustig, Chan, & Thomas, 1998).

An example of the immediate gap between research and practice is found in the treatment of adolescents involved in the juvenile justice system. Granello and Hanna (2003) assert "there is little empirical evidence establishing a preferred approach or standard of care for incarcerated or court involved adolescents," (p. 13). They also observe that counselors "need a theoretical model to serve as a guide in the

consistent and timely application," (p. 17) of therapeutic techniques. A careful review of the outcome literature, however, informs us that evidence-based theoretical models and standards of care for incarcerated or court involved adolescents do exist (Sexton, Alexander, & Mease, 2003).

In 2001, the U.S. Department of Health and Human Services published *Youth violence: A report of the Surgeon General*. This report documented the outcomes of a number of effective research-based approaches for the prevention of youth violence. The report identified Functional Family Therapy (FFT) and Multisystemic Therapy (MST) as a empirically validated theoretical models and "Best Practices." Utilizing a very high scientific standard of program effectiveness (e.g., random assignment, evidence of significant deterrence effect, multiple site replication, and sustained effects), the recently published *Blueprints for Effective Violence Prevention* (Elliot, 2000) series identified FFT and MST as "model" programs for behaviorally disruptive adolescents. Furthermore, the Office of Juvenile Justice and Delinquency Prevention recognizes FFT and MST as standards of care for incarcerated or court involved adolescents.

Using Applied Inquiries to Bridge the Research-Practice Gap

During their master's education, counselors need to receive training that "infuses" outcome results throughout core curricula (Granello & Granello, 1998; Haring-Hidore & Vacc, 1988; Whiston & Coker, 2000). The integration of research methodology into master's level academic experience will help counselors-in-training realize that research is not separate from practice nor is it "just another class." Feit and Lloyd (1990) view the professional counselor as one who is "committed to the long-term growth of the profession" (p. 219). Incorporation of outcome studies throughout counselor education will help students to understand that "research and practice are not mutually exclusive alternatives; they serve as a complement to each other, and both are necessary for the continued growth of the profession," (Whiston, 1996, p. 622; Anderson & Heppner, 1996; Hadley & Mitchell, 1995).

Pistole and Roberts (2002) believe that "counselors are expected to practice in a way that constitutes the implementation of science...in one's approach to clients and counseling," (p. 7). In discussing the need to benefit their clients and the counseling profession, Garry R. Walz commented: "What counselors need to be doing is making sure our clients are able to search for accurate information, and at the same time, realize that we are in a position to help them operate at higher levels of critical thinking, problem-solving, and decision making," (Schmidt, 1998, p. 486). If counselors want to help their clients become critical thinkers and active problem solvers, they must first become action researchers. Because counselors identify problems, formulate goals, determine interventions and evaluate client progress, they already utilize the necessary steps to conduct scientific inquiry (i.e., identify research questions; formulate research design; determine research methodology; collect, analyze and interpret data) (Whiston, 1996).

Contribution to research does not of necessity require counselor-practitioners (especially at the master's level) to engage in double-blind, randomized control trial group designs. While such rigorous methodology is an essential component of the research base, it is neither mandatory nor inclusive. Single subject experimental design, considered the "best kept secret" in counseling research (Lundervold & Belwood, 2000), is a critical to bridging the research-practice gap (Froehle & Rominger, 1993). Not only does single subject research help counselors develop an active, problem-solving approach in case conceptualization, it also provides the counselor with immediate feedback regarding the mechanisms for therapeutic change, while fulfilling the ethical requirement for evaluating counseling effectiveness (ACA, 1995). Rather than simply assuming outcome results reflect our intuitive competence, counselors need to evaluate their own client outcomes using objective data. If we are to achieve an aspirational level of non-biased, ethical practice, our clients deserve nothing less. Therefore, counselors should be anxiously engaged in utilizing process methods to assess and substantiate their clinical interventions. To successfully incorporate single subject research design into their daily practice, all counselors should refer to Galassi

and Gersh (1993), Hilliard (1993), and Lundervold and Belwood (2000). School counselors should consult Foster, Watson, Meeks, and Young (2002) and rehabilitation counselors should refer to Zhan and Ottenbacher (2000).

