EXPLORING TRAINEE COUNSELLING PSYCHOLOGISTS’ PERCEPTIONS OF THE SCIENTIST-PRACTITIONER MODEL IN RELATION TO THEIR TRAINING AND FUTURE CAREERS

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Abstract

The University of Manchester, Charles Frost, DCounsPsych

*Exploring Trainee Counselling Psychologists’ Perceptions of the Scientist-Practitioner Model in Relation to their Training and Future Careers*

31/03/15

**Objectives:** This study aims to gain an understanding of how current trainee counselling psychologists perceive the scientist-practitioner model.

**Design:** This is a qualitative piece of research grounded in a social constructionist perspective. Two focus groups were conducted lasting 60 minutes at two UK universities. An online survey was also conducted to capture additional views.

**Method:** 29 trainees participated in the study. 15 trainees on counselling psychology doctorate programmes took part in face-to-face focus groups whilst 14 trainees from doctorate programmes or the independent route responded to an online survey. The data collected were analysed using Braun and Clarke (2006) thematic analysis.

**Findings:** Five main themes were identified in relation to the scientist-practitioner model: The Nature of Counselling Psychology, The Nature of Being a Counselling Psychologist, The Nature of Science, What Counts as Evidence, and What Happens in the Therapy Room.

**Conclusions:** Much of the ambiguity and tensions in the literature were present in the views of participants. Three views emerged: the model as a spectrum, the model as two complementary roles, and the model as a toolbox. These views are explored and then implications for practice and possible directions for future research are outlined.
Declaration

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• To my supervisor, Terry, for your endless encouragement. The coffees are on you now.
• To the participants who gave their time and thoughts so enthusiastically.
• To Adam for the coffees, cake and conversations. What a journey we’ve been on!
Introduction

Chapter Preview

This thesis is an investigation into the way in which the scientist-practitioner model is perceived by trainee counselling psychologists. It is the culmination of three years of study on a professional doctorate in counselling psychology at the University of Manchester. The study itself is a qualitative exploration of beliefs and perspectives encompassing counselling, psychology, science and practice. In this Introduction chapter I will lay the foundation for that exploration by outlining several important factors. Firstly, the importance of transparency within the work and the decisions I have made to write this thesis in this particular way. Secondly, clarifying my own background and the journey that led me from an undergraduate degree in psychology to this thesis. Thirdly, I will further clarify my own views and the professional requirements for counselling psychologists to follow the scientist-practitioner model, which were the final pieces in the puzzle of how this research came into being. Finally I will outline the structure of the rest of the thesis for the reader’s clarity.

Transparency

Parts of this thesis are written in the first person. I have chosen to do this as I am researching a subject within which I am embedded and therefore of which I am intricately a part. As such my voice should be identifiable rather than hidden behind attempts to remove myself from the process in an effort to achieve an air of objectivity (Hyland, 2001). Although sometimes seen as controversial, mentioning of self in academic writing occurs across many fields. Hyland (2001) reviewed 240 research articles across 8 disciplines and found use of self-mention across all. He found the average self-mention per article in what he classed as the ‘hard’ sciences was almost 27 for biology, 21 for physics and almost 16 for electrical engineering; whilst in what he classed as the ‘soft’ sciences it was just over 35 for sociology and almost 38 for philosophy. Kuo (1999) in a smaller study than Hyland’s found the use of plural personal pronouns far more common than singular personal pronouns, but being an individual researcher that will not be a possibility here. This is not to say this entire thesis will consist of self-mentioning, only that it will appear where appropriate without fear of compromising the findings, but rather to maintain authenticity. My use of self-mentioning will take the form of a variety of roles identified by Tang and John (1999) as ‘I as the guide’ through the thesis (mostly in this Introduction and at the beginning
and ending of chapters), ‘I as the architect’ of the thesis (partly in the Introduction and also when discussing the research design in the Methodology chapter), ‘I as the recounter’ of the research process (mostly in the Methodology chapter) and ‘I as the opinion-holder’ where I am expressing my view (throughout the thesis, but particularly in the Discussion chapter). My hope is that this should aid in providing a level of transparency to the research in order to demonstrate the trustworthiness of the research process itself and of myself as the researcher (Morrow, 2007) (see the Methodology chapter for further information about trustworthiness). I also hope it will make the thesis itself more engaging and accessible, an issue of particular relevance to the research findings given that some of the challenges of research and science are that it can often seem inaccessible (Morrow, 2007) and elitist (Shapiro, 2002; Elkins, 2007). If more practitioners are to engage with research then research needs to be accessible (Wilson, Armoutliev, Yakunina, & Werth, 2009; Widdowson, 2012). With this in mind, I therefore hope to make this thesis as accessible as possible without compromising the expectations of a thesis. I will explore this issue in more detail in the Methodology chapter.

**My Journey to Here**

My journey to this thesis can be traced back to when I completed a Bachelor of Science degree in Psychology back in the early 1990s. At that time many psychology degrees were Bachelor of Arts degrees, but I specifically chose the BSc for its higher level of science and research content. I had always been interested in science, how things work and how we know they work in that way. I suppose I hoped that a science degree in psychology would help me to understand why people think and behave in the ways they do. During this degree, alongside modules such as ‘psychopathology’ and ‘brain and behaviour’, I also developed an interest in the theory and practice of counselling. Back then this mostly consisted of Person-Centred counselling, Psychodynamic counselling and first-wave Cognitive-Behavioural Therapy. These three schools of counselling differed greatly in their perspectives on the use of science to investigate their efficacy as well as the scientific evidence base to support them (O'Donohue & Halsey, 1997). After graduating I went on to work in a variety of roles in the counselling field for the next 18 years. My combined interest in psychology and counselling, and in research and practice left me with my feet in two apparently disparate worlds - the positivist empiricism of psychological science and the more humanistic world of counselling practice. Both worlds were concerned with mental health and wellbeing, yet they did not seem to mix naturally. Despite this I maintained an interest in them both.
Position Statement

In the interests of research transparency it would be helpful for me to clarify what my views on the key concepts of science, counselling, clinical psychology, counselling psychology and the scientist-practitioner model were at the beginning of the research process. Inevitably these definitions are limited by their wording and are not exhaustive, but will hopefully help the reader to understand my own starting point. For me, science is a systematic process of building knowledge using techniques designed to guard against cognitive biases and logical fallacies. Traditionally science involves observation of a phenomenon, which leads to theorising about that phenomenon. Theories are then tested through a process of falsification. If a theory cannot be falsified through repeated testing it is generally accepted to be the best explanation currently available for the phenomenon. If the theory is falsified it is rejected or amended and a new or amended theory can then be tested. Previously accepted theories can be replaced by new theories if a new theory provides a more accurate or more encompassing explanation of the phenomenon than was previously available. Counselling is a process of helping a client experiencing problems with their emotional or mental health make changes to their life through using a therapeutic relationship and in some cases specific therapeutic techniques, either on a one-to-one basis or within groups. Counsellors tend to work in private practice or in voluntary services and sometimes in educational settings and the NHS. Clinical psychology is a process of helping patients with mental health problems through a process of diagnosis, formulation, a therapeutic relationship, use of specific therapeutic techniques and possibly alongside psychotropic medication either on a one-to-one basis or within groups. Clinical psychologists tend to work in the NHS or for private health companies and sometimes private practice. Counselling psychology is a process of helping clients or patients with emotional or mental health problems using formulation, a therapeutic relationship, specific therapeutic techniques and possibly alongside psychotropic medication either on a one-to-one basis or within groups. Counselling psychologists tend to work within the NHS or for private health companies or within the charity sector and occasionally in private practice. The scientist-practitioner model is a guide for working in such a way that includes elements of being a scientist and being a practitioner to ensure the interaction and influence of both on each other. These two roles help to ensure that practice is based within scientific evidence (and consequently an understanding of science) and research is conducted on actual practice (and consequently an understanding of the realities of practice). This understanding of these terms has been reached through a combination of study of an undergraduate
degree in psychology, a certificate in counselling, this doctorate in counselling psychology and 20 years working in a variety of counselling services.

As outlined in Frost (2012), I tend not to feel comfortable with dissonance. My usual pattern of behaviour in such circumstances is to try to find a way of integrating two apparently opposite stances. I often search for a middle ground, for compromise, or better yet, for synthesis. So when I began the professional doctorate in counselling psychology in 2011, it felt like I was finally bringing these two worlds together. Here seemed to be a fascinating way of trying to integrate the psychologist aspect of my life with the counsellor aspect. It is not surprising therefore that I developed an interest in the scientist-practitioner model upon hearing about it in the first year of the course.

My enthusiasm for science leads me to believe that it is important as a psychologist to be able to think scientifically, to be able to understand psychological science, to be able to carry out and critique scientific research; however the experiences I have had within the counselling world have also shown me that little regard is sometimes paid to counselling research by practitioners who do not like the particular findings of research, or who feel it contradicts their experience in practice or that the research environment is so artificial that it cannot generalise to the authentic counselling room environment. This leaves us with the much written about ‘gap’ between science and practice, which will be clearly evident within the Literature Review chapter.

Professional Requirements

Working within the scientist-practitioner model is a requirement for counselling psychologists, as laid out in the Health and Care Professions Council’s standards of proficiency documentation for practitioner psychologists and those in training (HCPC, 2012b). Although it is worthy of note that this documentation is (at the time of writing) being reviewed and the proposed new documentation was opened for consultation with practitioner psychologists between July and October 2014 to ensure the wording of profession-specific standards is accurate. The HCPC has stated it will consider the feedback from this consultation and whether any wording needs to be amended, but that the essence of the proposed standards themselves will not change. The requirement for the scientist-practitioner model therefore is unlikely to be removed from the standards and is still listed (alongside the reflective-practitioner) as a generic standard for all practitioner psychologists (standard 14.30) and therefore is a requirement for all the specific specialisms within psychology governed by the HCPC. Yet despite its importance, there is no agreed definition of what the model is or how it should be implemented (Murdock, 2006; Overholser, 2010). This is a confusing state of
affairs, not just for practicing counselling psychologists, but also for trainees. Essentially trainees are expected to learn and adhere to a model that has not been clearly defined.

This dilemma left me wondering how trainees like myself perceive the model and whether or not they currently use it or intend to use it in their future career. Despite it being a requirement, much of the literature indicates that it is not in reality being used by the majority of counselling psychologists in practice (Blair, 2010), though this is difficult to measure since there is no singular definition of the model. Although the model intuitively made sense to me, probably because of my years of dual interest in science and practice, I could see peers struggling to grasp it or see it as relevant to what they were doing. I could also see some simply reject it. This sparked my interest and gave birth to the idea of this research project.

An Overview of this Thesis

This thesis then is the culmination of my exploration into how current counselling psychology trainees perceive the scientist-practitioner model and whether they see themselves using it in their future careers. I have mostly followed the traditional structure of a thesis. This Introduction will be followed by the Literature Review chapter in which I have spent some time exploring the history of the model as well as the major arguments that have been put forward for and against the model as it has been critiqued over the years since its introduction. I will also look in some detail at what each aspect of the model (the scientist and the practitioner) means and the challenges of integrating the two. What emerges from this exploration is the fact that the debate within the literature about the model is far from over. The uncertainty continues to have an impact on counselling psychology as a whole as well as individual practice and this will continue if the next generation of counselling psychologists are trained in the same way and with a lack of clarity in the model. I believe this is one of the reasons why this particular piece of research is relevant and necessary.

Following the Literature Review, the Methodology chapter will explore the social constructionist philosophical underpinnings of this research and how it was designed. I will also look at the participants and how they were selected as well as how the data to be analysed were generated through focus groups and an online survey with 5 specific questions about understanding of the model, advantages and challenges of the model, integration of the model and future use of the model. I will also outline in this section the process of the thematic analysis method of data analysis used. There is a section on the importance of trustworthiness within qualitative research and how I have endeavoured to demonstrate trustworthiness within this piece of research. I
have also dedicated a section of this chapter to issues of ethical consideration including ethical approval, obtaining informed consent from the participants and data protection.

In the Findings chapter I will give a summary of the emergent themes and sub-themes from the data with selected indicative quotations from the participants. I have chosen to split the chapter into two sections. After the overview of the thematic structure, I will then attempt to answer the original research questions. Both the themes and the answers to the research questions will be explored in more detail in the Discussion chapter. This chapter will also consider how these findings relate to the literature reviewed. I will also consider the possible future implications of these findings as well as the limitations of this particular study.

I will then finish with the Conclusion chapter offering a summary of the thesis as a whole as well as a brief reminder of the important points emerging from the Findings and Discussion chapters. Here I will outline the contribution to knowledge I feel this thesis makes as well as offering some personal reflections on my experience and learning from undergoing the process or carrying out and writing up this piece of research.

**Chapter Review**

In this chapter I have outlined the nature of this thesis along with my background and journey towards carrying out this piece of research. Hopefully the reader can now appreciate my dual experience of science and practice within psychology and counselling and how this has influenced my decision to investigate trainee counselling psychologists’ perceptions of the scientist-practitioner model. I have briefly outlined why the model is important to counselling psychology through its requirement by the HCPC and the fact that there seems to be a gap between science and practice within the field. I have outlined the structure of the thesis that follows and what will appear in each section in order to begin to flesh out the map of the journey ahead. In the next chapter I will explore the history and development of the scientist-practitioner model within counselling psychology as well as some of the advantages and challenges discussed in the literature. I will consider the nature of the model as represented in the literature and its continued importance for counselling psychology.
Literature Review

Chapter Preview

In the previous chapter I introduced the topic to be examined in this piece of research as well as the nature of the way this thesis has been written and structured. In this chapter I will look in some detail at the literature surrounding the scientist-practitioner model in counselling psychology. I have structured the literature review around some key areas in order to take the reader on a journey both through the literature and the model that will hopefully make sense and be particularly relevant for this piece of research given the themes that emerge in the Findings chapter. The literature contained within the review was identified through several sources. I had an awareness of the literature prior to this thesis from two previous pieces of work - the first was Frost (2012) in which I reviewed the conflict between the humanist approach and the medical model within counselling psychology, the second was a systematic review I carried out of what the literature reveals about the current perception of the scientist-practitioner model within counselling psychology (a second year assignment for my professional doctorate in counselling psychology). For the systematic review, three databases were searched - PsychInfo, ASSIA, and CINAHL. The search consisted of the Boolean terms “counsel* psychology” AND (“scientist-practitioner” OR “scientist practitioner”) in order to capture both American and British spellings of counselling and whether or not scientist-practitioner was hyphenated. At the time the searches were restricted to the last 5 years (2008-2013), to English-only records and only from peer-reviewed journals. This resulted in 289 hits - 271 from PsychInfo, 6 from ASSIA and 12 from CINAHL. Once duplicates were removed the number was reduced to 279 hits. Despite the search terms and search restrictions I had used, the 279 hits still contained some books and book chapters, which were then excluded. I then read through the abstracts of each article. Those that were not relevant to counselling psychology were excluded (many had a sole focus on clinical psychology or coaching psychology) and many were not related to the scientist-practitioner model specifically. It seemed some hits had been returned that focused on other types of model such as the reflective-practitioner, the practitioner-scholar, the scientist-clinician etc. These were excluded. I was then left with 25 hits that were a mix of obvious inclusions and others that I couldn’t be sure of until I read the full articles. On reading through all 25 articles there were further exclusions, mostly because having referred to the scientist-practitioner model in the abstract, the article didn’t actually have anything to say about it - it was only mentioned without being described or critiqued in any way. These final exclusions left me with 9 articles for inclusion in the systematic review.
For this thesis however, the search net was a little wider in terms of date range as I needed to consider the emergence and development of the scientist-practitioner model in clinical psychology and counselling psychology. I have therefore also drawn from books as well as journal articles using the same search terms.

Much of the literature on the scientist-practitioner model in psychology comes from clinical psychology rather than counselling psychology. This is inevitable due to both the fact that clinical psychology has existed longer than counselling psychology and that clinical psychology has produced more literature on the scientist-practitioner model than counselling psychology. However, I would argue that many of the points raised in the clinical psychology literature apply to, or are otherwise relevant for, counselling psychology and so have been included.

The chapter begins with a brief outline of what counselling psychology is because I believe there are some key aspects of this that have a bearing on whether the scientist-practitioner model is appropriate for counselling psychology. Much of the critique of the model within counselling psychology literature often refers to or makes some attempt to define counselling psychology too, so it seems an important point to cover when considering the appropriateness of the scientist-practitioner model in counselling psychology. I will then attempt to focus in on a definition of what the scientist-practitioner model is before giving an overview of its origins and history both within the UK and internationally. This will lead into a discussion of the doubts that have been raised in the literature about the model ever since its inception. I link this with some more general resistance to research that seems present within the literature which may be feeding the doubts expressed about the model. This leads me into focusing on each aspect of the model - what it means to be a scientist and what it means to be a practitioner. From there I will consider some of the challenges of trying to integrate these two aspects of the model before introducing some ideas that have been proposed to make the model more of a reality for counselling psychologists. Finally I will conclude the chapter with some of the arguments around why the model is important and in turn why this piece of research is important for the ongoing debate and future of the model within counselling psychology as a profession.

What is Counselling Psychology?

It is perhaps necessary to begin by considering what counselling psychology is as this is likely to have an impact on why the scientist-practitioner model has been applied to it and whether or not this is appropriate. Counselling psychology is a specialisation within the field of psychology as a whole. It began in the USA in 1946 when the American Psychological Association (APA) reorganised its divisions and
created Division 17, which was initially focused on vocational psychology and called Personnel and Guidance, though it quickly changed to Counselling and Guidance and eventually became Counselling Psychology (Orlans & Van Scoyoc, 2008). This division became increasingly influenced by the writings of Carl Rogers and his Client-Centred Therapy (Rogers, 1951). The writings of both Rogers and Maslow demonstrated a rejection of the medical model within psychology (Woolfe, 1996). By contrast, according to Neimeyer, Taylor, Wear, and Buyukgoze-Kavas (2011), clinical psychology stems from the medical model’s extension to mental health and it traditionally emphasised assessment, diagnosis and treatment; whereas counselling psychology (at least in America) grew out of career guidance involving matching a person with their work environment whilst considering issues of diversity. It thereby had a much more humanistic foundation, though it contains more than just pure humanistic theory. The division grew through a time when there was much activity in the U.S. around human rights, feminism, racial equality and when much of the pre World War 2 way of life was being questioned. It seems natural that such a Zeitgeist would result in the growth of a division of psychology centred on humanist values, personal meaning and the subjective experience.

Counselling psychology in America’s neighbour, Canada, has its roots in educational counselling and psychology. Its development can be traced back to its first appearance as a doctoral programme in 1956, before the eventual formation of the section of the Canadian Psychological Association in 1986 (Haverkamp, Robertson, Cairns, & Bedi, 2011). Canadian counselling psychology has been strongly influenced by positive psychology and tends to focus on client strengths rather than deficits. Counselling psychology within the UK was officially established as a section of the British Psychological Society (BPS) in 1982 and became a Division of the BPS in 1994. According to Orlans and Van Scoyoc (2008), there was an increasing interest in counselling and its links with psychology within the BPS as psychology graduates went on to practice within ‘helping’ roles and as such gained qualifications in counselling. Some of the difficulties faced by counselling psychology in different countries around the world has been in establishing itself as a distinct profession sufficiently different from clinical psychology and from counselling and psychotherapy. The early perspectival differences between the two fields included counselling psychology favouring humanistic and existential approaches, whereas clinical psychology preferred behavioural and psychodynamic approaches (Neimeyer et al., 2011). However, in recent decades an increasing number of both clinical and counselling psychologists now define themselves as eclectic, integrative or cognitive-behavioural (Neimeyer, Saferstein, & Rice, 2005). Different countries and cultures have come at this from different angles. In countries where counselling psychology seemed to grow from psychology there was a need for distinction from clinical psychology, but in countries
where counselling psychology grew from counselling this was where the need for
distinction lay. As a consequence of this there are variations in dedicated training and
academic journals around how the balance between counselling and psychology is
struck.

Leung (2003) highlighted the insular nature of counselling psychology within the
U.S. and called for globalisation of the field. Leung encouraged counselling
psychologists from other countries to collaborate with those in the U.S. (and vice versa)
as well as cautioning them to avoid simply importing America’s version of counselling
psychology, but rather to record their own theories and practices to help create a rich
and diverse global field. There remains a danger that counselling psychology trainees
draw purely on American literature in their research (something I have been conscious
of in this literature review and tried to avoid, but one must review the literature that is
there and the bulk of the literature is still American), which only reinforces the
American-centric focus of counselling psychology. It should be noted perhaps that this
is hardly surprising when much of the humanistic theories of counselling so favoured by
counselling psychology were devised in America. One could question how relevant
counselling techniques and research methods developed in industrialised nations are
when applied to developing nations, which may skew the relevance of counselling
psychology on an international scale. However, parallels can be found within eastern
philosophies such as Buddhism (Wang, 2005; Draghi-Loran, 2010).

In the struggle to define itself as different from clinical psychology, counselling
psychology has eschewed the application of the medical model of mental illness.
Cooper (2009, p. 120) examined a variety of counselling psychology texts and identified
six key defining principles of counselling psychology:

“1. A prioritisation of the client’s subjective, and intersubjective,
   experiencing (versus prioritisation of the therapist’s observations, or
   ‘objective’ measures);

2. A focus on facilitating growth and the actualisation of potential
   (versus a focus on treating pathology);

3. An orientation towards empowering clients (versus viewing
   empowerment as an adjunct to an absence of mental illness);

4. A commitment to a democratic, nonhierarchical client-therapist
   relationship (versus a stance of therapist-as-expert);

5. An appreciation of the client as a unique being (versus viewing the
   client as an instance of universal laws);
6. An understanding of the client as a socially and rationally-embedded being, including an awareness that the client may be experiencing discrimination and prejudice (versus a wholly intrapsychic focus)"

It is interesting to note that each of these principles is expressed as an opposite of a principle from the medical model. As the medical model represents the application of traditional science to the field of medicine, applying it to counselling psychology may be seen as the application of traditional science to the field. It is easy to see from the points above how therefore science may be seen as in conflict with the more humanistic philosophy underpinning counselling psychology - intersubjectivity vs. objectivity, facilitation vs. treatment, empowerment vs. cure, non-hierarchical vs. expertise, uniqueness vs. universal laws, and social context vs. individual pathology. These issues will be explored further when I consider the doubts that have been raised about the scientist-practitioner model later in this chapter. Yet counselling psychology has also tried to define itself as different from counselling and psychotherapy by emphasising a more scientific, critical and questioning stance (Woolfe, 1996). As a result, “counselling psychology appears to sit somewhere between scientific psychology, at least as traditionally defined, and the more creative realm of artistry, reflection and self-awareness” (Orlans & Van Scoyoc, 2008, p.vii). It is difficult to define a profession that has spent most of its early life saying what it is not, what it is different to, rather than what it is. The BPS in defining counselling psychology chooses to do this by focusing on what counselling psychologists do rather than what counselling psychology is:

“Counselling psychologists focus on working with a tailored psychological formulation to improve psychological functioning and well-being, working collaboratively with people across a diverse range of disciplines.

Counselling psychologists deal with a wide range of mental health problems concerning life issues including bereavement, domestic violence, sexual abuse, traumas and relationship issues. They understand diagnosis and the medical context to mental health problems and work with the individual’s unique subjective psychological experience to empower their recovery and alleviate distress.

Counselling psychologists are a relatively new breed of professional applied psychologists concerned with the integration of psychological theory and research with therapeutic practice. The practice of counselling psychology requires a high level of self-awareness and competence in
relating the skills and knowledge of personal and interpersonal dynamics to the therapeutic context” (BPS, 2014).

Here, by looking at what counselling psychologists do, the emphasis seems to be on the use of formulation for a systematic approach, the application of research and the bringing together of diagnosis with subjective experience. It is defined more succinctly by Woolfe (1996) as “the application of psychological knowledge to the practice of counselling” (p.4). For Woolfe, the emphasis seems to be on the application of research. Woolfe argues that trying to differentiate counselling psychology by looking at where it is practiced or how it is practiced only highlights the similarities and overlaps with clinical or occupational psychology. The key differences are found when the value systems on which counselling psychology rests (humanistic, relational, intersubjective, collaborative and non-pathologising) are compared. Both of these definitions capture in some form the dual elements of science (in this case in the form of research) and practice. Counselling psychology seems to combine the two different worlds of clinical psychology and counselling and psychotherapy by being positioned “between narrow scientism on the one hand and a failure to take sufficient account of any scientific method on the other” (Woolfe, 1996, p.10). The presence and importance of science within counselling psychology is the point at which we must consider the scientist-practitioner model as this is the primary way in which science is harnessed within the field.

What is the Scientist-Practitioner Model?

As with the previously discussed attempts to define counselling psychology, the scientist-practitioner model is similarly difficult to define as there is a distinct lack of a singular definition in the literature. It has been discussed and reviewed and critiqued, but never clearly defined (Blair, 2010). In a similar manner to the way counselling psychology defined itself by what it is not, or by what it is different to, rather than a clear statement of what it is, the scientist-practitioner model is often defined by what it is different to rather than what it is. The purpose of the model seems to be as a way of uniting science and practice. There is much talk in the literature of a division between these two areas, which is often referred to as the ‘gap’: “there is plentiful evidence for the ‘scientist-practitioner gap’... the deep chasm between research evidence and clinical practice” (Lilienfield, 2010, p. 283). Some have argued that the gap between science and practice is an extension of the dualistic separation of mind and body that began with the Enlightenment (Hoshmand & Polkinghorne, 1992). The model is frequently presented as the bridge over this gap, sometimes as a means to integrate the two activities of science and practice. At other times the model is
presented as merely a way to link them together without necessarily integrating them. Jones and Mehr (2007) have argued that the model was initially seen as promoting research and practice as two separate but parallel activities and only in later years was there a call for the two to be more integrated. In some ways the model becomes almost defined by this gap, in the way plasticine takes on the shape of any gap it is pushed against.

A different way of defining the model harnesses its educational functionality with some defining it as primarily a model for training future psychologists: “the goal of the scientist-practitioner…training model is to produce clinical psychologists equipped to integrate and utilize both science and practice in the clinical and research domains” (VanderVeen, Reddy, Veilleux, January, & DiLillo, 2012, p. 1048). So in terms of training its purpose is to bridge the gap between science and practice for the next generation. However, it is by no means unique to clinical psychology and has been adopted in other forms of psychology such educational psychology (Lilienfield, Ammirati, & David, 2012) and of course our own counselling psychology. It has also been adopted by various professions beyond psychology (Beutler, Williams, Wakefield, & Entwistle, 1995). Internationally, the scientist-practitioner model has become important to counselling psychology training across the world and is the major training model in the USA, Canada, New Zealand, Australia and the UK (Vespia & Sauer, 2006).

Newnham and Page (2010) have attempted to achieve some definition based on requirement by stating that the scientist-practitioner model requires “that clinicians should be active consumers of research findings, participate in the ongoing evaluation of their own practice, use these data to produce new research, and report these findings to the professional and scientific communities” (p.128). Here it would seem the purpose of the model is as practice evaluation and sharing learning and ideas of good practice. As we shall see below, there has been much debate over whether scientist-practitioners should be producers or consumers of research, but either way there is generally agreement that the scientific aspect of the scientist-practitioner model and scientific thinking within psychology serves as a guard against common errors in human thinking such as cognitive biases (Kahneman, 2012) as well as pseudo-scientific approaches (Lilienfield et al., 2012). It helps guard against the notion of ‘naive realism’ - the belief that we perceive the world as it really is. This is particularly relevant for psychology as we study perception, but also our primary focus is on behaviour, thoughts and emotions, which are highly reliant on how the individual perceives the world around them.

When attempting to understand any phenomenon it is important to examine its history and context. In order to gain a better understanding of what the scientist-practitioner model is within counselling psychology, it may help us to have a look at
where the model comes from and how it has been applied over the years since it began.

**Origins and History of the Scientist-Practitioner Model**

The use of the scientist-practitioner model within psychology has its origins in clinical psychology (Barlow, Hayes, & Nelson, 1984). Clinical psychology practice is built upon the scientist-practitioner idea of a link between practice and research, usually in the form of practice based on scientific evidence and evidence based on actual practice (Newnham & Page, 2010). Essentially this is the notion that research should inform practice and practice should inform research.

As previously stated, the scientist-practitioner model began in clinical psychology. It emerged in late 1940s America (Shapiro, 2002; Jones and Mehr, 2007; Provost et al., 2010) and has been regularly reviewed and critiqued ever since - see Thelen and Ewing (1970); Baker and Benjamin (2000); Myers (2007) and Blair (2010). It is also known as the Boulder model because it was the training model approved at the Conference on Graduate Education in Psychology at the University of Colorado based in Boulder (Baker & Benjamin, 2000; VanderVeen et al., 2012). The model was originally grounded in the need to train clinical psychologists to be better able to cope with the post-qualification demands they were facing from the mental health needs of World War 2 veterans (Baker & Benjamin, 2000). This increase in need caused a rapid expansion of clinical psychology after World War 2 with a rising pressure to professionalise (Cautin, 2011). The huge demand for therapeutic services dealing with the impact of war trauma (Vespia & Sauer, 2006) along with the rise of behaviourist research in the early 20th century, may well have fuelled a break from traditional psychoanalytic approaches which were increasingly viewed as unscientific, time consuming and far from cost-effective. The new breed of clinical psychologist needed to use cost-effective, efficient approaches that were proven to work in dealing with psychological problems. There needed to be a greater reliance on evidence and not just theory. In this changing environment, the purpose of the model seemed to be to bridge the gap between science and practice by using research to ensure the use of efficacious approaches. According to Chang, I.-Ling, and Hargreaves (2008) science and practice were originally seen as two separate but parallel activities, but the advent of the scientist-practitioner model required a more integrated approach and assumed that the two activities could be integrated within the individual i.e. that an individual psychologist could be both a scientist and a practitioner. Given the increased need for services as well as the need for a new type of service, there was a need for research and so the outcomes of the Boulder conference stemmed from that perceived need to
educate future psychologists in research alongside practice in such a way that, “each must continually inform the other” (Belar & Perry, 1992, p. 72). As such, its inception was as an educational model for the integration of science and practice during the training of future clinical psychologists (VanderVeen et al., 2012).

Prior to the Boulder conference, psychologists were seen more as researchers than practitioners. Up until then, the tasks of a clinical psychologist were largely academic, but were now increasingly becoming those of a mental health professional (Vespia & Sauer, 2006). The APA wanted to advance psychology as a science but could see the potential for clinical psychologists to be swamped in practice (Cautin, 2011) as their tasks began to encompass that which would now be seen as the realm of the counselling psychologist; though some have argued the realms of counselling and clinical psychology are becoming increasingly indistinct (Neimeyer et al., 2011), so much so that one should be amalgamated in to the other (Kinderman, 2009).

According to Barlow et al. (1984), the decision to adopt the scientist-practitioner model at the Boulder conference was a unanimous decision for several reasons:

1) joint training in practice and research should stimulate interest in both areas so that although many would still specialise in either academia or practice after qualification, there would be mutual understanding and cross fertilisation between specialisms

2) there was a lack of dependable evidence in the emerging fields of practice since most were theory driven with anecdotal support, which made research a priority

3) there were far more applicants for training than places available so preference could be given to candidates with an aptitude for both science and practice

4) direct involvement in clinical practice whilst being a researcher would help to highlight what issues were important to clinical practice that needed researching

5) tying research into clinical practice and being able to evidence efficacy would help with obtaining funding for such services and for continued research.

These were strong reasons for adopting the model given the circumstances of the time, so it is unsurprising the vote was unanimous.

Counselling psychology in America adopted the scientist-practitioner model from clinical psychology at its own conference in Michigan. This happened two years after
the Boulder conference and the Journal of Counseling Psychology was launched four years later as an outlet for the research being generated by counselling psychologists (Vespia & Sauer, 2006). Support for the scientist-practitioner model has been consistent at all the major counselling psychology training conferences throughout its history (Neimeyer, Saferstein & Rice, 2005) on an almost two yearly basis (Barlow et al., 1984).

During the 1950s and 1960s with the discovery and emergence of antidepressants (Borch-Jacobsen, 2009) there was a time of identity uncertainty for counselling psychology as a field and another conference was held about the training of counselling psychologists. At this conference it was affirmed that counselling psychologists should be able to integrate science with practice and should use it to evaluate the efficacy of their own practice (Vespia & Sauer, 2006). This was not just a shift into proving that a particular approach is effective but also that an individual is an effective practitioner. This was a result of the growth in outcomes assessment. “The latter half of the last century saw an exponential growth in systems of rigorous outcome assessment, creating an opportunity today for empirical evidence to be used to inform effective and cost-efficient practice. At the core of this transition is the use of outcomes information to drive treatment decisions. Outcome assessment in the field of mental health has arisen in the context of a wider health care transformation. Across the United States of America and Europe, treatment outcomes information is taking a greater role in attracting funding and asserting the effectiveness and cost-efficiency of health services...Accordingly, the transition towards a science-informed practice is gathering speed” (Newnham & Page, 2010, p.128). The scientist-practitioner model was adopted in Australian psychology from the 1970s (Provost et al., 2010). In America the 1970s and 1980s saw an increased focus on personal efficacy with the rise of professional registration and licensing along with third party reimbursement which also shifted focus more on to a medical stance than a humanistic one by transference of medical insurance procedures in to the mental health arena (Vesia & Sauer, 2006). Cautin (2011) also links the resurgence of the importance of science in therapy to the controversy of ‘recovered memories’ in childhood sexual abuse cases in the 1980s.

The American cultural preference for litigation and the need for accountability for such litigation to occur have pushed many professional fields towards basing practice on evidence. Psychology (and counselling psychology) was unable to avoid this trend despite fears that such moves would make practitioners more vulnerable to malpractice suits (Levant & Hasan, 2008). Medical insurers and managed care companies began restricting the list of treatments they were prepared to pay for to those defined as ‘empirically supported treatments’ – those particular treatments whose efficacy has been tested and supported by empirical studies (Hagemoser, 2009). Levant and Hassan (2008) have suggested there was competition between psychology...
and medicine where psychology tried to prove its treatments were just as effective or more effective than medication but without the side effects. The notion of ‘evidence-based practice’ - practice that is based upon scientific evidence of efficacy from controlled trials (Holmqvist, Philips, & Barkham, 2015) - puts psychology on a more equal footing with medicine and social care when working in the healthcare sector as it is increasingly required in order to attract funding for services. In fact it has been argued that its adoption by psychology was in some ways a direct challenge to the dominance of pharmacological treatments (Ramey & Grubb, 2009).

Despite these developments, in more recent decades there was still a perceived gap between science and practice, so much so that in 1990 the APA established a special task force to examine ways to make science and practice more integrated within counselling psychology. “The goals established for the Task Force included: (a) facilitating curriculum modifications to integrate science and practice; (b) promoting the publication of research articles with practical applications and practical articles that might stimulate research; (c) enhancing science-practice integration in specific environments (e.g., internship sites); and (d) improving the communication between scientists and practitioners in the field regarding these issues” (Vespia & Sauer, 2006, p.240). The 90s saw continued convergence of 3 different strands of psychology in America - clinical, counselling and school - with calls for all three to simply become ‘applied psychologists’. It seemed the more psychologists moved into practice within healthcare, the further they moved away from being scientists. In the 2000s American training institutions were experiencing two differing pressures - trainees needed to obtain increasing amounts of practice hours on placements in order to secure an internship and licensing when qualified, whilst faculties were under pressure to produce and publish more research. This is a trend that has spread to the UK with institutions and academics being ranked on the amount of research they produce. With such divergent pressures it seems the gap between practice and research may be larger than ever despite the presence of the scientist-practitioner model to bridge this gap.

**Doubts about the Scientist-Practitioner Model**

Holmes and Beins (2009) have argued that those who proposed the scientist-practitioner model recognised from the start that few psychologists would become researchers and so practitioners could be scientists by applying research to their practice, but they would not be required to carry it out themselves. This meant that trainees needed to learn about good research in order to be able to critically evaluate research. According to this view, the intention at Boulder was not to rigidly force trainee clinical psychologists to divide their time equally between the clinic and the
laboratory, but rather to be able to apply empirical processes to their clinical work (Barlow et al., 1984). The importance of dual training espoused in the scientist practitioner model was to develop “an empirical approach to clinical phenomena, where observation and analysis would remain the most important tools for understanding what problems were in need of further investigation and what answers were likely to be permitted by the facts observed” (Barlow et al., 1984, p.9). From this standpoint the science is very much embedded in the practice. Training institutions have been criticised for not delivering a fully integrated training in that they train almost with the expectation that the science bit happens during training and then the practice bit is the rest of your career (Vespia & Sauer, 2006).

Original thoughts on the application of the model included considering each case as an experiment, an opportunity to test hypotheses of diagnosis and treatment efficacy, building each case in the clinic into a larger sample over years of consistent practice. However, there were doubts raised at the time about whether a professional psychologist could also be a researcher. Some academic psychologists felt training in practice would result in poor scholarship, whilst others felt a training in science would result in less opportunities to develop essential skills for practice (Barlow et al., 1984; Vespia & Sauer, 2006). The traditional doctoral route to clinical psychology in the USA had given rise to concerns that trainees were wasting time learning about experimental methodologies they would never use once qualified and this was taking time away from them being able to practice and develop their professional skills (Barlow et al., 1984). Other concerns raised at the time of the Boulder conference were whether it would be possible for trainees to be equally skilled in both aspects of the model, particularly since many were drawn to one or the other. There were also concerns about possible ethical conflicts in being a researcher who is also providing treatment (or even the ethics of not providing treatment in the case of control groups in RCTs). As a result of these difficulties, the scientist-practitioner model is often viewed as an “impractical luxury” (Newnham & Page, 2010, p.128) especially when considering the complexity of some research practices and whether they are viable within a real clinical setting (Jones et al., 2013).

One of the continual criticisms of the model has been that professional psychologists rarely carry out research as part of their work. To some degree this still holds true today as Blair (2010) states, “one common complaint is that counselling psychologists are not carrying out research after qualification” (p. 27), though this criticism is not unique to counselling psychologists (Nathan, 2000). This seems to be indicating that for the majority of practitioner psychologists it is not possible, or desirable, to be both a scientist and a practitioner. On the surface it would seem the model is trying to bridge the gap between science and practice, but the question still
remains as to whether being a scientist necessarily means producing knowledge or whether it is sufficient to just be able to think scientifically.

According to Jones and Mehr (2007), “successful integration of science and professional practice requires a knowledge base that is adequate to formulate problems for assessment and intervention” (p.767). This interpretation puts the emphasis on using scientific knowledge to contribute to practice, without the requirement for practice contributing to scientific knowledge. It is practitioner as science consumer rather than science producer. Belar (2000) has argued that the practitioner as merely a consumer of science is a deviation from the scientist-practitioner model. Others have defined the model in similar terms where the scientist-practitioner’s role is to find a balance (or bridge the gap) between empirically supported treatment methods for a particular problem and the needs of the individual client in their unique circumstances and setting (Blair, 2010). This definition attempts to alleviate some of the previously mentioned tensions between science and humanistic philosophy. Others have criticised the model for its lack of accounting for individual needs by its ‘one size fits all’ approach (Woody, 2011), which goes against the idea of a truly idiosyncratic approach for each client. The debate on evidence-based practice “concerns different ideas about what clinicians and researchers believe will create more effective, ethical practice, but almost exclusively, this debate has been limited to modernist ideas concerning the nature of knowledge” (Ramey & Grubb, 2009, p.76). As such, the development of empirically supported treatments within psychology has focused research on the types of treatment that are amenable to Randomised Controlled Trials through the development of a treatment manual and strict criteria for client inclusion. The very process of manualisation in empirically supported treatments research can lead to a variety of logical errors such as the fallacy of division where it is assumed that what is true for the whole must also be true for each of the constituent parts, or the fallacy of affirming the consequent where if a particular theory is true it will lead to a particular outcome and so if the outcome occurs the theory is validated, or the fallacy that specificity implies validity (Hagemoser, 2009). All of this has prevented such research from being widely applicable in the reality of a clinic with therapists who tailor their approach according to the individual client who may have a variety of co-morbid presenting issues. This focus on a reductionist aspect of science has essentially missed the importance of a more humanist clinical expertise and client characteristics when considering what treatment may be best for a client (Levant & Hasan, 2008). Jones and Mehr (2007) define the scientist-practitioner as “someone who applies critical thought to practice, uses proven treatments, evaluates treatment programs and procedures, and applies techniques and practices based on supportive literature” (p.770), a view shared by Newnham and Page (2010). Here the evaluation aspect suggests some opportunity to feed back into scientific knowledge, but only in terms of
reviewing and evaluating existing knowledge, there still seems to be a lack of
generation of new knowledge.

Jones (2008) seems to blame the introduction of the scientist-practitioner model
as the cause for the divide between science and practice claiming it has moved the
emphasis away from practice and towards science with an increasing emphasis on
trainees being trained in research methods at the expense of developing their expertise
in practice skills. “Unfortunately this gap remains as a prejudicial divide that has
continually encouraged a polarisation of perspectives rather than a sound integrated
model of the profession” (Jones, 2008, p.44). According to Lane and Corrie (2006b) the
interpretation of the scientist-practitioner model in British psychology reduced the
significance of therapeutic practice largely due to the influence of Eysenck which led
psychology down a more ‘scientific’ behavioural route and the emerging dominance of
CBT. Hoshmand and Polkinghorne (1992) threw the net of responsibility much wider in
their view of the gap between science and practice. They blame the division of
professions into major and minor, with major being seen as those professions that
produce valid knowledge (scientific) and the minor being seen as those professions that
are focused on service delivery and problem-solving (practitioner). They argue the
minor professions were viewed as inferior and the division could be seen in the
organisation of faculties within universities as practice-oriented and research-oriented.
Shedler (2006) goes further to say that psychology research faculties used to consist of
a mixture of researchers and clinicians but are increasingly only constituted by
researchers who have little or no experience of clinical practice.

Whereas previously the crisis in American psychology was the need for greater
science input in training, hence the introduction of the scientist-practitioner model and
Jones’s criticism of this, the crisis now seems to be the need for practical experience in
training. Part of the issue according to Barlow et al. (1984) has been that clinical
psychology has no venues of its own within which to provide trainees with clinical
experience - it is reliant on other professionals and other venues such as hospitals and
clinics and these have thereby had a strong influence on the makeup of such training
courses. In a similar way, counselling psychology does not have its own venues for
trainee counselling psychologists and similarly relies on medical facilities such as
hospitals and clinics, or community-based counselling centres whose funding may be
reliant on the practice of empirically supported treatments or a payment-by-results
system. This too will have an impact on the makeup of training courses.

Merlo, Collins, and Bernstein (2008) argue that the integration of science and
practice can and should take many forms for the psychologist rather than being focused
on one type of research. Strawbridge and Woolfe (2010) state “the term [scientist-
practitioner] suggests an engagement in research and the role of the practitioner as
producer, as well as user, of knowledge and understanding. Nevertheless, practitioners often display a resistance to research” (p.6). It is to this reluctance to engage in research that I shall now turn my attention.

Research Resistance

There are a variety of sources within the literature that mention practitioners being resistant to research, both in terms of resisting carrying it out but also resisting implementing its findings (Nathan, 2000; Strawbridge & Woolfe, 2010; Blair, 2010; and Frost, 2012). “In some domains of clinical practice, there is an indifference to scientific research, in others an outright antipathy” (Lilienfield, 2010, p. 283). It is possible that this operates through the process of practitioners often evaluating the efficacy of their procedures by their experience and not by empirical findings, so when a client improves a practitioner may believe their practice is working, but when a client does not improve the practitioner may believe this is due to the client’s lack of motivation or willingness to engage in the process (Barlow et al., 1984). In other words success is the practitioner’s whilst failure is the client’s. Cooper (2010) has outlined how practitioners may be resistant to research because of the risk that it calls in to question some of their deeply held beliefs about the nature of counselling and the therapeutic process. There is also some evidence that practitioners are often nervous about carrying out research or don’t value it as an activity (Hanley, Cutts, & Scott, 2012). It is hardly surprising given the significant barriers of time management for busy practitioners under pressure to offer as many client appointments as possible each day (Koerner & Castonguay, 2015). Although much of this apparent resistance has been criticised, some have argued that the criticism is unfair since counselling psychologists are professional practitioners working in human services and as such they should not have to be trained in or carry out research, just as other practitioners in human services such as GPs, social workers and teachers are not expected to carry out research within their job, but instead merely keep abreast of research findings carried out in their respective fields (Barlow at al, 1984). Belar (2000) has also argued that it is a myth to claim the model has failed because the majority of practitioners are not carrying out research or taking up research posts. She argues that the original intent of the model was an integrated approach to science and practice rather than to produce a majority of graduates in integrated jobs.