In addition to being *contributors* to the research base, counselors are ethically required (ACA, 1995) to be *consumers* of the research base (Anderson & Heppner, 1986). A simple and effective yet time sensitive approach for counselors to stay abreast of scientific developments is to actually read outcome studies published in peer-referred journals (e.g., *Journal of Counseling and Development, Journal of Counseling Psychology, Counseling Psychologist*, etc.). Furthermore, the authors strongly encourage all counselors to acquire and use the "Bible" of professional counseling: *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (Lambert, 2003). Now in its fifth edition, this essential source of empirical information can help counselors work with diverse clientele presenting with complex problems. Counselors will also learn critical elements of methodology, design, and evaluation in psychotherapy process and outcome research, helping them to become action researchers and true professional counselors.

Summary

A sizable gap between outcome research and counseling practice still exists. Many counselors view research as merely an academic requirement and do not integrate outcome research into their practice. For example, some counselors believe that research in real world practice is not as effective as clinical trials or that research is abstract, over-statistical, and over-generalized. Other counselors think research is costly, complex, and time consuming, or it impairs counselor-practitioner experience and intuition. There is also a common misperception that scientific inquiry is the domain of doctoral-level counselor-educators.

Utilizing scientific standards of program effectiveness, a number of clinical approaches have substantiated successful outcome effectiveness. These results provide reliable reassurance to clients

while adding to our base of knowledge and continuously improving the efficacy of clinical practice. The author's contention is that counselors who do not integrate outcome research and track the effectiveness of their interventions through process methods are not "professionals." Why? Because they are not serving the best interests of their clients and they are not furthering the reliability of the counseling profession. Unless counselors incorporate outcome research into clinical practice, they are not meeting the highest standards of ethical practice.

Counseling is inherently an empirical and evaluative process that parallels scientific inquiry. Counselors, in addition to being consumers of research, should also become contributors to the research base. By using straightforward techniques such as the single subject experimental design, counselors can develop an active, problem solving approach in case conceptualization. These processes also provide the counselor with immediate feedback regarding the mechanisms for therapeutic change and fulfill the ethical requirement for evaluating counseling effectiveness.

Conclusion

In this period of increased accountability for outcome effectiveness it is imperative for every professional counselor to understand and accept the need to be action researchers. "The profession of counseling will benefit by increases in intellectual inquiries and field-based studies," (Whiston, 1996, p. 622). To capitalize on client sensitive treatment planning, counselors must engage in process and outcome studies so as to identify and track therapeutic skills and intervention methods that are effective, null, or counterproductive. As counselors bridge the gap between scientific research and clinical practice, clients will develop greater trust that the services they receive are ethical and advocate their needs (King, 2002).

References

American Counseling Association. (1995).*Code of ethics and standards of practice*. Alexandria, VA: Author.

Anderson, W. P., & Heppner, P. P. (1986). Counselor applications of research findings to practice: Learning to stay current. *Journal of Counseling and Development, 65*(3), 152–155.

Bishop, J. B., & Trembley, E. L. (1987). Counseling centers and accountability: Immovable objects, irresistible forces. *Journal of Counseling and Development, 65*(9), 491–494.

Claiborn, C. D. (1987). Science and practice: Reconsidering the Pepinskys. *Journal of Counseling and Development, 65*(6), 286–288.

Elliot, D. (Series Ed.). (2000). Blueprints *for violence prevention*. Golden, CO: Venture.

Feit, S. S., & Lloyd, A. P. (1990). A profession in search of professionals. *Counselor Education & Supervision, 37*(4), 216–220.

Feltham, C. (2000). The therapist as researcher and inquirer. In C. Feltham, & I. Horton (Eds.), *Handbook of counselling and psychotherapy* (pp. 710–713). Thousand Oaks, CA: Sage.

Foster, L. H., Watson, T. S., Meeks, C., & Young, J. S. (2002). Single-subject research design for school counselors: Becoming an applied researcher. *Professional School Counseling, 6*(2), 146–154.

Froehle, T. C., & Rominger, R. L. (1993). Directions in consultation research: Bridging the gap between science and practice. *Journal of Counseling & Development, 71*(6), 693–699.

Galassi, J. P., & Gersh, T. L. (1993). Myths, misconceptions, and missed opportunity: Single-case designs and counseling psychology. *Journal of Counseling Psychology, 4*(4), 525–531.

Gale, A. U., & Austin, B. D. (2003). Professionalism's challenges to professional counselors' collective identity. *Journal of Counseling & Development, 81*(1), 3–10.

Granello, P. F., & Granello, D. H. (1998). Training counseling students to use outcome research. *Counselor Education & Supervision, 37*(4), 224–237.