In addition to the resistance to carrying out research, there is also a resistance to implementing the findings of research in terms of adopting empirically supported treatments (Widdowson, 2012). Newnham and Page (2010) discuss why practitioners may be suspicious of findings from randomised controlled trials research, including the
fact that stringent exclusion criteria may well mean the sample is not representative of a real clinical population which has more complex and co-morbid problems, or that the therapy provided in an RCT is of a more strictly controlled nature through manualisation and therefore does not respond to an individual patient’s needs or reflect the flexible way in which ‘real’ practitioners practice - again highlighting the tensions practitioners may feel between science and their humanistic approach. Widdowson (2012) highlights the issue of psychotherapists and practitioner psychologists not using journal article research findings in their practice because they do not believe them to be applicable to practice and believe the research questions to be too narrow to be useful. Historically, research carried out on psychotherapy has been impacted on by the way the researchers have conceptualised the function and process of psychotherapy - be it as a medical treatment, psycho-education, rehabilitation or redemption (Orlinsky, 1989). The medical and educational perspectives have attracted the most research from health and educational sectors resulting in a focus on inputs and outcomes. The rise of outcomes monitoring for evidence-based approaches has had a big impact “across the United States of America and Europe, treatment outcomes information is taking a greater role in attracting funding and asserting the effectiveness and cost-efficiency of health services” (Newnham & Page, 2010, p.128). It is possible that the rise in empirically supported treatments has left practitioners feeling dictated to about how they should and should not be practicing (Wilson et al., 2009; Castonguay et al., 2010; Boswell et al., 2015). The difficulties caused by client-treatment interactions as well as client-treatment matching in therapy research “have contributed to the weak influence of research on practice and the relative lack on interest of practitioners in the research process” (Barlow et al., 1984, p.39). Responses to treatments are variable and practitioners are likely to have experiences of trying a ‘new’ therapy or technique that research has shown to work and yet the client deteriorates, thus reinforcing the practitioner’s view that there is little research can tell them about how to treat a client (Barlow et al., 1984). Bramlett, Murphy, Johnson, and Wallingsford (2002) found that 57% of the 370 school psychologists they surveyed in America were not using journal articles to inform their intervention decisions.

Many therapies come from a postmodernist perspective, which in its essentially humanist nature may fuel a therapist’s resistance to research as they may see it as “distorting the complexities of people’s lives and human interactions” (Ramey & Grubb, 2009, p81). A large problem, according to Barlow et al. (1984) is sampling theory since it is impossible to meaningfully randomly sample a population with a particular mental health condition because the sample is too heterogeneous. Few treatments would show a statistically significant effect across such a heterogeneous group. Even trying to use a homogenous group by excluding lots of different variations
does not work since any results would only be generalisable to those who match the tested group reducing the chances that results would be applicable to real clients in real clinical settings.

It is not only practitioners who may be reluctant to implement research findings - some commissioners and funders of services may even put financial priorities over scientific evidence - "despite clear findings that at least 9 and probably 11 sessions are required for the majority of patients to achieve recovery, policy decisions do not reflect scientific findings. Providing ultra-brief therapy of six or less sessions as is common practice" (Newnham & Page, 2010, p.134). Financial and political motivations can influence which research findings are used and which are resisted (Albee, 2000; Elkins, 2007; Borch-Jacobsen, 2009).

This apparent resistance to research is not universal in the literature. Practitioners’ practice can benefit from carrying out research (Whiston, 1996). Beutler, Williams, Wakefield, and Entwistle (1995) found that practitioners do value research and believe that it augments their practice. However, this augmentation seems to be piecemeal and not rigorously applied as practitioners’ ideas of what constitutes science and where they go to find it was questionable. This can be a practical problem that makes the scientist-practitioner integration within the individual an issue post-qualification. It can be difficult for practicing counselling psychologists to access the latest research when they do not have access to university libraries, electronic resources, the funding available to academics, the time to commit to carrying out research or even time to keep up with the latest research as a consumer (Blair, 2010). The career path seems split for many taking either a practitioner or academic route and whichever path is taken contains little time or opportunity for the other path to be explored (Overholser, 2012). In addition to this challenge, the volume of scientific knowledge is expanding at an exponential rate with new knowledge frequently making older knowledge obsolete. This concept of knowledge half-life (the average time it takes for 50% of existing knowledge on a subject to be superseded by more recent knowledge) is highlighted by Collins and Callahan (2011) “within the field of psychology, it has been suggested that knowledge half-life is reached within 5-7 years...In other words, half of what one learns in graduate school is likely to become outdated, or shown to be false, by the time the average student emerges as an early career professional” (p.17). This problem is exacerbated by the delay between research findings being made and being implemented in practice - a delay that can be as much as 20 years in the world of counselling according to Boswell et al. (2015) when considering the time between initial interest, developing the research, carrying out the research, getting the research published, others reading the research and perhaps carrying out similar research, then the research being summarised in books which are more likely to be read by practitioners than the original journal articles.
Of course, this doesn’t account for the fact that students may wish to go down one particular career route over another. Merlo et al. (2008) argue that psychology students often have a preference for their future careers - those wishing to go into research and those wishing to go into practice, although Myers (2007) argues that students are made to choose between the two by the way in which they are educated. During training, each will focus predominantly on the aspects of their training that seem to align with the particular side of the scientist-practitioner model that attracts them. It is challenging to get students who aren’t interested in carrying out research to appreciate the importance of research methods and in some cases delivering a module on research methods can result in a decline in students' interest in scientific activities (Holmes & Beins, 2009). As such, during a doctoral training programme, a student who is predominantly interested in practice will often view the thesis as simply an obstacle to be overcome on the road to being qualified after which they can purely be a practitioner (Barlow et al., 1984). Goodyear et al. (2008) highlight that of the 500 counselling psychology graduates produced each year in the US, only 150 go on to join the Society of Counselling Psychology (formerly the APA’s division 17). They also found that in a survey of counselling psychologists conducted in the year 2000, 71.2% of the counselling psychologists surveyed who were not members of the SCP identified as practitioners and 9.3% identified as academics, whereas only 47.5% of SCP members identified as practitioners and 30.6% identified as academics.

Particularly in counselling psychology it could be argued that those drawn to counselling are likely to be less scientifically minded and more drawn towards the humanist, relational aspects of counselling than the scientific inquiry aspects of psychology. This may result in a tension for students when required to embody the scientist-practitioner model. Athanasiades (2008) has argued from her personal experience that it is possible to integrate various identities including that of scientist and practitioner. I would argue that this integration was not necessarily achieved equally at the same time since the career she outlines is as student, practitioner then academic sequentially. Overholser (2012) expresses concern that some mental health professionals “may present themselves as scientist-practitioners while not really integrating these two roles” (p.271). Being truly integrated takes more than simply being able to do bits of both roles. He uses the analogy of a carpenter using veneer instead of solid wood to save time and money. The veneer is either a practitioner who has little grounding in current research, or a researcher who has little experience of practice. The veneer is only exposed when challenged by a difficult client or an inquisitive student. “Psychology research is weakened when it relies on multiple analogues within one study (e.g., measures that are too cumbersome to be used by clinicians, interventions that are overly structured and provided by audiotape or videotape recordings, participants assigned to a mood induction procedure, and follow-
up assessments that are completed a mere 2 weeks later). The field needs to move beyond ‘veneer’ studies and publish ‘solid’ projects much more often” (Overholser, 2012, p.274). It seems a lack of time and resources can create situations where there is a veneer of integration on an individual level.

Stricker (2011) claims the original intention of the Boulder conference was that the field of psychology would develop programmes of training with differing emphasis - some emphasising practice, some science, but that all students would receive some training in both areas. Here the model is being embodied in the field as a whole rather than within the individual. This broader interpretation can also help to address an underlying assumption of the scientist-practitioner-as-individual model - that those who are good at research will be effective at delivering psychological services; also that those practitioners familiar with scientific procedures will be able to gather appropriate data and be able to review to establish the effectiveness of interventions (Jones & Mehr, 2007). However, this begs the question of what is considered as evidence and what are the implications of the interpretation of ‘scientific procedures’? Although the APA’s (2005) statement on evidence-based practice does say that a wide variety of methodological techniques in research should be drawn upon, the reality is it has mostly been RCT, thus squeezing out opportunities for other types of research (Grant, 2009; Ramey & Grubb, 2009). It is unclear within the model how scientific one needs to be in order to be considered a scientist.

How Scientific is the Scientist?

What is science and what makes one thing scientific and another pseudo-scientific? These questions are perhaps too big to be answered here and yet they are important in considering what constitutes the scientist aspect of the scientist-practitioner model. It is unclear what exactly one has to do to be considered sufficient for the label of scientist-practitioner. For some, science “is a set of systematic safeguards against confirmation bias, that is, the tendency to seek out evidence consistent with our hypotheses and to deny, dismiss, or distort evidence that runs counter to them” (Lilienfield, 2010, p. 282). The scientific approach to counselling psychology comes from a modernist perspective, which assumes there is an objective external truth to what is happening within counselling and tries to identify the specific techniques that lead to specific outcomes in order to make counselling more effective (Ramey & Grubb, 2009). Under the logical positivists “science could be construed as sets of empirical statements, dealing only with possible observations that could be directly verified, and theoretical statements which acted as definitions linking theoretical terms (like ‘electron’) to observations” (Dienes, 2008, p.3) Repeated observations lead to
inductions of generalisable rules. However, Dienes argues that induction is unreliable - there could always be exceptions that you haven’t observed. “We can never actually establish the truth of our theories. Establishing truth is not what science does. No matter how strongly we or others believe a theory, the theory is and always remains just a guess, even if it is our best guess” (p.5). Dienes clarifies that we cannot prove a theory is true, but we can prove it to be false. Science can only therefore work on theories that are falsifiable - this is known as Popper’s demarcation criterion for separating science from non-science. If a theory passes rigorous falsification testing, it is not proved to be true, but merely corroborated. Complete falsification is difficult since any observations to test a hypothesis rely on a number of assumptions and other theories, any of which may be problematic and impact on the results. We therefore have to accept aspects of the system (perhaps from extensive prior research) in order to test other aspects. So, on this understanding, to be scientific a theory must be falsifiable (Dienes 2008; Lilienfield et al., 2012).

These restrictions on what can be considered scientific pose a difficulty for psychology and counselling, since much of what we study and theorise about cannot be directly observed or measured. This is perhaps why Foucault said psychology should not be defined “as a science but perhaps as a cultural form” (Foucault, 2000, p.249). “For it is true that only formal criteria can decide about the scientifficity of a science, that is, can define the conditions that make it possible as a science; but they can never account for its factual existence, that is, its historical appearance. The events, episodes, obstacles, dissentions, expectations, delays, and facilitations that have been able to stamp its actual destiny” (Foucault, 2000, p.325). The way in which science is practiced within psychology may well raise concerns in other areas of science. Blair (2010) gives a warning that “the scientist-practitioner must be aware of the connotations of the term ‘scientist’ and that what arguably constitutes evidence in counselling psychology may not be readily accepted amongst the wider scientific community” (p.21).

According to Barlow, Hayes and Nelson (1984) there is an over-reliance on statistical significance in psychological research and it is often missed that there is a difference between statistical significance and clinical significance. Improvement and deterioration will both happen within the same research participant group averaging out to a result that tells us little across the whole group, but has the potential to be really informative if individuals are looked at rather than group averages. Furthermore, “a sole reliance on statistical significance for the interpretation of results is problematic in two ways: first, in isolation it provides no information on the magnitude of change. Improvement that is statistically significant may not necessarily be equivalent to a meaningful reduction in symptoms because statistical significance is dependent on factors other than treatment, such as the reliability of measures and
sample size. Second, statistical significance provides no description of within-group variability. Despite a statistically significant result, not all members of a treatment group may demonstrate a reduction in symptoms” (Newnham & Page, 2010, p.131). This also raises the question of how one defines ‘meaningful change’. What may not be a statistically significant improvement for the researcher could still be a meaningful improvement for the client. A client’s scores may not have reduced sufficiently to be within the range considered ‘normal’, but their scores have improved and they are experiencing fewer symptoms.

The debate over empirically supported treatments still rages despite the wealth of evidence for the ‘dodo bird’ verdict that most therapies are about equally effective (Cooper, 2008; Hegemoser, 2009), that the therapeutic technique of the counsellor only accounts for 15% of the improvement in a client and that there are factors common to all types of therapy that contribute to client change (Asay & Lambert, 1999). However, the dodo bird verdict has also been questioned as being overly simplistic (Newnham & Page, 2010). They argue that whilst there is evidence that overall different therapies are equally effective, this is based on averages and there is indeed evidence that some therapies are much more effective for some problems than others. They also say it also fails to account for the way some clients in all therapies deteriorate during therapy. There is a wider need to focus research on individual clients rather than client groups or specific psychological problems or specific therapeutic techniques. Ramey and Grubb (2009) point out that the use of randomised controlled trials as the ‘gold standard’ of evidence in identifying empirically supported treatments and evidence-based practice has been useful in that it protects against people’s tendency to create a narrative to explain their behaviour which bears no relation to the actual causal factors in their behaviour; however evidence-based practice should not be limited to RCTs.

This is echoed by Larner (2011) who questions the evidence for using a strict interpretation of the scientist-practitioner model in counselling. Even before Larner, Chwalisz (2003) was arguing for a broader interpretation of what constitutes scientific evidence within the scientist-practitioner model based in the notion that psychological phenomena are too complex to be sufficiently understood by positivist methodology. Elkins (2007) was also pointing out a more political aspect to the debate when he states “it would be naive for those of us who support traditional psychotherapies to assume that all we have to do is demonstrate the scientific validity of our approaches and the debate would be over. In fact, we have already done that, and it has had no detectable effect on the debate” (p.476). Some have gone further in their criticism of the blanket adoption of the scientist-practitioner model. Albee (2000) views the boulder model’s fatal flaw as being its uncritical acceptance of a biological basis for mental distress. In this view the science of the model is a direct transposition of medical science - mental
health problems are seen as having physical causes which can be treated in physical ways (medication) and so any non-physical interventions are tested using the same procedures and criteria as physical interventions. Grant (2009) has outlined how politics behind evidence-based healthcare has created a cycle that has become self reinforcing for positivist experimental approaches to counselling research. To counter this, Strawbridge and Woolfe (2010) state that the scientist-practitioner identity must engage with ethical and political arguments. I would agree with their view that “psychotherapy is, in its very nature, research” (p.14). We observe the client, formulate hypotheses as to what the client is feeling and thinking, and test them out by offering them to the client in the form of reflections and summaries for the client to accept, reject or amend. But this is not a science of the generalisable - “in determining which treatment, intervention, or response is most appropriate to the unique individual, the scientist-practitioner must draw on a multitude of in-therapy evidence” (Blair, 2010, p. 23). It is interesting to note that the HCPC (2014) in its consultation on proposed changes to profession-specific standards of proficiency for practitioner psychologists notes a change in wording from ‘evidence-based’ to ‘evidence-informed’ and explains in that “It has been suggested that this terminology better reflects the work of practitioner psychologists who work using established evidence-based interventions as well as using their professional judgement to utilise interventions for which there is less of a formal evidence base. We have used evidence-informed to incorporate both of these approaches” (p7). This would suggest a broader interpretation of science within the model.

As a counsellor I want to help my client, as a psychologist I want to know what works and why. In my attempts to resolve the conflict between the two sides of this contrasting role, I’m drawn to the stance of Larner (2011) which posits that the scientist-practitioner should be more broadly interpreted to equally balance science with relational aspects of therapy - “in a paramodern stance, the knowledge and technology of modern psychology and therapy is not rejected, but utilized in a way that puts the relation to the other first” (p. 831). Lilienfield et al. (2012) point out that there is no ‘one’ scientific method within science as a whole, each discipline has it’s own methods of enquiry and safeguards against errors resulting in a plethora of scientific methods according to the nature of what is being investigated. Neimeyer et al. (2005) discuss the need for a broader interpretation of science and practice and what those terms mean when combined or integrated. Lane and Corrie (2006b) agree that a broader interpretation of science within the model would make sense as it would make the model more achievable for individual psychologists. The emergence of postmodernism has opened up greater possibilities for investigation within counselling psychology. For the postmodernist, there are many different realities based on individual interpretations of shared constructions of meaning, so the whole purpose of
research changes from finding an objective truth to understanding context and perspective (Ramey & Grubb, 2009). However, Lilienfield (2010) identified postmodernism as one of five threats to science in psychology - the others were political correctness, radical environmentalism, the resurrection of common sense and intuition as arbiters of scientific truth, and pseudoscience. He argues that they all make us vulnerable to confirmatory bias - the desire to see what we wish to see rather than what is there or what may disconfirm our beliefs. He recommends that formal training in scientific thinking and method should be mandatory on all graduate psychology programmes along with increased awareness of cognitive biases. Interestingly, according to Holmes and Biens (2009) confirmatory bias is also active in whether psychology students see psychology as a science - students with a greater interest in science tended to see psychology as a science whereas students with a higher interest in practitioner activities did not tend to see psychology as a science. This is likely to impact on their behaviour as a practitioner. Having looked at the scientist side of the model it is necessary to consider the other side of the model.

What Constitutes a Practitioner?

The practitioner role within the scientist-practitioner model seems to be less well represented in the literature, almost as though there is less of a need to write about it. It might be assumed that the practitioner side is fairly obvious, or simply determined by whatever therapeutic theoretical perspective the practitioner uses. Jones (2008) has observed the practitioner aspect is undervalued and indeed absent in many psychology undergraduate programmes which Jones has argued delays the development of competence and expertise in Australian psychologists with trainees not experiencing placements until postgraduate training. There are other practitioner models in existence. The practitioner-scholar model for example stems from the Vail conference in 1972 and has more of an emphasis on the skills of professional practice, though practitioners still draw on scientific research and translate it into practice, they do not carry out research themselves (Neimeyer et al. 2005). It has proliferated in the domain of clinical psychology but not so in counselling psychology (Neimeyer et al. 2011).

According to Barlow, Hayes and Nelson (1984) in their seminal text on the scientist-practitioner, the practitioner role consists of 3 activities:

1) being a consumer of new research into new assessment or treatment techniques
2) being an evaluator of your own interventions using empirical methods
3) being a researcher who produces new data from your own practice and reporting it to the wider community of your peers

This definition squarely places the practitioner as a consumer and producer of research, which may be considered as integrating the scientist with the practitioner. Some have defined the practitioner as not simply tailoring their interventions to the needs of the individual client but also involving the client in that process (Wilson et al. 2009). According to VanderVeen et al. (2012) a practitioner should be consulting the literature on a client’s presenting issues in order to see what is the most efficacious intervention, but they should also inform the client of this and other options so that the client can make an informed choice about their treatment.

The HCPC (2012b) requires counselling psychologists to combine the scientist-practitioner model with the reflective-practitioner model, but does not define either. There are a number of different models which combine the practitioner with something else be it reflective, scholar or scientist. According to Neimeyer et al. (2005) the practitioner-scholar model represents someone who is committed to developing their skills as a practitioner based on sound research into what is most effective. As such the practitioner-scholar is a consumer of research but not a producer of it. This model is perhaps the most viable alternative to the scientist-practitioner model for counselling psychology but shows no signs of being adopted as a replacement for the scientist-practitioner model as yet although it has become popular within clinical psychology.

According to Barlow et al. (1984) practitioners mostly learn their practice from their initial training and then once qualified from further workshops during their career and from ongoing trial and error with clients. This may be an issue for counselling psychologists since there is a consistent difference in the literature between the placement environments of clinical and counselling psychology trainees with more clinical trainees undergoing placements in hospital and medical settings, and more counselling trainees undergoing placements in community and counselling settings (Neimeyer et al. 2011). This tendency continues into work place settings once trainees embark on their careers post qualification. Which model trainees experience on their training placements may have more of an impact on their future practice than the model their training course was aligned with. Furthermore, practitioners constantly adapt the theories they have been trained in and so very rarely practice with any theoretical purity (Barlow et al. 1984).

With such differences between both aspects of the scientist-practitioner model, some thought should be given as to whether it is possible to integrate them and if so, how this should be done.
The Challenges of Integration

Scientist-practitioners are required to integrate science and practice (VanderVeen et al. 2012). However, this requires more than simply hyphenating them (Lowman, 2012). It is possible that the scientist-practitioner model envisioned at Boulder has never actually been taught to trainees thus making it difficult for them to embody the model in a truly integrated way. Courses have a tendency to emphasise the joint importance of research and practice, but focus on them separately as different entities thereby leaving trainees to try to integrate them on their own (Barlow et al. 1984; Chwalisz, 2003). VanderVeen et al. (2012) surveyed 653 clinical psychology students and found that despite having a good understanding of how science can be drawn on in practice, over a third of students rarely used science to inform their decisions with clients. The scientist-practitioner model “ignores the reality that students and professionals will not voluntarily read and critique research if they do not enjoy these endeavors and do not deem them necessary. This expectation is akin to expecting a pacifist to volunteer for military combat duty. The pacifist, based on external demand, might at times perform such duties, but likely will never be highly motivated to perform them effectively or voluntarily.” (Holmes & Biens, 2009, p.10). The knowledge base searchable for a client’s presenting issues is constantly changing (Hershenberg, Drabick, & Vivian, 2012) and so trainees need to know how to evaluate this range of evidence sources as well as their own cognitive biases that may influence their evaluation. Hershenberg et al. (2012) suggest trainees should use data from their practice placement clients as their research so that the two are essentially integrated all the way through their training rather than doing practice work and then doing a separate piece of research. This would be more convenient for trainees because having the time to get research published in addition to the requirements of their course and beginning work once they find employment as a qualified counselling psychologist is challenging (Hanley, Cutts & Scott, 2012). Particularly for counselling psychology trainees, Hanley et al. (2012) have questioned whether there is enough encouragement from supervisors to publish research conducted during training.

Zachar and Leong (2000) found that 10 years after graduating, most psychologists who were trained in the scientist-practitioner model not scientist-practitioners in their professional life. Factors both intrinsic (lack of interest, lack of skills etc) and extrinsic (lack of funding, lack of time etc) have been identified in the lack of research undertaken by clinical psychologists post qualification. This makes the lack of integration of science and practice within the scientist-practitioner model a multifaceted problem (VanderVeen et al. 2012). “Clinicians argue that research is not usually presented in a format that could easily be integrated into practice... and that published trials often do not represent routine conditions and hence the generalization
of conclusions is limited...Correspondingly, researchers argue that clinicians often do not incorporate empirical findings into practice and thus do not provide an empirically supported practice — an ethical irresponsibility" (Newnham & Page, 2010, p.128). Furthermore, “those treatments that demonstrate efficacy in controlled settings, with closely supervised therapists, strict treatment adherence, and patients who meet rigorous criteria for inclusion; need to be trialled within a real-world practice setting to determine the extent to which efficacy generalizes to effectiveness...moving from the controlled trial to the clinic results in a reduction in the size of the treatment effect because the increasing exclusion of patients in efficacy trials creates a ‘cleaner’ sample” (Newnham & Page, 2010, p.129). According to Levant and Hasan (2008) and Hershenberg et al. (2012) there are differences between empirically supported treatments and evidence-based practice, though these terms are often used interchangeably (Wilson et al. 2009). Evidence-based practice is a broader term that covers more than just using the treatment that has the best evidence from empirical trials. They define evidence-based practice as comprising of three elements - research evidence, clinical expertise and client characteristics. This definition seems to encompass both the scientific aspects of research evidence and the practice elements of the practitioner’s own experience and judgement with the factors unique to the client - almost a scientist-practitioner-client model. According to Ramey and Grubb (2009) bringing a postmodern perspective to evidence-based practice can allow questions that wouldn’t normally be asked from a modernist perspective such as who has power, who stands to benefit from this, who is being silenced by the advancement of this narrative?

Practice often involves the measuring of broader changes in the client’s life (in the form of outcomes) than can be used in an randomised controlled trial due to their difficulty to quantify so this can make it difficult to integrate research and practice (Newnham & Page, 2010). Practitioners tend to practice in an eclectic manner rather than being truly integrated and eclectic practice can be harmful as the counsellor often changes treatment direction based on their own sense of whether an approach is working, and not whether the client is actually improving (Newnham & Page, 2010; Lowman, 2012). This judgement is often inaccurate with practitioners often being overly optimistic in their ratings of client outcomes (Boswell et al., 2015). Given that scientific thought does not come naturally, it has to be learnt and maintained, it is not surprising that psychologists may prefer their intuition, experience and clinical judgement (Orlinsky, Botermans, & Rønnestad, 2001). This is largely because they “tend to be personal, tangible, and subjectively immediate. We also tend to privilege them over scientific findings, which tend to be impersonal, abstract, and subjectively distant” (Lilienfield et al. 2012, p.14).
Two approaches have emerged in psychology that seem to have a scientific air to them and are designed to make therapeutic work more consistent, reliable and targeted – clinical guidelines for diagnostic conditions, and individualised formulations. Lane and Corrie (2006b) highlight the use of formulation as a way to balance the tension between professional judgement and scientific evidence. Newnham and Page (2010) give the example, “One disadvantage is that diagnostic complexity and comorbidity create difficulties in practice. For these reasons clinicians often prefer the individualized approach in which a unique case formulation is developed for each client and a treatment plan is constructed based on the formulation. While the case formulation approach addresses the individual aspects of each client, one problem is that case formulations may lack reliability...and the evidence supporting their clinical validity...is not yet as strong as one might hope” (p.129).

Lilienfield et al. (2012) disagree with the binary perception that one can either be a scientist or a practitioner. They view the model as a grid with scientific to unscientific on one axis and researcher to practitioner on the other axis. In this way there are 4 possible combinations: scientific researcher, unscientific researcher, scientific practitioner and unscientific practitioner. They view the model as being perfectly possible to achieve in a clinical setting by the application of a scientific approach and scientific thinking to clinical work.

Jones (2008) on the other hand has called for the scientist-practitioner model to be viewed as indicative of integration within the profession as a whole and argues that it is unrealistic to expect every psychologist to be an integrated expert in both aspects of the model. Equally that those who specialise in one side of the model should not be made to feel that they have less overall expertise as a result of their specialisation.

Both sides of the scientist-practitioner model have been encapsulated in the competency based culture for training professional psychologists in America, where trainees are expected to develop and demonstrate a range of competencies across 8 domains: “(a) scientific foundations/research, (b) ethical and legal issues, (c) supervision, (d) psychological assessment, (e) individual and cultural diversity, (f) intervention, (g) consulting and interdisciplinary collaboration, and (h) professional development” (Kamen, Veilleux, Bangen, VanderVeen, & Klonoff, 2010, p. 228). In the UK, the HCPC has followed a similar pattern with its standards of proficiency for practitioner psychologists, which trainees must demonstrate and be able to evidence. The standards include: 1) expectations of a health professional, 2) the skills required for the application of practice, and 3) knowledge, understanding and skills. However, these standards are at the time of writing under review.
What is Required to be an Integrated Scientist-Practitioner?

This is a difficult question to answer and yet it is “essential to balance the ideals of theory with the realities of clinical practice” (Overholser, 2012, p.274). Sprang et al. (2009) outline the need for practitioners to keep abreast of neurobiological research and integrate its findings into their practice as more and more evidence emerges of brain plasticity and the way psychotherapy can impact on neural connections and gene-environment interactions, especially within children who have suffered early life neglect, abuse or trauma. In addition, psychological assessment has frequently been posited as one way in which the scientist-practitioner model can be fulfilled in real terms (Vespia & Sauer, 2006). Further, the monitoring of client outcomes has a vast potential for integrating research and practice - “at the heart of the scientist-practitioner model is the notion that science informs practice, and that every treated case is potentially informative to the science of psychology. In keeping with this notion, clinicians in their daily practice should measure outcomes routinely and monitor patients’ progress” (Newnham & Page, 2010, p.130). Alerting practitioners to their clients’ progress on a session-by-session basis can certainly improve client outcomes (Cooper & McLeod, 2011). Alternatively, rather than measuring a client’s success or a therapeutic approach’s effectiveness, there may be an argument for measuring an individual therapists’ effectiveness. This would give us the potential for empirically supported therapists rather than empirically supported treatments (Krause, Lutz, & Saunders, 2007). This is a controversial notion that already exists in some other areas - particularly in cardiac surgery where a surgeon’s success rates are publicly available and compared on a basic level with whether they are better, worse or in line with what would be expected given their patients’ condition. Making such figures available on counselling psychologists would undoubtedly ruffle some feathers and be criticised in whatever way the figures where gathered and measured, but it could be argued that clients should have choice in whom they see based on that psychologist’s success rate with clients. Following another trend from the world of medicine would undoubtedly add fuel to the fire of those who say we have already borrowed too much from the medical field. According to Overholser (2012) psychologists stray too far from their remit when they venture into the medical field or social work - the focus needs to be psychology, mental processes, thoughts, emotions etc. not biology, pharmacology, nutrition etc. He argues we are often seduced by the biological feeling more ‘scientific’ - there is a safety, security and ‘gravitas’ to basing what we do in a scientific approach that can help serve the needs of the profession.

Overholser (2010) proposed 10 criteria spread across three domains for clinical psychologists wishing to be scientist-practitioners:
Domain A: contribution to the field through scholarly work (the scholarship criteria):

1) remain active in scholarship
2) contribute scholarly works at a national level
3) Scholarship includes but also extends beyond teaching

Domain B: The scientist-practitioner remains active in clinical practice (the practice criteria):

4) provides clinical service on a regular basis
5) provides clinical services similar to standard clinical practice
6) clinical practice includes but extends beyond supervision

Domain C: the scientist-practitioner integrates the science and practice of psychology (the integration criteria):

7) adheres to recommendations for evidence-based practice
8) focuses on issues that are central to clinical psychology
9) works with medical or psychiatric patients
10) uses psychological measures that have adequate psychometric properties and can be easily collected in most mental health treatment centres

These criteria could be adapted to fit with the role of a counselling psychologist around the same three domains - scholarship, practice and integration. The first three criteria could remain the same in domain A for scholarship as could criteria 4-6 in domain B for practice. Domain C criteria 8 and 9 would need to be changed, for criterion 8 we could simply replace the word ‘clinical’ with the word ‘counselling’. Criterion 9 may well trigger the most disagreement because although counselling psychologists can work with medical and psychiatric patients, our client group tends to be much wider than this and should not be limited to such a restricted group.

However, it could be argued that this might steer us towards becoming a ‘jack of all trades and master of none’. It may be unrealistic to expect a counselling psychologist to do all of these things at the same time. Overholser suggests rather than these criteria being all-or-nothing, that they are instead viewed as a continuum from 0-100% with 10% for each criteria the individual meets. Psychologists could thereby be rated on a percentage of how closely they align with the scientist-practitioner model.
Why Does it Matter?

The scientist-practitioner model matters because it has in impact on individual clients, practitioners and our profession as a whole. In some ways, the future of our profession depends on it. In an age where financial expenditure has to be justified by results, governments, services and insurance companies are increasingly only willing to pay for treatment that has a robust evidence base for its success and is cost effective (Hagemoser, 2009). Though in recent years cost may have overtaken effectiveness as a decisive factor in what can be offered since ultra short therapy (4-6 sessions) has been offered by services in US and Australia following the pressures of the financial downturn (Newnham & Page, 2010). Without a scientific approach, it is difficult to know what works and why. The dangers of cognitive biases such as confirmatory bias and recency bias (Kahneman, 2012) are now well known and need to be guarded against. Even within scientific methodology there are dangers from misinterpretation of regression to the mean and researcher allegiance effects (Dienes, 2008; Cooper, 2008). Evidence-based practice provides some protection against these issues, but can also provide consistency and a certain uniformity to therapeutic work within mental health (Ramey & Grubb, 2009). We know that clinicians and clinical judgement are poor at identifying client deterioration during therapy (Bell & Mellor, 2009; Newnham & Page, 2010; Boswell et al., 2015) which is vital for achieving successful outcomes. “By focusing on session-to-session changes it will be possible for clinicians to identify treatment successes and failures more rapidly and respond accordingly” (Newnham & Page, 2010, p.129).

The practice of science as well as the science of practice can help counselling psychologists to develop services and target funding applications. “The science-informed clinical psychologist is in a unique position to market a range of services with discernible benefits and these will be attractive in a market that is looking for quality service at a lower cost” (Newnham & Page, 2010, p.128) and it could be argued counselling psychologists could do the same. There is much scope for this type of work beyond developing basic evidence-based practice, “the scientist-practitioner model is no longer limited to use of evidence-based treatments in practice, but can extend to using innovative methodologies to assess rates of recovery, monitor patient progress, intervene in the face of poor response, and contribute to the benchmarking of risk-adjusted outcomes” (Newnham & Page, 2010, p.127).

In terms of offering training courses that differ to suit students’ preferences for science or practice, Neimeyer et al. (2005) surveyed doctoral programmes of counselling psychology and found different programmes place different emphasis on science and practice aspects of the model. They rated the programmes as practice-
focused, science-focused or balanced. Students from balanced and science-focused programmes published more research and presented their work at more conferences than those from practice focused programmes, but no differences were found on practice related variables. This suggests those on balanced or science-focused programmes gain science-related skills without losing out on practice skills, but the opposite cannot be said for those on practice-focused programmes. If we go down a practice-only route, it is unclear what will separate us from counsellors and therapists other than how much we cost.

We need to be cautious with the model, however, as the postmodern perspective has highlighted many of the intrinsic assumptions it contains, which will be outlined within the Methodology chapter. The combination of positions of power in being a scientist and a therapist as well as a deficit model of locating the cause of mental distress within the individual maintains the status quo of the ruling classes as it does not require socio-political change (Albee, 2000). The model has survived over 60 years in the profession and appears to be here to stay. Indeed, “it would be professional suicide to state publicly that the scientist-practitioner model is unsustainable” (Lane & Corrie, 2006b, p. 17) so as trainees or qualified counselling psychologists we need to engage with it or we will be relying on others for the production of new knowledge in our field. If we do that we hand over to others control of the direction and focus of counselling psychology in the future.

Chapter Review

In this chapter I have outlined a picture of the scientist-practitioner model in counselling psychology from the literature available, tracing its history and origins and outlining the doubts that have been raised about the suitability of the model for our profession. I have examined the resistance to research that is often present within counselling psychologists and looked at what is required of us in being a scientist and a practitioner. I have considered some of the challenges in integrating these two aspects of the model in order to truly be considered a scientist-practitioner. I finished by outlining several reasons why the model is still important for counselling psychology. In the next chapter I will focus on the design and methodology used for this study in order to attempt to answer my research questions about the model.
Methodology

Chapter Preview

In the previous chapter I outlined the presence of the scientist-practitioner model within the literature, tracing its origins within post-war American clinical psychology and its expansion and adoption within counselling psychology there and in other nations. I reviewed the doubts and challenges of the model as well as trying to establish some sense of what the model requires in reality and whether this is possible for counselling psychologists. I also looked at why the model still matters and the context and relevance of this piece of research. I will now look more closely at the structure and function of this piece of research.

In this chapter I will outline what I am trying to find out and the necessary ontological and epistemological stance of this research by considering its philosophical underpinnings before going on to outline the design of the study. I will then consider who the participants were and how they were recruited to the study. Following this I will then describe how the data used in the study were generated and then analysed and then close the chapter with the ethical considerations that went into gaining ethical approval for the study.

What am I Trying to Find Out?

In exploring trainee counselling psychologists’ perceptions of the scientist-practitioner model I am trying to find out several things - how they see the model and how they see themselves using it in the future. To fully explore this I have five research questions that I wish to answer:

1) How do trainee counselling psychologists understand the scientist-practitioner model?

2) What do trainee counselling psychologists think are the strengths of the model?

3) What do trainee counselling psychologists think are the challenges of the model?

4) How do trainee counselling psychologists balance the tension between the scientist and practitioner aspects of the model?
5) How do trainee counselling psychologists see themselves using the model once qualified?

According to Stricker (2011), “the results one finds are shaped by the design one chooses” (p.12) and thereby one should choose a design that is capable of generating the kind of results that will answer the research questions (Rogers, 1985; West, 2007). As Morrow (2007) has pointed out, a qualitative study is much more suited to answering ‘what’ and ‘how’ questions, whereas a quantitative study is more suited to answering ‘why’ questions. In asking these what and how questions I am seeking views, opinions and thoughts on a specific subject so I need a study design that will elicit those views, opinions and thoughts. This is not a simple process as different methodologies are grounded in different assumptions and must be examined carefully and therefore I will now consider the philosophical foundation for this study.

Philosophical Underpinnings

Methodological stances in the social sciences of today can broadly be separated into two distinct perspectives - naturalism and constructivism (Moses & Knutsen, 2007). Naturalism assumes that there is a real world out there that exists independently of our ability to perceive it but we can increase our understanding of it by looking for patterns that exist out there in ‘nature’ through observation and measurement. Science of this type seeks out patterns of probability which are then proposed as ‘laws’ that serve to aid future predictions of observations (Harré, 1981). Experience of the ‘real’ world is drawn upon to make such initial predictions, which then allows for falsification. If a prediction can survive falsification then it is likely to be true. This is how scientific theories are built - the purpose of theories is to attempt to explain observable phenomena by speculating on that which cannot be observed and predicting its impact on what can be observed. This stance is also often referred to as positivism or empiricism. This approach has worked well for the natural sciences, but when applied to humans the process does not appear to work as satisfactorily. Heron (1981) has highlighted a contradiction in much positivist psychological research. He states that such research is based on the assumption that research subjects will behave in ways that are determined by antecedent conditions and yet the researcher’s behaviour is viewed as the result of self-directing intelligence. It misses that humans construe meaning from what they perceive and have intention when acting. Both of these factors are key to understanding human behaviour but these are the unobservable things a positivist approach struggles to access.

Constructivism on the other hand assumes that whilst there may be a real world out there, our ability to know that world is hampered by the limitations of our physical
senses and our playing a role in creating the patterns we see in nature by the way we look at, or for them, as influenced by social, cultural and contextual experiences. This Kantian assumption that our experience of the world is not as it is, but rather as we perceive it opens the possibility for many different experiences of the world. We symbolise our experience through construing and intent, but also through our use of language itself as a way of expressing both to our self (through verbal thoughts) and to others (through speech) (Heron, 1981). We create meaning and ‘facts’ that do not exist independently of the meaning we give them - money, national borders, social class etc. These things require our mutual agreement for their existence (Moses & Knutsen, 2007). The scientific processes we create and use also construct knowledge as a product of themselves in addition to knowledge being constructed by the scientists who use these processes (Law, 2004).

Naturalism lends itself to the uncovering of ‘facts’, these facts are propositions about the world but they are not the world itself - experiential knowledge is more direct, complex and nuanced than propositional knowledge (Heron, 1981). Constructivism lends itself to the understanding of ‘meaning within a context’.

Naturalism’s hunt for certainty keeps science focused on the surface level of what is observable and as a result science becomes shallow and psychological science becomes predominantly behaviourist (Harré, 1981). A science of human beings requires being open to the experiential knowledge of research participants in a way that is not constrained by propositional knowledge (Heron, 1981). Maslow saw that mechanistic science was too narrow in its view to be much use as a psychological science and argued for a holistic rather than reductionist approach (Rowan, 1981) drawing on the I-Thou principles of Buber (1958) and not just an I-It approach.

It is well established that counselling psychology has its roots within the humanist philosophical tradition (Strawbridge & Woolfe, 2010). As such it embraces the significance of the subjective experience, of individual difference and the interconnectedness of the social construction of our understanding of reality (Berger & Luckmann, 1971). This perspective posits that our understanding of reality is constructed not from our perceptions of reality but from our interactions with others to which we give subjective meaning. This meaning may or may not be an accurate reflection of the other’s intentions within the interaction. Repetition and externalisation gives the subjective meaning a ‘taken-for-granted’ quality, especially when transmitted to others and to the next generation. It simply becomes ‘the way things are’. This combined with the increasingly complex division of labour and the social distribution of knowledge results in complex systems of meaning (referred to as ‘institutions’ by Berger and Luckmann) developing and evolving over time. Systems of maintenance emerge which keep the institutions going from generation to generation and can become ever more distant from the original behaviour that had subjective
meaning. Berger and Luckmann give an example of this from the therapeutic world: ‘since therapy must concern itself with deviations from the ‘official’ definitions of reality, it must develop a conceptual machinery to account for such deviations and to maintain the realities thus challenged. This requires a body of knowledge that include a theory of deviance, a diagnostic apparatus, and a conceptual system for the ‘cure of souls’” (p.130-1). The scientist-practitioner model could be viewed as one of these systems of maintenance. It is a piece of knowledge that is required to be a counselling psychologist and contains or is linked to other systems of knowledge, terminology and practices which serve to delineate psychologists from other professionals and acts as part of the gatekeeping system that keeps applied psychology exclusive whilst also legitimating this exclusivity. Any consideration of the utility and function of the scientist-practitioner model should include a consideration of its history, context, meaning and socio-political function. A social constructionist perspective will help to achieve this as well as examining how meaning is constructed by and between the participants. As Kvale (2007) says, “the qualitative research interview is a construction site of knowledge” (p21).

Counselling psychology also has a postmodern outlook in that it recognises that theories provide a “framework for viewing reality” (Silverman, 2010, p. 104) and so how that reality is viewed will depend on the framework chosen to view it. Lyotard (1984) broadly defined postmodernism as the disbelief in all-encompassing theories or ways of thinking - e.g. universal truth or a single objective reality. Instead everything has a context which should be examined. Counselling psychology tends to eschew the positivist and reductionist approaches that seek to identify objective truth through empirical statements that are verifiable (Dienes, 2008), to categorise and generalise to whole populations, which some would argue frequently pathologises the individual without recognition of their situation or circumstance (Rapley, Moncrieff, & Dillon, 2011).

In more recent years the influence of pluralism has been growing within counselling psychology (Cooper & McLeod, 2011). Whilst postmodernism challenged the notions of universal laws that epitomised modernism and positivist science, pluralism grew out of post-modernism as a way of guarding against postmodernism becoming the new dominant epistemology (McAteer, 2010). In fact, “constructivists tend to be epistemological pluralists” (Moses & Knutsen, 2007, p.193). As such “pluralistic epistemology is at the core of counselling psychology and represents its engagement with a wide variety of perspectives” (McAteer, 2010, p. 6). Interestingly, when talking of factors that accelerate the deconstruction of, or development of, defensive systems to maintain an institution, Berger and Luckmann (1971) state that, “pluralism itself is an accelerating factor precisely because it helps to undermine the change-resistant efficacy of the traditional definitions of reality. Pluralism encourages both scepticism
and innovation and is inherently subversive of the taken-for-granted reality of the traditional status quo” (p143).

I have been influenced by the presence of pluralism in my counselling psychology training. Pluralistic counselling takes the view that there are many different potential ‘right’ answers and therefore approaches need to be tailored to meet the needs of the individual client. This is not to say that all perspectives are equal and therefore anything goes. Pluralism still requires thought and choice based on what can be argued as most appropriate in any particular context. In terms of this research, pluralism would suggest there are many different potential ‘right’ ways to go about undertaking research and so my approach must be tailored to meet the needs of this particular piece of research.