Granello, P. F., & Hanna, F. J. (2003). Incarcerated and court involved adolescents: Counseling an at-risk population. *Journal of Counseling & Development, 81*(1), 11–18.

Hadley, R. G., & Mitchell, L. K. (1995). *Counseling research and program evaluation*. Pacific Grove, CA: Brooks/Cole Publishing.

Haring-Hidore, M., & Vacc, N. A. (1988). The scientist-practitioner model in training entry-level counselors. *Journal of Counseling and Development, 66*(6), 286–288.

Heppner, P. P., & Anderson, W. P. (1985). On the perceived non-utility of research in counseling. *Journal of Counseling and Development, 63*(9), 545–547.

Hilliard, R. B. (1993). Single-case methodology in psychotherapy process and outcome research. *Journal of Consulting and Clinical Psychology, 61*(3), 373–380.

King, J. H. (2002). What changes should the counseling profession and individual counselors be making over the next decade to better serve clients and society? *Counseling Today, 45*(3), 26.

Lambert, M. J. (2003). *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.). New York, NY: John Wiley & Sons.

Lambert, M. J., Bergin, A. E., & Garfield, S. L. (2003). Introduction and historical overview. In M. J. Lambert, (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.) (pp. 3–15). New York, NY: John Wiley & Sons.

Lambert, M. J., Garfield, S. L. & Bergin, A. E. (2003). Overview, trends, and future issues. In M. J. Lambert, (Ed.), *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.) (pp. 805–821). New York, NY: John Wiley & Sons.

Lundervold, D. A., & Belwood, M. F. (2000). The best kept secret in counseling: Single-case (N=1) experimental designs. *Journal of Counseling & Development, 78*(1), 92–102.

Mate, R. L., & Kelly, K. R. (1997). Research publications in the Journal of Mental Health Counseling as an indicator of professional identity development. *Journal of Mental Health Counseling, 19*(3), 286–294.

Myers, J. E., Sweeney, T. J., & White, V. E. (2002). Advocacy for counseling and counselors: A professional imperative. *Journal of Counseling & Development, 80*(4), 394-402.

Pistole, M. C., & Roberts, A. (2002). Mental health counseling: Toward resolving identity confusions. *Journal of Mental Health Counseling, 24*(1), 1–19.

Reynolds, S. (2000). Evidence based practice and psychotherapy research. *Journal of Mental Health, 9*(3), 257–266.

Schmidt, J. J. (1998). Perspectives and projections in counseling research: An interview with Garry R. Walz. *Journal of Counseling & Development, 76*(4), 483–489.

Sexton, T. L., Alexander, J. F., & Mease, A. L. (2003). Levels of evidence for the models and mechanisms of therapeutic change in family and couple therapy. In M. J. Lambert, (Ed.). *Bergin and Garfield's handbook of psychotherapy and behavior change* (5th ed.) (pp. 590–646). New York, NY: John Wiley & Sons.

Sexton, T. L., Whiston, S. C., Bleuer, J. C., & Walz, G. R. (1997). *Integrating outcome research into counseling practice.* Alexandria, VA: American Counseling Association.

Spruill, D. A., & Benshoff, J. M. (1996). The future is now: Promoting professionalism among counselors-in-training. *Journal of Counseling & Development, 74*(5), 468–471.

VanZandt, C. E. (1990). Professionalism: A matter of personal initiative. *Journal of Counseling & Development, 68*(3), 243–245.

Weinrach, S. G., Lustig, D., Chan, F., & Thomas, K. R. (1998). Publication patterns of the Personnel and Guidance Journal/ Journal of Counseling & Development: 1978 to 1993. *Journal of Counseling & Development, 76*(4), 427–435.

Weinrach, S. G., Thomas, K. R., & Chan, F. (2001). The professional identity of contributors to the Journal of Counseling & Development: Does it matter? *Journal of Counseling & Development, 79*(2), 166–170.

Whiston, S. C. (1996). Accountability through action research: Research methods for practitioners. *Journal of Counseling & Development, 74*(6), 616–623.

Whiston, S. C., & Coker, J. K. (2000). Reconstructing clinical training: Implications from research. *Counselor Education & Supervision, 39*(4), 218–227.

Zhan, S., & Ottenbacher, K. J. (2000). Single subject research designs for disability research. *Disability and Rehabilitation, 23*(1), 1–8.