This study naturally lends itself to a qualitative approach because I am interested uncovering meaning rather than making predictions (Stiles, 1993). As such I am making the assumption that truth is subjective, not objective, that human activity has meaning, that meaning is constructed and that “there is no overarching truth to elucidate everything” (McAteer, 2010, p.5). In looking at trainee counselling psychologists’ thoughts and feelings about the scientist-practitioner model, I am looking at subjective experience and meaning, which does not lend itself to an objective quantitative approach. The scientist-practitioner model is not a physical thing that can be measured. It is a concept, an idea that exists only in the minds of people and therefore can only be accessed by exploring people’s understanding of it. That requires the use of language to express the meaning of the concept within the individual’s mind either verbally or textually. It is these expressions of meaning that I want to examine so I have chosen to use methods that will generate and capture these expressions of meaning. However, a qualitative epistemology goes further than this and Kvale (2007) uses two metaphors which neatly highlight the difference between positivist and postmodern epistemologies in approaches to interview methodology - that of the miner and the traveller. The positivist epistemology has the researcher as miner, digging for nuggets of objective truth that exist within participants’ experiences, unearthing them and dusting them off - the knowledge is already there waiting to be found. The postmodern epistemology has the researcher as traveller roaming through an unfamiliar territory, interacting with the locals and attempting to build an understanding of the culture in order to explain it to others on their return home - the knowledge is created through interpretation of narrative and experience. It is the latter of the two that I am attempting here.

It could be said that I am taking a stance from neopragmatism, which “focuses on the contextual goals and purposes that specific human groups do in fact have, and it evaluates the ‘truth’ of a body of knowledge in terms of its capacity to help achieve
those goals and purposes” (Fishman, 1999, p. 6). I am a lone researcher and I am self-funded and this has had an impact on the choices I have made in the design and implementation of this piece of research. It needed to be something that was realistically achievable in the timescale available and within my various commitments of coursework, placement hours and also working part time. I also recognise that I am researching something that interests me on a personal level. The scientist-practitioner model interests me because of my mutual interests in science and counselling practice. I believe therapeutic choices should be made on the basis of evidence and that the scientist-practitioner model can help us with that, but I don’t believe the Randomised Control Trial is the only acceptable evidence for what works. What constitutes evidence should be open for critical debate. All methods, RCTs included, are based on assumptions as critically outlined by Westen, Novotny, and Thompson-Brenner (2004). I have witnessed the reluctance of some counsellors to engage with science, even to actively shun it or see it as having no place in their work. These beliefs and experiences have played a part in my interest in this subject and in setting out my stall now, as it were, I hope to make my own stance clear in looking at the data in order to add to the trustworthiness of the data, whilst also recognising the inevitable influence this may have on my interpretation of it. This should also contribute to the ability of others to view this work critically, in line with the critical tradition of science. Furthermore, “foreknowledge, it must be noted, is not bias. For the constructivist, foreknowledge is both necessary and integral to any research project” (Moses & Knutsen, 2007, p.182) because knowledge produced by this research exists within a context and is part of a power based system where is can be used (and misused) and should therefore be produced carefully and with conscience.

Research Design

In seeking to gain the views of a range of counselling psychology trainees I chose to use two methods - Focus Groups and an Online Survey. This was because I wanted to cover views both individually and in group discussions in order to capture an element of single perspectives and also debate - “meanings and answers arising during focus group interviews are socially constructed rather than individually created” (Berg, 2001, p. 115). This was not an attempt to ‘triangulate’ data for reliability - aggregating data from lots of different sources does not give a more reliable picture of objective ‘truth’ within a constructionist approach, it merely gives different constructions (Silverman, 2010) and data gathered from lots of different sources do not always sit well together or capture the same phenomena (Jankowski & Van Selm, 2005). I will discuss focus groups and the online survey in turn below along with consideration of my initial plan for the research and why this needed to be amended.
**Focus Groups**

Focus groups were initially rooted in a positivist epistemology of gathering facts about the outside world (Kamberelis & Dimitriadis, 2013), but became more widely used within qualitative epistemologies of narrative and constructed meaning from the 1960s onwards with the development by Glaser and Strauss of Grounded Theory (Kvale, 2007). Their use within the social sciences can be traced as far back as 1926 as group interviews and they were used extensively during the Second World War to examine the persuasiveness of propaganda techniques on public and troop morale (Morgan, 1997). Through the 1960s and 1970s they were largely used for market research, but from the late 1980s onwards they began to return to social science research because “focus groups can yield data on the meanings that lie behind those group assessments...Similarly, focus groups can yield data on the uncertainties, ambiguities, and group processes that lead to and underlie group assessments” (Bloor, Frankland, Thomas, & Robson, 2001, p. 4). Focus groups are a convenient and efficient way of obtaining many and varied views within a short amount of time (Mann & Stewart, 2000; Berg, 2001). This particularly suited my research, as I wanted to capture both the individual perceptions of the scientist-practitioner model and the potential group meanings. Fern (1982) found that using two focus groups of 8 people each could generate as many ideas as 10 individual interviews; a saving of considerable time and effort in terms of meetings and transcription of audio recordings. A further advantage to focus groups within a social constructionist perspective is that their format can be empowering for participants because “focus groups de-center the authority of the researcher” (Kamberelis & Dimitriadis, 2013, p.24). This can help to free up participants to express more of their inner experience and shared meanings than within a solo interview format where the researcher has more authority. There can be pressure within a solo interview to work out what the researcher wants you to say as well as anxiety around how information given may be used. Within a focus group this is mitigated by the act of interaction, by witnessing others sharing views and experiences and feeling emboldened to share one’s own with the researcher as witness rather than interrogator. Although one may say less in a focus group than in an individual interview, there is an assumption that a participant would have more to say - focus groups can be useful for stimulating comments that would not have arisen in an individual interview where the subject matter is an issue the participant may not have spent much time thinking about (Morgan, 1997).

Two audio recorded focus groups were planned each of 8-12 participants lasting between 60-90 minutes. This was because it was important to have enough participants to generate rich data from full discussions, but not so many that
transcription would become overwhelming, or that some group members would feel unable to speak in a larger group - “qualitative researchers are prepared to sacrifice scope for detail” (Silverman, 2010, p.104). There is no precise required number of participants for a successful focus group. According to Morgan (1997), “small groups thus work best when the participants are likely to be both interested in the topic and respectful of each other” (p.42) and also that “below 6 [participants], it may be difficult to sustain a discussion; above 10, it may be difficult to control one” (p. 43). Kvale (2007) also recommends between 6 to 10 people per group. Setting an upper limit of 12 allows sufficient numbers in case anyone may not be available on the day and have to drop out at short notice. Two groups were used due to the homogeneity of the groups, the specialist subject matter and the structured nature of the questions as more heterogenous groups with more general subjects and a less structured approach tend to require more focus groups to reach a point of ‘saturation’ where no new data is emerging (Morgan, 1997). Focus groups generally tend to last for between one to two hours (Krueger, 1998) but in this case an hour to an hour and a half felt right given the number and nature of the questions I was asking and the number of participants. In actuality, both focus groups naturally lasted just over an hour.

Bloor et al. (2001) discuss the importance of the focus group facilitator noticing and using non-verbal cues to invite verbal expression of thoughts and opinions that may otherwise go unexpressed. For example, if the facilitator noticed that participant 2 was nodding whilst participant 1 was speaking, but didn’t comment when participant 1 had finished. In this instance the facilitator could say to participant 2, “I noticed you nodding whilst (participant 1) was speaking, what thoughts were you having just then?” Overall facilitation of the group discussion was through the use of the research questions positioned strategically during the discussion to both keep the discussion going and to keep it focused on the areas I was interested in examining. In this sense I am controlling both the ‘focus’ and the ‘group’ as outlined in Kamberelis and Dimitriadis (2013) in that the group is specifically chosen as a group of trainee counselling psychologists and the focus is maintained through facilitating the discussion around a schedule of questions which were based on my research questions. This schedule of questions was as follows:

- What is your understanding of the scientist-practitioner model?
- What do you feel are the advantages of the model?
- What do you feel are the challenges of the model?
- How do you balance the conflict between the scientist and practitioner aspects of the model?
- How do you see yourself using the model once qualified?
Focus group questions should be conversational “because the focus group is a social experience, conversational questions are essential to create and maintain an informal environment” (Krueger, 1998, p.3). These are open questions to promote open ended discussion in order to generate detailed data rather than limited ‘yes or no’ responses. I have followed Krueger’s example by keeping each question limited to a single dimension (e.g. asking separately about the advantages and then the challenges rather than a combined question) in order to obtain maximum data on each dimension rather than having participants respond to one dimension but miss the other when asked as a combined question. It also reduced the risk of confusing participants. The wording is simple, direct and appropriate to the level of understanding of the participants in terms of their backgrounds and level of education and experience as trainee counselling psychologists. The questions provide a focus and a natural progression for the discussion. In fact, the sequence of the questions is important as it provides and guides the very ‘focus’ of the focus group.

The first question is what Krueger defines as “introductory” (p.24). It introduces the subject and establishes what participants already know. It allows participants to reflect on their current position in relation to the topic without yet getting into analysing it. It also prevents participants from seeing a particular direction or purpose to the questioning at this stage which could narrow their thinking and limit discussion (Morgan, 1997). It also allows me to gain a sense of where participants are in their understanding and anticipate issues that may come up and require further prompting or linking back to here later in the discussion. It also enables me to get a sense of group dynamics in a group that is unfamiliar to me. The second, third and fourth questions are what Krueger defines as “key questions” (p.25). These are the questions at the heart of the piece of research and should be allotted the most time. I took the decision to ask the positive key question about advantages before the negative key question about challenges following Krueger’s observation that asking positive questions before negative ones produces better results by helping prevent participants from getting into a rut of negativity before they have considered the positive. The transition from positive to negative is often smoother than the transition from negative to positive. I also gave a lot of consideration to the wording of the negative question. I had initially thought of simply using the opposing word “disadvantages”, or even the word “problems”. I didn’t want to make the question over negative in terms of its influence over participants’ answers so I eventually settled on challenges since I felt this could capture the difficulties of the model but also the word challenge is more neutral in that challenges can also be seen as positives in that they have the potential for achievements and well as failures. The fifth and final question is the “ending question” (p.26) that draws the discussion to a close. It provides an opportunity to reflect on what has been discussed and how that may be taken into the future. It
allows participants to look back to their initial position and consider whether that has changed as a result of the discussion that has taken place. To facilitate this, Krueger recommends the researcher give a summary of what has been discussed before asking this question. In asking questions in a particular order, participants are not simply reflecting on their own experiences, thoughts and feelings, they are also hearing the views of others and reflecting on these and are free to agree, disagree or further develop these ideas. There is an immediate comparison amongst participants that precedes the researcher’s comparison in the data analysis phase.

For consistency across the groups, I kept the wording of the questions the same rather than using a topic guide as a prompt. This more structured approach reduced the chances of individual differences in questions between groups which could then be more likely to be interpreted differently producing different results (Morgan, 1997). It would be difficult to reach theoretical saturation (Glaser & Strauss, 1967) without consistency of questioning across groups and methods. Although the questions have implicit assumptions within them (that there are benefits and challenges to the model, that there is a conflict between scientist and practitioner roles) these assumptions are based on issues well established in the literature as outlined in the Literature Review chapter. In asking these questions I am eliciting the participants’ thoughts on these issues, but also playing a role in generating them by asking the question – this is part of the nature of social construction of knowledge, or being the ‘traveller’ to use Kvale’s (2007) metaphor.

At the beginning of the focus group session participants were reminded of some basic groundrules regarding group confidentiality, mutual respect and turn-taking for the purposes of clarity on the audio recording. Bloor et al. (2001) highlight the importance of stating to the group at the beginning of the session that the researcher is interested in a range of views and so it is important to voice differences of opinion where they exist. This helps to create a space in which people are able to disagree with each other’s ideas without feeling offended. Being pre-existing groups, participants were likely to have an understanding of one another’s temperaments, views and ideological standpoints. In order to manage the risks of using pre-existing groups I utilised the skills I have gained from 12 years of experience of facilitating group supervisions and training discussions with counsellors in my professional role as a supervisor at ChildLine. I was able to use body language and non verbal cues to recognise and anticipate when someone might be feeling uncomfortable with a subject of discussion or might be about to share something that goes beyond the remit of the discussion. I have considerable experience of heading off these issues and managing them when they occur.
Online Survey

In addition to the focus groups, I used an online survey in the hope that this would encourage wider participation. I wanted participants to be able to answer in the way they chose, revealing their interpretation rather than mine. There is evidence that those participating in computer mediated communication have a “tendency to disclose more to a computer” (Joinson, 2005, p. 23) than a face-to-face person through an increased sense of privacy, thus opening up the possibility for greater honesty and possibly more answers that would otherwise be considered socially unacceptable or provocative. Another advantage to surveys is that I can obtain detailed data from a much larger audience than would be practically possible in a focus group, as well as extending access in terms of geographical areas and harder to reach populations (Mann & Stewart, 2000). I also wouldn’t have the challenge of trying to get participants in the same room at the same time since participants can access the survey at a time that suits them. Since the text would be there already, I wouldn’t have to transcribe the data in the same way as for the focus groups (Mann & Stewart, 2000). Online questionnaires can therefore add ease and convenience for both the participant and the researcher (Hanley, 2011). One disadvantage of the survey method is the absence of opportunity to debate as each participant completes their responses without seeing other participants’ contributions. However, this presents an opportunity to compare data between collection methods as those contributing thoughts individually online may express differing views to those expressed under the ‘pressure’ of a group interaction scenario (Morgan, 1997). It is interesting to note that Kamberelis and Dimitriadis (2013) observe that focus groups are often used as a method to supplement the findings from a survey, whereas here I am doing the opposite - using a survey to supplement the findings of two focus groups. Focus groups have also often been used in the process of developing a survey (Morgan, 1997).

I created the online survey on the dedicated website Survey Monkey using the focus group questions as the survey questions:

• What is your understanding of the scientist-practitioner model?
• What do you feel are the advantages of the model?
• What do you feel are the challenges of the model?
• How do you balance the conflict between the scientist and practitioner aspects of the model?
• How do you see yourself using the model once qualified?
Each question had a free text box for participants to type their answers with as much or as little text as they wanted. The survey was spread across 2 pages. The first contained the information from the participant information sheet along with a question asking participants to confirm that they were trainee counselling psychologists from the UK. The second contained the 5 survey questions. Participants could not continue to the second page without answering the question about their trainee status first.

**Online Discussion Board**

I originally intended to use the online environment to create a blog where trainee counselling psychologists could post comments in response to my statements and questions about the scientist-practitioner model, as well as responding to each other’s comments. I hoped I would be able to compare online responses with focus group responses as a blog and comment process is almost like an asynchronous focus group (Mann & Stewart, 2000; Hanley, 2011). The blog needed to be private access only in order to prevent random members of the public who were not part of the group I was looking at from commenting on it. As such, those who wished to contribute needed to be given access via an electronic invitation to their e-mail address, but it would still be possible for them to leave a comment on the blog anonymously. Background information on the study would also be provided on the blog as a reminder for participants should there be a gap between them being granted access to the blog and them actually visiting the blog to comment. Participants would have the researcher’s contact details should they have further questions or wish to withdraw from the study at any stage. As far as possible the information for participants would be the same across focus groups and the blog, the only differences being details related to the particular medium of participation.

The blog comment facility would have been moderated (i.e. comments would be approved before appearing on the site) in order to ensure the anonymity of the comment facility was not misused. Participants would also need to be informed prior to participation that because of the nature of the online environment, text can be stored across several servers and so there is a chance that once the blog is deleted, their contribution may remain on a server somewhere. As Gaiser and Schreiner (2009) state, “it’s best to be open with participants from the start about the public availability of their contributions” (p. 33).

I created a scientist-practitioner blog page using Wordpress and promoted it to trainee counselling psychologists via emails to counselling psychology doctorate programmes and online discussion groups aimed at counselling psychologists on social media sites including LinkedIn and Facebook. Unfortunately the blog only received 2
comments. I believe this was because of the way online blogs tend to work in that the participant had to create a profile and login to use WordPress before they could post a comment on the blog. This added level of inconvenience as well as the requirement for a higher level of computer and internet literacy in terms of knowing this process may well have put potential participants off (Mann & Stewart, 2000). Following this difficulty and discussion with my research supervisor, I submitted a request for ethical approval for a minor amendment to my research method - namely to change from an online discussion board to an online survey. This request was approved.

Participants

There were a total of 29 participants within this study selected through purposive sampling (Berg, 2001). Participants were not selected randomly because “random sampling is seldom of use in selecting participants for focus groups for at least two reasons. First, the small number of participants involved in most focus group projects makes it extremely unlikely that a sample size of 40 or so will be adequate to represent a larger population, regardless of random selection. Second, a randomly sampled group is unlikely to hold a shared perspective on the research topic and may not even be able to generate meaningful discussions” (Morgan, 1997, p. 35). All participants were self-selecting to take part in the study by responding to a request. All participants were counselling psychology trainees. Around half the participants (n=15) engaged in focus groups whilst the rest (n=14) engaged in an online survey. No financial incentive was offered for participation in the research.

Focus Group Participants

Participants recruited for the focus groups were from professional doctorate in counselling psychology programmes in 2 separate UK universities. The decision to use two universities was to allow comparison between the focus groups and to gain a broader picture than just the experience of one training programme. Emails about the research and request for participation were sent to the programme directors of all the professional doctorate counselling psychology programmes in the UK at that time. Of those that responded and were open to participation, two were selected based on the combined availability of the participants and the researcher. The first focus group (Group A) consisted of 10 participants (2 male and 8 female) all of whom were in their first year of the doctorate. The second group (Group B) consisted of 5 participants (1 male and 4 female) all of whom were also in their first year of the doctorate. This second group was smaller than anticipated, possibly due to its delayed start. The
researcher had to travel some distance to the institution by train. There was a delay on the line resulting in the researcher arriving 45 minutes late for the focus group instead of the intended hour early. Only 5 students had been able to wait and it was not possible to reschedule the focus group so it went ahead. Focus group B was conducted around 6 months after focus group A.

As students on a training programme, participants in each focus group were what Bloor et al. (2001) would term ‘pre-existing’ groups as the students in each university already knew one another. Bloor et al. outline several advantages to using pre-existing groups: “a more natural setting for discussion” (p.35) since the focus group would happen in the setting the trainees already use for their university time; trainees are more likely to attend since they already know each other and the setting; the opportunity to use a pre-existing meeting venue and time for the group by tagging the session on to the end of one of their timetabled university sessions; “pre-existing social groups may bring to the interaction comments about shared experiences and events and may challenge any discrepancies between expressed beliefs and actual behaviour and generally promote discussion and debate” (p.22); finally individuals require less time to relax and warm up to the discussion. Of course there are also risks to using pre-existing groups - people who spend a lot of time together may have amalgamated their views into a very similar coalescence so that there is little debate; any pre-existing conflicts or difficult dynamics within the group may play out during the session and would need to be managed by the researcher.

Participants were sent an information sheet prior to the focus group (see Appendix 1). This is particularly important for focus groups as participants may come with what Krueger (1998) calls “tacit assumptions” (p.38) about the topic and what answers they want to give. It is better to increase the participant’s tacit knowledge so they are prepared to give answers from a place of understanding rather than assumption. A sense of understanding also helps participants feel more comfortable sharing their thoughts. Participants were also given a two-week ‘cooling off’ period before the focus group took place. At the end of the session, participants were given a debriefing sheet with a recapitulation of the purpose of the study, how the data will be used, a reminder of confidentiality and the right to withdraw along with contact details for the researcher should there be any subsequent questions or a request to withdraw. The researcher was also available for a short time afterwards at the location should any participant have felt they need a one-to-one debrief.

Online Survey Participants
The 14 participants in the online survey were recruited from professional doctorate in counselling psychology programmes across the UK as well as those taking the independent route. This was to allow the capture of views from other programmes and also from those on the independent route as further focus groups would have been too impractical to organise for a lone researcher who is self funded, especially considering those trainees not attached to a university programme. This was in line with the purposive sampling mentioned previously in order to help capture views that were not aligned to particular academic course providers. A further advantage of survey participants is that they would not know each other or have existing relationships in the way focus group participants were members of pre-existing groups of student cohorts. Views expressed by survey participants are less likely to be impacted on by such acquaintance group dynamics (Morgan, 1997). Emails were sent to the programme directors of all the professional doctorate in counselling psychology programmes in the UK requesting they alert their trainees to the call for research participants and the link to the survey which would contain more information. Adverts were also posted on social media in areas likely to be accessed by trainee counselling psychologists e.g. counselling psychology discussion groups on LinkedIn and Facebook. The adverts contained information about the study from the information sheet that had been given to focus group participants, which was reproduced digitally as the first page of the online survey. There is no data on the gender distribution, or whether each participant was attached to a university or taking the independent route.

Data Generation

The data generated consisted of audio recordings and written text. The focus groups generated data in the form of audio recordings of the group discussions. These recordings were then transcribed into word documents with a separate document for each focus group. Both transcriptions were completed by the researcher in the same order that the focus groups were undertaken - group A first then group B. As the transcriptions were going to be analysed for themes rather than being subjected to a conversational analysis, the decision was taken to transcribe in such a way as to preserve speech patterns (pauses, restarts, ‘erm’s and so on) but not to the level of speech emphasis (stressed syllables, volume, elongated sounds and so on) (Kvale, 2007). This was a compromise between detail and expediency for a single researcher. It produced transcripts that were a sufficiently faithful representation of what was said without being encumbered or made incomprehensible by complex transcription coding. Example segments of both transcripts can be found in Appendix 3. The data was anonymised at this point and any reference to a participant’s name either by the
researcher or another participant was removed. The word document transcripts were then checked for accuracy before being analysed.

The survey generated boxes of text in answer to each question for each participant. Each participant’s responses were transferred into a separate word document, one for each participant, then imported into NVivo for analysis. Survey responses can be found in Appendix 4.

Data Analysis

In line with a constructivist and qualitative methodology where meaning is constructed, thematic analysis was used on the data generated by the focus groups and the online survey. Although McLeod (2011) identifies thematic analysis as a version of grounded theory, I was not using it within this context. Grounded theory in its true form should be used for building a theory from the data, which I am not doing, and the researcher should go into the research with no existing knowledge or experience of the subject of research (Glaser & Strauss, 1967). Clearly as a trainee counselling psychologist who has to put together a research proposal, a literature review and undertaken a systematic review in the subject area, it would have been impossible for me to investigate the scientist-practitioner model with no prior knowledge or experience. Fortunately, thematic analysis does not require the ‘blank slate’ approach of grounded theory. Kvale (2007) describes the process of thematic analysis as “meaning condensation” (p.106) because the researcher codes the data for meaning and then tries to simplify the meanings across codes into themes. I used the paper by Braun and Clarke (2006) as well as their more recent update (Clarke & Braun, 2013) (both of which view thematic analysis as a method, not just a tool, for research) in order to have a step-by-step process for conducting the thematic analysis (see Braun and Clarke, 2006, pp. 87-93 for a fuller description of the process). This enabled me to create and demonstrate an element of rigour and clarity as well as making the process explicit for the reader in the interests of transparency.

Phase 1: Familiarisation

This phase involved the audio recordings of the focus groups being imported into NVivo10 and I used the software to transcribe the recordings into two separate transcripts. The transcription facility within NVivo10 allows the transcript to be created as a document that is still linked to the audio file so that selecting one piece of the transcript will also select the corresponding segment of audio file. NVivo also
keeps each segment of transcript separate with its corresponding time stamp. Transcribing the recordings myself rather than using a transcription service allowed me the opportunity to become intimately familiar with the data by re-hearing what participants were saying in a much slower and more segmented fashion. During this process, ideas for possible codes and themes emerged and I used the memo feature within the software to note them down to return to in Phase 2. Following the transcription, I went back over the recordings to check and correct any errors as well as reading over the transcripts to ensure a uniformity of style. This process of checking also allowed me to continue to review the transcripts to increase my familiarity with them in readiness for the initial coding in Phase 2. The responses to the online survey were taken from the Survey Monkey website and stored in separate word documents for each respondent. The word documents were then imported into NVivo10 and were reviewed several times during this phase to increase familiarisation with the data before initial coding.

**Phase 2: Generating initial codes**

Using NVivo10, each transcript and online survey response was coded for meaning units (Chenail, 2012), these are segments consisting of words, sentences or even a whole paragraph that represented a particular point, idea or perception about the scientist-practitioner model or related issues. Only manifest content was coded rather than latent content due to the limitations of being a lone researcher without access to independent coders for corroboration of latent content coding (Berg, 2001). I tried to code for as much of what the students were saying as possible, whether it was a direct idea about the scientist-practitioner model or a more general comment about counselling psychology. I chose to use NVivo for the coding process because using computer technology for data analysis can aid the process in a variety of ways compared to manual data handling such as ease of coding, data retrieval and review and reducing manual error (Mann & Stewart, 2000).

As an example, here is a segment of transcript from focus group A. It is segment 90 which spans the time frame of 41:50.6 to 43:52.2 and is spoken by participant A7. I have underlined several of the meaning units that were coded in this segment (though not all) and following the segment I will explain each underlined example of coding:

"'Cause I think I...I'm struggling as a...a first year trainee it's...balancing those tensions is very difficult because, you know, we're still novices, we're still just learning, but I think ultimately I agree with [A6]. I think there's something about...scientific...for me it's this process of scientific reasoning more than anything, when you're using
that to promote the profession...erm...'cause it does feel...I think I agree with you, it is about...it's a commitment to the profession, and it's almost as though sometimes that might override the person...erm...the utility to the one-to-one therapy setting or the person sitting in front of you, it does sometimes feel like that I find, that sometimes there are, kind of, you know, I'm...I do...I do find myself asking would being a scientist-practitioner benefit me or the client? And I think I...I...I struggle with that as a trainee, but I'm hoping that when I'm qualified...erm...what I'll take from the model is a way of thinking that will help me...erm...if you like...erm...sort of, push, you know, grow to the...add to the profession and I think most importantly increase the number of treatment options for patient...to the client, so maybe it's something about increasing choice and availability through the way I'm reasoning, you know, a bit like the way a lawyer, kind of...erm...would take all the evidence and say, OK well that's the best way to do it, then I think maybe I see myself a bit like that, in that sense using scientific knowledge...erm...as a way of harnessing the profession. I'm still not sure...but I...I...guess the tension for me is how...where the, you know, how that helps the client individually."

The extract “I'm struggling as a...a first year trainee it's...balancing those tensions is very difficult because, you know, we're still novices, we're still just learning” was coded under “Difficult for a Novice”. This code captured meaning units from several other parts of the transcripts that make reference to trainees struggling or finding the model difficult. The phrase “it's a commitment to the profession” was coded under “Increased Professionalism” as this code linked participants' comments on the ways in which the model adds to professionalism within the field. The phrases “I do find myself asking would being a scientist-practitioner benefit me or the client?” and “the tension for me is how...where the, you know, how that helps the client individually” were both coded as “Whom does the Model Benefit?” as this code linked several points where participants questioned whom the model was supposed to be helping. The phrase “and I think most importantly increase the number of treatment options for patient...to the client, so maybe it's something about increasing choice and availability through the way I'm reasoning” was coded under “Improved Outcomes for Clients” as this code captured a variety of views about increasing choices for clients and being able to improve the outcomes for clients.

The purpose of this phase was not to generate the themes but rather to code the data and then develop themes from the coding in the next phase. Each document was coded individually before moving on to the next. Once the initial coding of each document had been completed, all documents were reviewed to check whether any
ideas coded in later documents had been missed in earlier documents and to attempt to reach a level of coding saturation (i.e. where no new codes are emerging) to try to ensure all ideas were captured and coded. In addition to coding what was being said, I also created codes for which research questions they were responding to in order to enable me to search the data set and cross reference responses (e.g. what did all participants say about the benefits of the model? Or, how did focus group responses to the challenges of the model differ from online survey responses?) This would allow me to see not just what patterns were emerging from the data, but where specifically they were emerging or absent. A final check was carried out on each code by looking through all the data attached to that code to see if it had been coded correctly, if it fitted with the code, whether looking at all the data for the code together changed the nature of the code, whether there might be data to support two codes that might need separating or even two codes that may be saying the same thing and should be amalgamated. NVivo10 makes this process easy as it automatically collates all coded meaning units with their particular code. An example of a list of meaning units for one particular code can be found in Appendix 5.

**Phase 3: Searching for themes**

Once Phase 2 was complete, all codes were reviewed in the search for patterns, similarities and groupings that may indicate the presence of a theme. This phase was the beginning of a new level of analysis that enabled the research to go beyond just a description of what participants were saying about the scientist-practitioner model.

Part of this process involved structuring the data in new ways by creating thematic maps (as can be seen in Appendix 6) where themes group together and this helps to visualise how the different aspects of the data could be fitted together.

To continue using the example segment from above, there are now several codes: ‘increased professionalism’, ‘difficult for a novice’, ‘improved outcomes for clients’, and ‘whom does the model benefit?’ Reviewing these codes along with all the others allowed me to begin grouping them together around similar factors. The code ‘increased professionalism’ seemed to fit with a range of other codes such as ‘challenging knowledge’, ‘critical thinking’, ‘protection of practitioners’ and ‘reflective practice’. These and other similar codes were grouped under the theme ‘benefits’ as they all seemed to be highlighting the way the model can benefit the practitioner. The code ‘difficult for a novice’ was grouped with other codes including ‘importance of competencies’, ‘making students do research as a political agenda’, ‘pressure to adopt model’ and ‘need to do research to distinguish good research’.

These and other similar codes were grouped under the theme ‘in training’ as they all
highlighted aspects of the participants’ thoughts on how the model impacts on their training. The code ‘improved outcomes for clients’ was grouped with other codes including ‘ensuring best practice’, ‘ethical practice’, ‘individual accountability’ and ‘protection of clients’. These codes were grouped under the theme ‘positives in the counselling room’ as they all seemed to be highlighting what participants saw as the beneficial effects the model can have in terms of the work done directly with clients. The code ‘whom does the model benefit?’ was grouped with other codes including ‘clinical judgement over scientific evidence’ and ‘model not really important’. These codes were grouped under the theme ‘negatives in the counselling room’ as they seemed to capture the participants’ counter points to what they saw as the direct benefits the model could have on what happens in the counselling room. NVivo makes this process easier as codes can be arranged in structures and rearranged any number of times without losing or muddling coded meaning units simply by ‘dragging and dropping’ codes into a tree-like structure. This allows great ease and flexibility for decisions to be made and later changed on reconsideration of the data.

At this stage themes identified were only candidate themes to be reviewed in the next phase. Many would go on to become the sub-themes of the final main themes. At this stage the construction of meaning and new knowledge from the data gathered is underway through the process of my decisions around how to group codes, which codes fit together, what the theme structure should be and so on.

**Phase 4: Reviewing themes**

In this stage the candidate themes were reviewed to establish whether there was enough evidence in the data to support them as themes. This process was similar to checking the preliminary coding in Phase 2. All the coding for each theme was reviewed by considering how I had grouped them together. At this stage themes may be sub-divided or amalgamated with others based on this review of the coded data they represent. This is the point where the larger themes emerged by grouping the themes under a larger heading. For example, the ‘benefits’ and ‘in training’ themes combined with others such as ‘challenges’ and ‘research vs practice’ to form one of the main themes ‘The Nature of Counselling Psychology’. The next stage of this phase involved going back to grass-roots level and reviewing all the transcripts and survey responses to check that the identified themes are an accurate reflection of the data set overall and to see if any themes in the data set had been missed from the analysis. An example of this was my emerging thoughts that I may need two separate main themes covering counselling psychology as I could see from reviewing the meaning units, codes and themes that there was a distinction between comments made about counselling...
psychology as a profession and comments made about being an individual counselling psychologist. This led me to separate some of the themes out from my existing main theme ‘The Nature of Counselling Psychology’ and create a new main theme ‘The Nature of Being a Counselling Psychologist’. The ‘benefits’ and ‘in training’ themes were moved into this new main theme along with several others that had previously been under the main theme of ‘The Nature of Counselling Psychology’. At this point I also shared my thematic structure and coding with my research supervisor for feedback on the quality of my analysis.

Phase 5: Defining and naming themes

In this stage the themes were defined more clearly and the essence of what the themes appeared to be saying and why this is important were identified. A detailed analysis of each theme was written in order to tell each theme’s story in a rich narrative that forms the bulk of the findings chapter using examples from the participants’ actual words - another advantage of using NVivo is that all the coded extracts are searchable by theme making it very easy to identify vibrant examples of themes in participant contributions. Themes and sub themes were considered for their structure and what this structure means in relation to the narrative and the themes as a whole. Each theme was then given its final name.

Phase 6: Producing the report

This phase was the weaving together of theme narratives with the best examples from the data that support the themes identified in to the Findings chapter and then also writing the rest of this thesis.

Trustworthiness

This being a qualitative piece of research where empirical concepts of validity and reliability lose their traditional meanings (Golafshani, 2003), the process and interpretation of data needs to be trustworthy (Finlay, 2015), particularly as it has been carried out by a single researcher. Often this is achieved through researcher reflexivity (Toye et al., 2013). Rather than having a specific section on reflexivity, I wanted a way of capturing reflexivity throughout the piece, in line with my comments about self-mentioning in the Introduction and the outlining of my journey towards this thesis. I have therefore borrowed from the ‘one step up’ approach to reflexivity of
Pels (2000) in order to achieve a position somewhere between flat naturalism and the confusing and ever increasing loops of meta-discourse. I have tried to leave a clear audit trail from the philosophical underpinnings, the design and the process of the research I have carried out. Included within the appendices of this thesis are a sample of the transcripts from both focus groups as well as an example of a survey response.

**Ethical Considerations**

This study was carried out in accordance with the ethical research policy of the University of Manchester as well as the wider ethical research guidelines of the BPS (2010) and the HCPC (2012a). The project was categorised as low risk as it did not involve any identified vulnerable or high-risk groups. The study involved some travel for the researcher but risk was kept to a minimum with travel on public transport during daylight hours and focus groups carried out on university premises during midweek daytime hours. Risks for the participants were kept to a minimum by the focus groups happening in the participants’ usual place of work (their university) and within their usual working hours.

The topic of the study was not of a personal nature and did not require the disclosure of any information that would be considered sensitive, embarrassing, upsetting or of a criminal nature. However, I was fully aware that discussions are dynamic and can lead to unforeseeable topics. I was prepared for the possibility that a participant may be particularly passionate about their views on science or practice and therefore the debate could become heated with the possibility of some participants feeling frustrated or annoyed if they disagree with another participant’s views. I have 12 years of experience facilitating group supervisions and group training sessions in which I have managed heated discussions and would draw on this experience should this happen.

Potential participants were identified through their status as counselling psychology trainees and were approached via information from their programme directors or through advertising on social media in groups aimed at counselling psychologists and counselling psychology trainees. Potential participants were then free to make a choice as to whether they wished to participate or not in the study. Participants were provided with information about the study prior to participating so that informed consent could be given (see Participant Information Sheets in Appendix 1). The information consisted of the topic of the study, the format of the research, how information would be stored and used, the right to withdraw, what ethical approval had been given to the study and who to contact with any concerns. However, according to Faden and Beauchamp (1986) notions of informed consent are often based
on the idea of participant autonomy, but levels of autonomy in decision making can change with context - a person who is considered autonomous may give consent without reading the information sheet or without understanding it in which case they are capable of informed consent but have failed to give informed consent - so it is better to consider informed consent as an autonomous action rather than resting it on the notion of an autonomous person. Benatar (2004) considers four types of consent action that depend of the level of the participant’s education and the level of information given to them. Ignorant action occurs when there is a low level of education and little information is provided. The individual trusts a perceived authority figure and participates because they are being told to and if asked they may not be able to justify why they are participating. Contextual action occurs when there is a low level of education but lots of information is provided. The individual tends to take information at face value and is unable to critically analyse it. Intuitive action occurs when there is a higher level of education but little information provided. The individual participates based on the understanding they construct for themselves possibly based on searches elsewhere for information or on others’ experiences. Finally rational action occurs where there is a higher level of education and lots of information is provided. The individual participates based on their critical evaluation of the information and comparison with information from other sources. The level at which consent can be considered informed, and what may be necessary to ensure consent is truly informed, will depend on many factors (Henderson, 2011). In the case of this piece of research, all participants are undergoing doctoral level training and will therefore have a comparatively higher level of education and ability to critically analyse the variety of information provided to them. In addition, many will be undertaking their own research and be considering such ethical issues themselves. It could therefore be argued by Benatar’s definition that participants were giving informed consent by rational action.

Focus group participants signed consent sheets, online participants were giving consent by their continuation to and completion of the survey questions (see consent sheets in Appendix 2). All participants were informed of their right to withdraw from the study at any point (Mann & Stewart, 2000). Focus group participants were given a debrief sheet at the end of the focus group and all participants were informed of where to go for further support or with any questions after their participation was complete. All participants were given anonymity within the study. Despite Parker’s (2005) criticism of participant anonymity in research as being about protecting the researcher rather than the participants, names of participants and institutions have been removed in order to give participants the freedom to express their views without worrying about being identified (Mann & Stewart, 2000). All data was stored in encrypted files to prevent unauthorised access on a memory stick that will be retained by the university.
for the required length of time after my studies have been completed. Analysis of the
data took place in a private study area on both laptop and desktop computers that
were password protected. The laptop was also trackable and could be remotely wiped
if stolen.

**Chapter Review**

In this chapter I have set out to explain the design of this thesis from its
philosophical foundations through to its procedures and ethical considerations. I have
outlined that it is a qualitative study based in ideas of social constructionism,
postmodernism and pluralism. I have shown how 29 participants across 2 focus groups
and an online survey contributed to the study by generating responses to 5 research
questions and how these responses were analysed using thematic analysis. In the next
chapter I will outline the findings from the thematic analysis and attempt to answer
the research questions.
Findings

Chapter Preview

In this chapter I will begin with some reflections on the general experience of the two focus groups and the online survey. This will serve as an introduction to the findings that will emerge from the more in-depth thematic analysis, with the intention of helping readers to orient themselves and have a general sense of the data as a whole before delving into the specifics of the analysis. This is a continuation of my attempts to weave transparency throughout this piece of research. I will then go through the findings from the thematic analysis taking each theme and sub theme in turn offering a description of each, illustrated with verbatim quotations from the participants. These quotations will be amongst the most salient or illustrative meaning units that make up each theme.

Due to the coding method, some quotations may be used as illustrations of more than one theme. Again, in the interests of transparency I have not changed or corrected any of the quotations used. This means that quotations from the focus groups will retain the idiosyncrasies of speech patterns including pauses (‘…’), fillers (‘erm’ and ‘like’) and repaired utterances (where the person begins saying one word or sentence, then changes it to another). Quotations from the survey responses will retain any spelling or grammatical errors.

Finally I will outline the emerging answers to the research questions posed. In line with a constructionist philosophical perspective, this will not be a re-examination of the data, but rather a reconstruction of the findings from the thematic analysis based upon the research questions. This should enable the reader to have two possible ways of navigating the findings chapter - through the structure of the themes or through the structure of the research questions.

General Reflections

It is important to note that focus group A contained participants who I had met previously so I entered this group with a sense of who people were and what their views might be. I was conscious of this throughout the session and tried to ensure I did not allow this awareness to impact negatively on the group or the interactions that took place. I had not encountered any of the participants from focus group B before and this also had an impact on my feelings at the time in terms of nervousness, which again I tried not to let impact on the group or the interactions that occurred.
My experience of both focus groups was that they seemed motivated and engaged well with the subject in question. I felt the discussion flowed easily because there were only a few pauses towards the beginning and little need for me to prompt or ask further questions beyond the main research questions. I monitored the level of interaction within each group and thought all participants contributed their thoughts to the discussion, though some spoke more than others, there were no participants that remained completely silent. I did feel there was a clear disagreement within both groups over the role, interpretation and importance of science within counselling psychology. To me, this seemed to mainly focus on how the word ‘science’ is defined and interpreted and I think this is clearly present in the themes. I thought both groups talked of science as a philosophy as well as a process of falsification and both groups talked about evidence-based practice. The other division within both groups seemed to be whether individuals see themselves using the scientist-practitioner model once qualified, particularly when this would involve carrying out research themselves. It seemed to me that there were some who definitely intend to do research in the future and some who definitely do not. I observed both groups make frequent comparisons between counselling psychology and clinical psychology.

When I looked at the survey responses I found them to be much shorter and more limited in scope than the focus group responses, possibly as a consequence of the medium. By that I mean they are singular responses submitted in isolation with no opportunity for the participant to reflect on the views of others and have a discussion about those views. Most responses seemed to mention the importance of evidence-based practice or empirically supported treatments. I feel that the difficulties of the interpretation of ‘science’ were present in a slightly different form, clustering around issues of rigidity of interpretation and the constraint from being able to investigate other types of therapy. There seemed to be a clear split amongst survey respondents between those who felt there was a tension between science and practitioner aspects of the model and those who felt there was no tension. I could see that most respondents seemed to think that carrying the model forwards when they qualified would mean keeping up to date with research rather than having to carry out research.

The Themes

Four main themes were identified in the thematic analysis, each with several sub-themes as outlined in Table 1. The table shows themes, sub-themes, the number of sources that featured the theme and the total number of meaning units for that theme. It should be noted that an entire focus group is considered one source rather than the number of individuals within that focus group, but each online survey participant is
considered one source. This is an artefact of having a single transcript of each focus
group imported into NVivo versus each survey participant’s responses imported as
single documents. Meaning units represent the numbers of individual pieces of text
that have been coded for a particular theme. A meaning unit could be anything from a
single word up to an entire paragraph. I have chosen to include the numbers for the
descriptive additions they can make to our understanding of the themes.

“When it comes to analyzing focus groups, some researchers will not feel
comfortable answering their research questions with numbers, whereas others will not
feel comfortable without them. Those who can answer their research questions
without counting codes should feel well justified in doing so - no appeals to imagined
problems with statistical independence or random sampling are necessary.
Furthermore, those who argue for the advantages of a qualitative analysis of
qualitative data should feel secure enough in their own approach to pursue it without
bothering to attack the additional possibility of doing quantitative analyses on the same
data” (Morgan, 1997, p.62)

I will explore each of these themes in turn, however it should be noted that the order
of discussion is in no way significant.
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<thead>
<tr>
<th>Theme/Sub-theme</th>
<th>Number of sources</th>
<th>Number of meaning units</th>
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<td>3.1.1 The practice-evidence link</td>
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1. The Nature of Counselling Psychology

This theme captures much of the discussion around what the trainees believe counselling psychology to be and how it works, its history and development and how this relates to the scientist-practitioner model. This is distinct from the impact the model has on being an individual counselling psychologist, which was identified as a separate and much ‘bigger’ theme (in that it consists of almost 3 times as many meaning units). This theme captures many of the ways trainees felt that the scientist-practitioner model was not compatible with counselling psychology, but also how it can benefit the profession.

1.1 History and development

This was the ‘smallest’ sub-theme in that it came from the fewest sources and consisted of the fewest meaning units. Trainees may not have seen the history and development of the scientist-practitioner model within counselling psychology as particularly relevant or necessary to their understanding of it and how it applies today to their training and future careers. It is worth noting that participants from one of the focus groups had recently completed an essay assignment about the scientist-
practitioner model and so were readily able to demonstrate their understanding of the history and development of both the profession and the model. As one trainee stated, “the scientist-practitioner model was proposed at the Boulder conference in 1949 and is a training model that focuses on the integration of practice informing research and research informing practice”. The survey respondents S4, S6 and S14 also made reference to the Boulder model and the 1940s. Some trainees made reference to the humanist philosophical underpinnings of the profession and thought that the model was flexible enough to accommodate that standpoint, “it enables us to maintain our grounding in humanistic psychology”. This is a stark contrast to some of the views expressed in the literature and by other participants later in this main theme where the scientist-practitioner model and humanistic psychology are seen as incompatible.

1.2 **Counselling psychology is different to other approaches**

This sub-theme captures the ways participants felt that counselling psychology’s approach is distinct from other branches of psychology, or indeed from general counselling. Similarly to the literature around counselling psychology, there seemed to be a need amongst participants to establish the profession as different and distinct. The most referenced difference by participants seems to be the difference to clinical psychology. Many trainees emphasised the difference as a uniqueness that they valued and felt was important to preserve, “I think it’s right that we should work in multidisciplinary ways and alongside clinical psychologists, but at the same time we need to be aware that there’s a difference in what we do and we don’t want to lose our difference”. Whilst some of the difference was in comparison to clinical psychology, there were other differences with wider professions that use the medical model - some saw the comparison as “the tension between the medical model and humanistic model of human experience”. This philosophical difference seemed to focus on a comparison between the medical model representing the ‘science’ aspect of the scientist-practitioner model and counselling psychology. Some trainees felt that science and counselling psychology are incompatible, “I find it very hard to think scientifically when I’m working with a client, because I don’t think those two...a scientific mind is actually necessarily suited to working therapeutically” and “science cannot inform us about the client sitting in front of us right now in their distress”. Some trainees saw this incompatibility in the way science generalises, but counselling psychology individualises, “the scientist in me holds the evidence base in mind, whilst the practitioner in me holds the client in mind”. This valuing of individuality was seen as important within counselling psychology as one of its main differences, “I think it’s really really hard to relate...findings to that individual subjective experience”, and
some felt the model does not recognise the importance of individual qualities, not just those of the client, but those of the practitioner too, “I think I’ll be a good practitioner because of my personal qualities and I don’t think that is...necessarily demonstrated in the training model for psychologists”. Part of this limiting nature of the model seemed to be in that, “it’s kind of structured” which prevents the more open, individual, creative aspects of counselling psychology from flourishing. One trainee admitted their surprise at the ‘unscientific-ness’ of their course, “I was quite shocked at our course, how embracing of the qualitative it is”. This echoes the wider debates around how scientific qualitative research is and what constitutes evidence found in ‘The Nature of Science’ theme and echoed in one of the survey responses: “the belief that qualitative research is not ‘science’ or is not ‘real research’”.

1.3 Benefits for the profession

This sub-theme is largely self-explanatory and captures the ways participants felt the scientist-practitioner model can benefit the profession of counselling psychology. Despite the problems mentioned in the previous sub-theme, trainees saw the scientist-practitioner model having many benefits for counselling psychology as a profession. In some ways the profession is seen as still being new and uncertain of itself and is therefore using the model for a greater sense of stability, “I think it says something about the uncertainty, or, like, overacademicising...er...counselling psychology for us to even be having this discussion”. Indeed, there was a sense of the model being needed to ensure continued growth of the profession, “in order to create new theories and create new things, you need to have the research behind it to be published so that you can incorporate it and spread it around other institutions. I think that’s just...a matter of fact, you just have to do that in order...if you want to create new theory, if you want to bring new stuff to counselling psychology”. This generation of evidence and theory very much fits with the scientist aspect of the model. Some trainees saw the model as being an integral part of our professional identity and way of understanding the world, “it’s actually so much part of our professional ontology, it is who we are”. This view places the model at a much more fundamental level within the profession and would suggest that much more of what we do rests upon it, rather than simply research. As a core part of our identity it would play a part in shaping all that we do as counselling psychologists. Others saw it as a way of increasing the profession’s legitimacy, “it gives counselling psychology as a field more weight and power in that there is evidence for your practice and it is scientifically conducted”. Here the perceived supremacy of science lends its legitimacy and gravitas to the profession through our ability to base our practice in evidence and to work in a scientific way.
Some saw the legitimacy not from the scientific aspect so much as the fact that clinical psychologists use the model too so this gives the profession parity with clinical psychology, “originally the scientist-practitioner model was obviously used in counselling psychology so that we could be compared to clinical psychology and kind of seen as...erm...just as effective”. It is almost as if counselling psychology is clinical psychology’s younger sibling striving for equal recognition by copying its big brother. Such narratives of legitimacy through evidence of efficacy are powerful and well established within clinical psychology and the medical model in wider fields. Having said that, one trainee thought that the model offered a unique selling point in competition with other counsellors, “it also gives us a unique ‘selling point’ which distinguishes us from counselors [sic] and psychotherapists”. One trainee felt the model actually helps with the more humanistic side of the profession in that it can “enable the practitioner (and the discipline as a whole) to engage with human experience in a healing and humanizing manner”. Finally there was some comment on the model being used in the interests of human rights as a systematic way of raising awareness and developing new services, “it’s about developing...er...raising sensitivity, that’s one thing...erm...and based on that, whatever research you are doing asking for humanitarian aid if you’re working with...er...someone like street kids or...or refugees or anything to do with human rights work, developing the service...asking for funding, getting people’s voices heard”. This also fits with the developing aspect of social justice within counselling psychology suggesting that the scientist-practitioner model can be used to further a social justice agenda.

2. The Nature of Being a Counselling Psychologist

This theme was by far the biggest main theme with almost double the number of meaning units (298) when compared to the next biggest theme (The Nature of Science with 155 meaning units). This may suggest that trainees viewed the scientist-practitioner model as most relevant or having the biggest impact on the individual as a counselling psychologist. This theme captures the ideas relating to being an individual practitioner and how the scientist-practitioner model impacts on us as trainees and professionals. In this sense it is the most personal of the themes. It was also the broadest theme in that it was made up of the most sub-themes, which may be a reflection of the personalised nature of the research questions.

2.1 Research vs. Practice
This sub-theme captures the trainees’ views on the differences and possible conflicts between research and practice, both in terms of carrying out research and applying it to practice. There was an overall feeling of it being a choice between one or the other - an ‘either/or’ rather than a ‘both/and’ perspective. There was much debate in the focus groups, as in the literature, around whether being a scientist requires carrying out research yourself. There was also disagreement amongst the trainees as to whether it was necessary to carry out research alongside practice, and if so, how this should be achieved. Some clearly felt that being a scientist-practitioner means carrying out both practice and research, “I’d place the scientist bit with the researcher’s bit. Research and practice, that’s how I see it”. There was some thought that the model involves being “both a producer and consumer of research” and therefore it is not enough just to produce research, one must draw on research in one’s own practice. Some felt the link between practice and research was important because “it also suggests that practice can inform research and provide a basis for new theoretical frameworks and avenues of enquiry”. This valuable direct link is lost if practitioners are not also researchers. Others, however, felt less interest in, or aptitude for, research but did not feel this would impact on their ability to be a practitioner, “my academic side is my weakness I think, like the writing and the research, but I don’t think that means I’ll be a bad practitioner”.

Some argued that being a scientist-practitioner doesn’t have to involve doing research, “I think I wouldn’t see myself as any less of a scientist-practitioner by not carrying out primary research myself”. This seemed to involve being a consumer rather than a producer of research and that the important aspect was to be able to recognise good research and apply it to practice without necessarily having carried out the research yourself, “I just don’t think that I need to have carried out research for myself necessarily to learn what is good research or not and how to use it”. This is clearly an issue for training courses structured around the scientist-practitioner model where trainees are required to carry out research as a way of learning about the process.

For those that do see carrying out research as an integral part of the model, some saw sufficient flexibility within the model that they could do both without it necessarily being at the same time, “I think the training allows you to be competent in both, and you don’t have to be a researcher and a practitioner in the same day, everyday, for the rest of your life”. Others felt that, once qualified, the balance between research and practice would be determined by their place of work, “it will depend also on my future employment and whether research there is supported”. This seemed to stem from a feeling that some employers such as the NHS may value research and expect their employees to know how to conduct good research, but once in post there is no expectation to carry out research - “ironically although the NHS
require you to be able to conduct research...to be able to do evidence based practice...there's tons of research that shows that once you actually work there, there's not enough time to do research and it's not highly regarded by employers”.

Finally, one trainee passionately expressed the view that being a scientist-practitioner was about more than just carrying out research and practice, “every time we write up a case study or present a case study at an MDT [multi-disciplinary team] meeting we’re being scientist-practitioners, we’re not just having a chat about a...a client, a person, we’re actually presenting a professional case and being open to new knowledge”. This broader perception of the scientist-practitioner model was something that kept surfacing in many of the focus group and survey contributions as outlined in the ‘Alternative Interpretations’ sub theme 3.4.

2.2 Challenges

This sub-theme represents the trainees’ views of what difficulties were present in applying the scientist-practitioner model as a counselling psychologist. The challenges of the scientist-practitioner model for the individual begin with the perception of the model not actually being used by qualified counselling psychologists, “many CoPs do not actively participate in/conduct research. This means the model is not a reality for many in our profession”. There seemed to be a variety of reasons given for this. Some felt the model is too academic for real-world use, “I think in the real world those...these kinds of discussions which are more exis...more philosophical and are more about, you know, what knowledge is don’t really come into question in practice”. Others felt there was an unrealistic requirement in the model for equal proficiency, “psychologists are required to be practitioners and researchers, erm, and to kind of be able to be equally efficient in both of those roles”. This is a difficulty for those whose research skills or interests are lesser than their practice interests or skills.

For some the challenge was research being seen as a very time-consuming activity and so the challenge is around time management in trying to do research and practice or even having to use one’s own time for research activity, “time management. It depends how you view the model and wish to adhere to it once qualified, but it could be seen that you would have to conduct research alongside your practice. This could consume a lot of spare time”. Time management issues seemed to come up more in the survey responses than the focus groups, possibly reflecting the presence of trainees undergoing the independent route to qualification. Some felt the challenge was in the implied equal split between time spent on research and time spent on practice, “it’s really hard to do about 50:50 if you know what I mean, it’s
really hard to have 50% of your time dedicated to scientific stuff, like research, and 50% of your time dedicated to practice stuff”. The difficulties of being a scientist-practitioner led some to question the relevance of the title for individuals, “why do we need to even say we’re scientist-practitioners?” This seemed particularly evident when one group considered that there are other models that may be more relevant, “being de…devil’s advocate, what’s wrong with ‘applied psychologist’? Why...why is...why can’t we just use that term? Or ‘applied scientists’?”

2.3 In training

This sub-theme captures the views of trainees as the model relates to their training as counselling psychologists in terms of how it shapes their training and what is required of them to qualify. It seems that some trainees came to their training without being aware of the scientist-practitioner model from undergraduate level, “I also had no idea what the scientist-practitioner model was before I started this essay, like, I had never heard that term and in my undergrad I never came across it at all”. Some felt that despite not being familiar with it, they had been following it without realising, “I always had it in the back of my mind but...to be honest I never paid that much attention to it until we were asked to and then I realised that, ‘oh, ok’...it’s like I’ve been going blindly, like following it blindly and like I never really sat down to think about it”. Some felt the model is difficult for the novice, “it is very difficult during training as you have to complete so many aspects (client hours, supervisions, research)” and that as trainees there is a pressure to adopt the model, “I think there’s something about...erm...sociopolitical pressures that make us, kind of, adopt this model more than perhaps needs be, and I think personally as a practitioner I find it very hard”. Some objected to being made to do research as part of their training, “it’s work that’s inconsistent with their interests, their skills, their hobbies, their personalities, that they have to do, they have to go through this model and they have to be both of them until they graduate”.

There was a feeling here that perhaps this pressure to adopt the model and carry out research during training is part of a political agenda of exclusivity to narrow down the field of candidates, “I feel maybe like politically that’s not necessarily why we do research as...as part of our training and that it’s something, you know, about making it...distinguishing people or making it a certain level and reducing the number of people, or something, I’m not too sure, but I don’t feel it’s that transparent”. Here the need to do research as part of training has been left unclear to the participant. Others thought that the need to do research during training is about learning what good research is and how to recognise it and distinguish it from poor research, “I think I
need to do it to learn it and I need to do it to really understand what it’s all about and
I think that’s really what’s going to give me more knowledge at the end of it, rather
than just reading other people’s research”. Some felt the model emphasised the
importance of competencies for decision making in situations where there appears to
be an incompatibility between scientist and practitioner aspects of the model, “to
balance them both we need to be competent to a fundamental level, and then...where
we can make judgements in situations that challenge where the scientist and
practitioner are in conflict”. This view was expressed by those who had indicated a
resistance to research or were negative about the application of science in counselling
psychology and were also the one’s who expressed a need to rely on gut instinct and
professional judgement more than research. Some people highlighted the fact that
trainees’ attitudes to the model and to research do not change through their training,
“I was reading this research that their opinion of it didn’t really change, their opinion
before and after was relatively the same and for me that says people already know
where they stand on that scale so it doesn’t matter whether the training programmes
are scientist or practitioner”. With this in mind some argued that there should be a
range of training programmes, some of which are more focused on the practitioner
side, others more focused on the scientist side, to meet the needs of a variety of
candidates, “I think it would be better to have a different course for people who want
to be practitioners and a different course for people who want to be researchers”.

2.4 Bridging the gap

This sub-theme captures the notion, often put forward in the literature, that the
purpose of the scientist-practitioner model is to bridge the gap between research and
practice. The notion of there being a gap between science and practice and that the
scientist-practitioner model is an attempt to bridge this gap has been around for a long
time. For the trainees it was present in a number of different forms. For some it was
an immediate and obvious connection, “the strength [of the model] is basically that it
promotes this bridge between practice and science”. Others preferred to view it as
the integration of different types of knowledge, “the model brings together two forms
of knowledge: experiential and theoretical”. This integration seems to form an
‘inquisitive circle’ where one leads to the other and back again in a continual process
of growth, “we’re the inquisitive scientists...human scientists...always wanting to know
more, to discover, to find out, we do that with our clients in our practice anyway, and
we’re about evidencing what we learn...what we find out...what knowledge is co-
created, and also grounding our practice in evidence-based practice so it’s a circular
process”. For some the integration was a requirement of the role itself, “being a
psychologist means being a scientist” so you cannot be one without the other and a requirement to apply research means you need to be able to understand it, “for you to be able to apply the research you should be able to...understand...the...the research. I think that’s where the training in the scientist bit will come in because...if you’re not able to read it and understand it then...think it will be very difficult for you to be able to apply it”.

2.5 Future careers

This sub-theme captures the thoughts participants had about how the scientist-practitioner model would be relevant for their careers once qualified. Trainees seemed to naturally reflect on their future careers and the role the scientist-practitioner model might play in that. Some saw the model as giving them freedom to choose what they want to do once qualified, “I like the fact that science is on one end of the scale and practitioner is on the other end and that we have the freedom within that to...to...to select where we fall”. Some highlighted that the model is often not used because many do not engage in research after qualifying, “many CoPs do not actively participate in/conduct research. This means the model is not a reality for many in our profession”. Some were open about their intention not to carry out research once qualified, “I think for me I would personally...not do research, like, I wouldn’t...I don’t enjoy it, and I wouldn’t want to conduct it”. Others were clear that they do want to engage in research once qualified, “I will continue to be involved in research through my job and will be applying evidenced theory to my practice”.

2.6 Benefits

This sub-theme highlights what participants saw as the benefits of the model for them as individual counselling psychologists. The benefits of the scientist-practitioner model for the counselling psychologist were many and this was the most extensive sub-theme with 91 meaning units across 14 sources. When compared with the challenges sub-theme of 35 meaning units it would seem participants thought there were more benefits than challenges to using the scientist-practitioner model as a counselling psychologist. Certainly, trainees were clear that there are benefits to the model, “it benefits you as a professional psychologist in having a range of...erm...evidence-based treatment modalities”. Its seems that one of the basic benefits is the mindset that the model gives you or as one trainee phrased it, “it’s the way it makes you think”. This
mindset is characterised by several factors. Firstly, it enables and encourages critical thinking, “for counselling psychologists to be able to understand and interpret research findings critically” and secondly, it increases professionalism, “it provides a credible container in which to hold some of the work we undertake as counselling psychologists”. The model encourages us to challenge existing knowledge as well as new knowledge as one trainee observed, “I think we should be compelled to do it because new knowledge will inform our practice or cause us to challenge that new knowledge”. That the model enables us to do research is not just of benefit to the individual, but also the profession as a whole, “that counselling psychologists can engage in research themselves to further increase the research and knowledge base for the field”. In carrying out research, the model also requires us to be open to the peer review process, “we’ve got to be up to peer scrutiny” and in having to provide a rationale for our decisions the model can help us to ‘fight our corner’ in discussions, “in any profession you have to fight your...your cause...your beliefs and maybe this is the way forward for us”. Working in this way with research and in practice can help to guard against one dominant voice having too much influence, “the MDT [multidisciplinary team] discussions are based on NICE guidelines so if I’m working with someone who self harms, NICE guidelines will come up. Why? Because then it’s no individual with a dominant personality or a dominant view just imposing their own frame of reference”. In having such contact with other professionals, the model can assist with “networking for the practitioner”.

Using research and the model can increase social responsibility by helping to raise sensitivity about particular issues, “IPA studies or narratives...stuff that’s rich, that informs us of our experience is useful to raise sensitivity about certain things”. The model encourages continuous learning, which is a requirement of the professional bodies regulating the profession, “my learning doesn’t stop when I finish this course, my learning will never stop until I die”. It does this through providing a structure for self-education as well as attending training, “an education process for myself would be the way I’d employ it”. This in turn can provide a level of protection for the practitioner, “knowledge is power in a way, I mean everybody says that, that’s just a trite statement, I know, but the more knowledge you have, the better you can protect yourself”.

The model also provides a basis for ethical and reflective practice, “it provides a framework for ethical practice and encourages psychologists to consider the theoretical and empirical rationale of what they are doing with clients in order to ensure best practice and reflective practice”. It encourages supervision to aid this process and as such one trainee stated, “supervision is a form of being a scientist-practitioner”. The model was also seen as beneficial for those who wish to work within the NHS due to the perception of it increasing one’s employability in such a market, “if
that’s your choice to be employed in that kind of arena, in the NHS for example, then that’s what you have to do to be employed”. Finally, there were several expressions of flexibility being a benefit of the model, at least when people are not trying to define the model in a rigid way, “I don’t have a problem with it being broad, I have a problem with people trying to define the broadness”. It seems further attempts to define the model into specifics would be too limiting for some trainees; they saw a value in the broadness and the flexibility this provides.

3. The Nature of Science

It is perhaps not surprising that consideration of the scientist-practitioner model provoked consideration of what we mean by ‘science’ and how this is interpreted within the model. Discussion seemed to coalesce around 4 sub-themes: the nature of evidence, strengths, problems and alternative interpretations. This theme seemed to produce the most debate or disagreement amongst participants within both of the focus groups polarised around the positives and negatives of science for counselling psychology.

3.1 The nature of evidence

This sub-theme captures trainees’ views of the importance of evidence, but also the discussions around what type of evidence is considered acceptable and the impact this can have on counselling psychology. Trainees felt the model provides a clear link between practice and evidence, “using evidence based practice your therapeutic approach is informed by scientific evidence”. They also felt that the link between practice and evidence is two-way, “it also suggests that practice can inform research and provides a basis for new theoretical frameworks and avenues of enquiry”. However there were also doubts about the way evidence is considered within the model making it feel divisive, “I think it promotes certain sorts of evidence and science whilst ignoring others”.

Some participants felt the ongoing preference for particular types of evidence or particular methods of research, which favour certain theoretical perspectives over others also limits the field as well as the practitioner, “being stringently tied into existing theories and therapies in a bid to be research guided in practice, may limit the development of new theoretical frameworks as less new knowledge on how we work emerges”. There was also a criticism that the model is sometimes used as a ‘gold
star’ or ‘rubber stamp’ of automatic approval and legitimacy or worth for some practices, “I think it’s important first to understand what it is, in order to use it and not just use it as like a gold star, you know, like you get on sausages with that little pork symbol that it’s British pork and it’s good, well, you know, so what?”

3.2 Strengths

This sub-theme captures the trainees’ perceptions of the strengths within the scientist part of the model and the ways in which science is interpreted positively. The most frequently referenced strength appeared to be that science is about developing new knowledge and testing it, “I think for me science is about creating new knowledge and more importantly...erm...a kind of falsification process, see how solid, how...how...erm...reli...replicable knowledge is”. So science enables us to find things that can be repeated which increases their utility. For one trainee science was about finding patterns in order to help the majority of people rather than an individual, “science is about, kind of, finding solutions for, kind of, the majority of people...erm...so there is something about finding patterns”. This is about findings being generalisable to others.

Some trainees felt a strength in the nature of science is the nature of critical thinking in questioning and evaluating evidence, “I went to the health food store and I asked about a particular supplement and they gave me this information sheet and I’m sitting there thinking, ‘How am I supposed to believe this? There’s no evidence for this and you’re not even telling me where you got this information from!’ and that’s a very...I’ve just...I’ve never thought that way before, you know, it’s just because I come here now”. For some trainees there was a strength in a pure interpretation of science based on standardised procedures and falsification, “if I was going to talk about the strengths of the scientist-practitioner model, I would be talking about my understanding of it and I think counselling psychology’s understanding of it, ‘cause science as I understand it is about, you know, falsification of claims, it’s about like A + B = C or A = C and proving why that is...erm...it’s about formula”. However, others felt that the model offered an opportunity to balance ‘hard’ science with ‘soft’ science providing a greater flexibility and opportunity to research, “I think it’s kind of a continuum of looking at what science is and what hard science claims and really...where the overlaps are as well, ‘cause there are overlaps and I think, you know, we often miss them and the...the traditional scientists often miss them too”.


3.3 Problems

This sub-theme captures the concerns, issues and problems with science that trainees discussed. There seemed to be more problems with the interpretation of science than there were strengths. The fundamental problem appeared to be that there is no clear definition of science, “we don’t even know what we’re talking about when we say ‘science’. Even if you open a dictionary, they...it will say, er...a scientist is someone who practices science...or applies science...or does research. It’s a...it’s very vague”. Some feel that the interpretation of science within the model’s use in counselling psychology is not true science, “I think the problem all started when...psychology was trying to be a science”. A more rigid interpretation of science is problematic because it doesn’t give that level of flexibility previously mentioned, “there’s no sort of spectrum of, if you don’t differentiate being a scientist-practitioner from being a counselling psychologist, there’s no room to, sort of, have a spectrum of how scientific or less-so you really are and whether you’re using that in a good way”.

For some science is about control which feels alien for a counselling psychologist, “that’s the tension for me as...’cause science is often, well traditional science is about...it’s about contro...you know, it’s about the...the...making things that are unpredictable predictable. It’s about the controlling”. These conflicting interpretations create a vagueness which may well be undermining the model in the eyes of some, “it...becomes even more vague because people keep...who use that model, they use it for specific reasons, so that they narrow...they try to narrow a vague definition...which it doesn’t...for me it’s, er...it’s just chaos”. Given these conflicting interpretations and vagueness, it’s not surprising that some trainees said of the science aspect of the model, “it confused me”. Some feel that science “can silence some debate about meaningful practice. I think it can be used to promote certain approaches over others” and this can limit the options open to the practitioner for working with clients. Approaches that easily fit with scientific methods can be investigated easily and gather more acceptable evidence than those approaches that do not easily fit with scientific methods. There was also the perceived danger that it leads to the loss of the client’s individuality through “the objectification of individuals and their distress”. As a result some trainees questioned whether the scientific mind is suited to therapeutic work at all, “the scientific mind works very nicely academically, I think, but the skills of a scientific mind don’t necessarily always suit...erm...therapy”.
3.4 Alternative interpretations

This sub-theme is in some ways a call for alternative interpretations of science within the model, but it is also a summary of some of the alternative ways of interpreting the model that trainees felt were already possible. There was an acknowledgement that “everyone is using the word ‘science’ in different ways” and that this could potentially be a good thing. Some saw the model as an archetype that should serve as a guiding ideal without the expectation of being perfectly emulated, “so maybe it’s like…erm…an archetype of what we would like to be like and we fulfil that archetype in a certain way”. Indeed some thought it wasn’t a perfect archetype, but rather an imperfect template that was ‘good enough’ resulting in us “practicing in a way that is based on science in some form that makes it…to make it as good as it can possibly be”.

Moving away from templates, the view of science as a continuum was posited, “I think it’s a kind of a continuum of looking at what science is and what hard science claims and really…where the overlaps are”. Indeed, the model itself was considered as a spectrum from scientist to practitioner, “I like the fact scientist is on one end of the scale and practitioner is on the other end” the implication being that individuals could place themselves somewhere on that scale and still call themselves a scientist-practitioner and even move between points along that scale. Rather than opposing each other, some felt science and practice can actually be complementary, “the challenge is the process of balancing things, as sometimes research and clinical practice seem very different, however, I think it is important to learn to see them as complementary”. One trainee went further comparing the ‘hard’ sciences with the ‘soft’ sciences when taken to the extremes of each, “in quantum physics everything becomes almost like human sciences, things are proven but not proven”. This is a possible reference to Heisenberg’s uncertainty principle where we can know the position of a particle or its momentum but not both, or the double slit experiment where electrons passing through one of two slits before hitting a sensor behave like both a particle and a wave of energy in terms of their final positions on the sensor (Polkinghorne, 2002).

Some thought that counselling psychologists have a duty to push for qualitative methods to be more accepted as ‘proper science’, “who’s gonna promote it to include, like, qualitative if it’s not, like, counselling psychologists?” Whether research is qualitative or quantitative, one trainee argued that doing research doesn’t have to be a huge task in the way it is often perceived, “I still struggle and it frustrates me, with this idea when we think, ‘oh we’re going to be scientists, oh we’re going to co...we’re gonna conduct research’ when we think of research we think of massive dissertations
that are going to take up 6 months of our lives”. Finally, students questioned whether the model should be seen as the combination of two distinct roles or rather a toolbox with different tools for different tasks, “if you call yourself a scientist-practitioner, you’re saying ‘I’m a scientist and a practitioner’, you’re not saying ‘I’m doing science and practice’...so...er...that...I think that’s where the conflict is, because you...it’s...because there is this conflict between science and practice, which I don’t think is valid by the way, they should...they shouldn’t be...clash...it’s two different tools for two different things”. This shifts the focus used to define us from what we are to what we do and consequently the focus it produces shifts from what we are to what we do.

4. What Happens in the Counselling Room

This was the ‘smallest’ main theme at 89 meaning units across 14 of a possible 16 sources. The theme focuses on the scientist-practitioner model and its impact directly on the therapeutic work with the individual client. The fact that it is the smallest main theme may suggest that participants saw the scientist-practitioner model as less directly relevant to practice within the counselling room than to their role more generally as a psychologist and the scientist aspect of their role. It also has the potential to be a reflection of the issue frequently raised in the literature that research findings have little direct impact on changing a practitioner’s practice. The theme is subdivided into simply positives and negatives. There were more meaning units for positives (77 meaning units) than for negatives (12 meaning units).

4.1 Negatives in the counselling room

This sub-theme captures where participants felt the scientist-practitioner model could have a negative impact on direct work with clients in the counselling room. Some trainees questioned who gains from using the scientist-practitioner model within the therapeutic relationship, “I do find myself asking would being a scientist-practitioner benefit me or the client?”. For some the primary concern was the therapeutic relationship and the although they felt the model helps them to prepare to see the client, they felt the presence of the scientist-practitioner model in the counselling room would be detrimental to the relationship, “this preparation hopefully informs the way I practice, however, when entering the therapy room, the individual and the relationship are what takes precedence”. A few trainees said they would
always trust their own gut instinct or clinical judgement over scientific evidence, “I focus on the practitioner aspect - my main priority is that the therapy offered is helping the client. I consider the scientific role if it supports the above, but I trust my clinical judgement more”. As outlined in the literature review, since clinical judgement can take years of experience to develop and some research has shown that clinical judgement is unreliable (Bell & Mellor, 2009), one has to wonder what trainees are basing their clinical judgement on. Two trainees stated that although they are aware of the model they don’t really think about the it at all, “I don’t really see the scientist-practitioner as, like, a problem for me because I don’t even…it’s not like it’s there, like, it’s not like it’s at the forefront of this training, fine it’s something that they’ve written in a counselling textbook, that, you know, we have to follow this model, I don’t wake up thinking, ‘Oh my god I’m a scientist-practitioner!’”

4.2 Positives in the counselling room

This sub-theme captures the many ways in which trainees thought the model might have a beneficial impact on direct work with clients in the counselling room. Some felt that it helped to ensure best practice as it “encourages psychologist’s [sic] to consider the theoretical and empirical rationale of what they are doing with client’s [sic] in order to ensure best practice and reflective practice”. It seems to do this in a number of ways. By far the biggest seemed to be the application of research to practice, which had 42 meaning units, “I try to read research around the client groups that I am working with to understand what best practice might be”. In this way it grounds counselling in being more than an art, “so this scientist-practitioner I think was supposed to...er...stop...stop practice from being an art, from...er...it was supposed to...er...erm...like bring...er...bring knowledge into practice”. It also promotes ethical practice with clients, “the model also helps counselling psychologists to adhere to the ethical guidelines that states we must provide the most effective interventions which can only be identified via research”. This gives clients a level of protection and safety, “it’s about ethical practice and preventing harm, and if we look back in history there have been many ‘treatments’ in inverted commas for people experiencing emotional and psychological distress that have been really damaging and devastating for people’s lives”. It also ensures a level of individual accountability in the counselling room, “to balance them both we need to be competent to a fundamental level...and then...where we can make judgements in situations that challenge where the scientist and practitioner are in conflict of what is best for the client, or for ourselves or for our research in that moment”. Here competencies take a role in ensuring practitioners can make appropriate decisions about their practice where evidence may be lacking or
equivocal. Finally, this attitude of ethical practice and research results in better outcomes for the client, “a constant pooling of experience to hopefully improve outcomes for clients”, all of which in turn can increase confidence in practice, “increased client (and counsellor) confidence”.

Answering The Research Questions

Having explored the emerging themes from the thematic analysis, I will now consider how the findings from the themes relate to the research questions. As previously stated, this is not a reanalysis of the data, but rather a reconstruction of the findings that makes the answers to the research questions more explicit for the reader. As such, the findings can be viewed in either the form of their thematic structure or the form of the research question structure. As with the themes, I will illustrate the answers to the research questions with indicative quotations from the participants. Some of these quotations will be the same as ones used to illustrate the themes above, some will be quotations that were not used to illustrate themes but were still constituent meaning units from the themes.

1) How do trainee counselling psychologists understand the scientist-practitioner model?

Participants gave a variety of answers to this question. There was some confusion about what the model is due to a lack of prior knowledge: “I also had no idea what the scientist-practitioner model was before I started”. Many saw the model as having an educational purpose, either in terms of training individuals to become counselling psychologists: “it is a combination of training in being scientific researchers and also clinical practitioners”, or for qualified counselling psychologists to harness their ongoing learning and continued professional development: “a commitment to the ongoing development of knowledge that informs how we work through continuing processes of enquiry and research”. Some described it simply as “a mindset” - a way of thinking and being that determines our way of working as a counselling psychologist. Others saw it as a means of linking practice and research - “that my practice is informed by the evidence base and that the evidence base is informed by practice”.

Whilst there was no single definition of the model, it seemed that participants had common ways of viewing the model which could be broadly divided into three
distinct types or conceptions. Across the themes, 3 concepts of the model began to emerge:

- The model as two roles
- The model as a spectrum
- The model as a set of tools

I will outline each of these conceptions below.

The Model as Two Roles

This conception of the model involved it consisting of two separate and distinct roles: that of the scientist and the practitioner: “psychologists are required to be practitioners and researchers, erm, and to kind of be able to be equally efficient in both of these roles”. In this conception, many trainees viewed being in the scientist role as meaning carrying out research. In fact the terms ‘science’ and ‘research’, along with ‘scientist’ and ‘researcher’, seemed to be interchangeable when thinking of the model in this way. They saw counselling psychologists as expected to fulfil both roles equally, though not at the same time, “I think the training allows you to be competent in both, and you don’t have to be a researcher and a practitioner in the same day”.

This conception seems to hold the previously mentioned challenge of finding the time to carry out both roles due to the suggestion of being one or the other at any particular time. The natural dichotomy of two distinct roles makes this seem the most disconnected of the three views of the model. How the integration of these two roles within the model should be achieved seems to become entirely the responsibility of the individual rather than the profession. One is either a scientist or a practitioner and has to switch from one to another. It does not seem possible within this conception to be a scientist and a practitioner at the same time. It is not clear whether one can switch between roles in the same day, or would need to balance the two roles over an extended period of time or even over the course of a whole career. There is scope within this conception of the model for integration between the two roles to happen across the profession as a whole rather than within the individual. In which case some counselling psychologists would specialise in practice and some would specialise in research. As seen in the literature, in some ways this is what seems to happen within the profession at the moment and it was clear from the responses of trainees that
many do not see themselves carrying out research in the future, their main interest is practice.

The Model as a Spectrum

In this conception of the model, trainees viewed the model as a spectrum from scientist at one end to practitioner at the other: “I think it’s kind of a continuum”. This suggested that they perceived a freedom to place themselves somewhere along the spectrum according their to interests and abilities, as one participant said, “aim to work in a way [that] merged the researcher and clinician”. They also felt there was freedom to move along the spectrum at different times and in different contexts, “I like the fact that scientist is on one end of the scale and practitioner is on the other end and that we have the freedom within that to...to...to select where we fall”. This is consequently a more flexible interpretation of the model. There are shades of grey here between the black and white extremes at either end of the spectrum. At any moment one could be, for example, 70% practitioner and 30% scientist, then at a later point 70% scientist and 30% practitioner (“I would...dabble in between both”), or even the fabled 50:50 division so discussed in the literature. Here integration is achieved within the individual, but there is flexibility within that integration - one does not have to switch from one role to another, one is a mix of the two in some form at all times - “I don’t have to be a scientist and a practitioner every single day of my life”. It is not clear however, how a position on the spectrum would be measured in terms of whether it might relate to time spent on particular activities, for example, “there is also a discrepancy regarding the emphasis of research and practice as many disagree on what this ratio should be”.

The Model as a Set of Tools

This conception of the model consists of a variety of tools that can be selected from according to the task at hand and the context of the setting rather than defining the model as something we are, the definition switches focus on to what we do: “if you call yourself a scientist-practitioner, you’re saying I’m a scientist and a practitioner, you’re not saying I’m doing science and practice...it’s two different tools for two different things”. Effectively here the model becomes a tool box where techniques of science and practice can be used separately or in a variety of combinations as appropriate, “you would be viewing them as tools...as a tool box”. Tools can be used
in different combinations depending on the task at hand therefore integration of science and practice is more likely to happen within activities rather than simply within the individual. Participants taking this view also seemed to have a broader interpretation of what constitutes ‘science’ than those expressing the other conceptions. In this view science can become practice activities such as using outcome measures for monitoring a client’s progress and so on. The model becomes embedded within our activities rather than resting upon them. “It’s like arguing which tool is better, a hammer or a screwdriver, they’re for different things, you can’t really argue against or for the other...erm...so in that sense if...if you see them as tools, which can be learned and used and different capabilities and different capacities, you don’t have to be equally competent in both of them to be called a scientist-practitioner”.

2) What do trainee counselling psychologists think are the strengths of the model?

There were many advantages to the scientist-practitioner model for the profession, the individual practitioner and the client. Some thought the model was flexible enough to accommodate counselling psychology’s humanist grounding and this would allow counselling psychology to preserve its uniqueness and difference to other approaches such as clinical psychology or psychotherapy. One participant thought this was counselling psychology’s “unique selling point”. There seemed to be a flexibility for individuals to choose where they fit within the model on a spectrum from scientist to practitioner based on their interests, skills and abilities - “I think one of the strengths is that it’s broad...because I think it encompasses so much”. For some the model lends a sense of stability to counselling psychology - “it makes me...er...feel more comfortable professionally and personally in working with human beings if I’m not just working from my own frame of reference and what I think’s good for that person”. It adds ‘weight’ to the profession and legitimacy through the gravitas of the scientific method - “what you can say on particular issues has more credibility as it is well informed” and “it grants legitimacy”. For others this legitimacy came through the model giving parity with clinical psychology in terms of being ‘as good as’ or ‘equally effective’.

The notion of ‘bridging the gap’ between research and practice as well as between ‘hard’ and ‘soft’ science was mentioned frequently. It was felt that the model creates a clear link between the two in that practice should be based upon the findings from research and research should be carried out on the basis of practice. It seemed this link creates a cycle of learning that is an expansive force encouraging the growth of knowledge within the practitioner and the profession as a whole - “the model means that we will always be exploring new area [sic] of knowledge around the human
experience”. This link between research and practice within the scientist-practitioner model also fosters critical thinking and peer review - “it’s about monitoring, evaluating and being open to peer review”. It increases accountability in research and also in practice through practitioners having a rationale for their interventions. This use of formulation can help ensure best practice and ethical practice for clients - “it provides a framework for ethical practice” and “our practice is based in evidence. Put simply this means that client’s [sic] can have confidence that they are receiving interventions that have been shown to be effective”. Finally it was felt that the scientist-practitioner model increases employability in some organisations, particularly within the NHS with its emphasis on evidence-based practice and empirically supported treatments - “if you’re in the NHS...automatically you kind of have to take on the science...the scientist bit really seriously”.

3) What do trainee counselling psychologists think are the challenges of the model?

The challenges that emerged in participants’ answers centred around vagueness, rigidity and incompatibility. Many trainees felt that there is no clear definition of science and certainly no clear definition of what the ‘scientist’ in the scientist-practitioner model means - “one of the biggest things...er...I think that is a challenge is just defining it” and “the tension between social science and biological science. My view is that we need to keep our base firmly in humanistic psychology and be careful not to try and become clinical psychologists” and “you can’t falsify human behaviour”. Some commented on how the word ‘science’ is interpreted in many different ways within the field, and ways in which scientists in other fields (such as physics) may disagree with or not even recognise as ‘science’ - “that strength is within a certain realm, and if...if we’re not including some of the...what is sometimes called soft sciences stuff then we’re not...then the strength becomes a weakness”. This “vague...and complex” nature or lack of consistency makes the model confusing for trainees. Depending on the interpretation of ‘science’, the model can be seen as too rigid with a lack of flexibility - “science is only one way of looking at the world”. Science is seen as being about controlling variables and “the objectification of individuals in their distress” and wanting to generalise as opposed to counselling psychology’s wanting to individualise - “science cannot inform us about the client sitting in front of us right now in their distress”. There is an under emphasis on the personal and in particular the personal qualities of the practitioner that may make them more effective.

Science can be seen as promoting certain forms of evidence, which favours certain types of therapy and stifles the debate and value of other forms of therapy - “it
can silence some debate about meaningful practice”. It may also stifle creativity as well as limiting the development of new therapies - “it’s a rigid approach...there is less creativity and options in how one can work”. Many trainees felt the scientist-practitioner model was too unrealistic in its expectations to be achievable in the ‘real world’. It was seen as too academic, that the expectation of equal proficiency in both roles was unachievable in most cases (“as an educational model it is unrealistic, in that it requires a diverse skillset which very few trainees have” and “the challenge is to train to do both things [research and practice] good enough”) and that an equal division of time between practice and research was also an impossibility of time management - “there is also a discrepancy regarding the emphasis of research and practice as many disagree on what this ratio should be”.

It was suggested that there may be a political motivation for the pressure to adopt the model and particularly to use it within training as a form of gatekeeping to maintain the exclusivity of the profession - “I feel maybe like politically that’s not necessarily why we do research as...as part of our training and that it’s something, you know, about making it...distinguishing people or making it a certain level and reducing the number of people”. Some felt the model is sometimes used as a ‘gold star’ or ‘rubber stamp’ of quality to fend off critical questioning - “I think it’s important first to understand what it is, in order to use it and not just use it as like a gold star, you know, like you get on sausages with that little pork symbol that it’s British pork and it’s good, well, you know, so what?” Some trainees questioned the adoption of the scientist-practitioner model by counselling psychology over other models that may be more suitable such as the scholar-practitioner or the applied scientist - “what’s wrong with ‘applied psychologist’? Why...why is...why can’t we just use that term? Or ‘applied scientists’?”.

4) How do trainee counselling psychologists balance the tension between the scientist and practitioner aspects of the model?

Not all trainees saw a tension between the scientist and the practitioner aspects of the model. The few that did not see a tension tended to view the two aspects as “I think they can be complementary and the roles can be combined” and “In my view there is no real conflict. The tension has political grounding, in the sense that scientists praise science and practitioners praise practice. The two disciplines are not in conflict, one can inform the other in a very productive manner”. They argued that research did not have to be a large and time-consuming activity - “it frustrates me with this idea when we think oh we’re going to be scientists, oh we’re going to co...we’re gonna conduct research, when we think of research we think of massive
dissertations”. They believed it was possible to run research and practice alongside each other quite comfortably having “enthusiasm for both”.

Those that did see a tension had a variety of ways of dealing with that tension. For some the biggest tension was around whether they were required to carry out research themselves in order to be considered a scientist-practitioner. Many wanted to consider themselves a scientist-practitioner just by using the research of others to inform their practice rather than carrying out research themselves - “by reading a lot” and “I try to read research around the client groups that I am working with to understand what best practice might be”. If they must carry out research then some thought a balance could be struck by being “competent, not equally skilled and fantastic and perfect, but competent in both” and “to balance them both we need to be competent to a fundamental level”. Some felt that considering the model as a spectrum from scientist to practitioner where they could place themselves somewhere on that spectrum and even move along it at different times would help them to balance those tensions - “I like the fact that scientist is on one end of the scale and practitioner is on the other end and that we have the freedom within that to...to...to select where we fall”. Others felt it was simply a matter of time management in order to fit in both activities - “I think the only tension between them is the limited amount of time one has and one has to distribute the time fairly between the two roles”.

Viewing the scientist-practitioner model as a toolbox of different skills for some people put the focus on activities rather than roles and meant they could engage in both aspects of the model at the same time - “if you see them as tools, which can be learned and used and different capabilities and different capacities, you don’t have to be equally competent in both of them to be called a scientist-practitioner”. Others felt they balance the two by being the scientist in preparation for seeing a client (reading research on the client’s issues and NICE guidelines on how to best work with those issues or client groups) and then being the practitioner whilst in the room with the client (“the scientist in me holds the evidence base in mind, whilst the practitioner in me holds the client in mind”) during which time their clinical judgement would take precedence over the research findings and NICE guidelines - “I do believe that experience does count for something and in this field your gut is a very strong indicator of what you should do morally for that client” and . Some felt that their ability to interact with clients was key to balancing the tension - “you need the people skills” and others almost talked of shielding the client from the scientist aspect of their role by “being aware of your assumptions and not letting them get in the way of your practice”, “always being fully present and available for my clients” and “maintaining a non-objectifying stance towards my clients” or of having to push themselves to ensure they balance practice with science - “I have to work to engage with the scientist part”. Some felt the balance would depend on where they work and
how their employer views science and practice - "potential employers will be looking for both" and "if you're in the NHS...automatically you kind of have to take on the science...the scientist bit really seriously".

Finally, some participants’ responses to the tension were to take an ostrich’s head-in-the-sand approach and not think about it - "I use just my human gut instinct which is not scientific" and "I don’t really see the scientist-practitioner as, like, a problem for me because I don’t even...it’s not like it’s there, like, it’s not like it’s at the forefront of this training, fine it’s something that they’ve written in a counselling textbook, that, you know, we have to follow this model, I don’t wake up thinking, ‘Oh my god I’m a scientist-practitioner!’".

5) How do trainee counselling psychologists see themselves using the model once qualified?

Here the answers were mostly split between those who could see themselves carrying out research once qualified and those who could not. Some participants were unsure of how or whether they would continue to use the model: “I’m not sure how I will end up applying the model as a counselling psychologist”, “I have trouble with the...with the title [scientist-practitioner] so I don’t know how...how I will see myself” and “that feels really difficult to answer actually”.

Some participants were certain that they would continue to use the model: “Defintiely yes. It is a core plank in what I already do in practice” and “I would...dabble in between both”. Some expressed views on how they thought they would use it and why: “what I’ll take from the model is a way of thinking that will help me...erm...if you like...erm...sort of, push, you know, grow to the...add to the profession”, “an education process for myself would be the way I’d employ it”. Here the model is being used as a means of harnessing professional development both for the individual and the profession as a whole. One participant felt using the model was an ethical responsibility and that “practicing without it is potentially unethical in my view”. For some it was woven into their sense of a professional identity and would determine how they carry themselves and engage with their work: “the model will always be a part of my identity and it will help me to present myself in this way”, “for me the scientist-practitioner model would be part of my professional persona, part of who I am, and how I behave” and “that would hopefully form part of everything that I did”.

Some participants expressed less certainty about their future with the model using words like ‘hope’ and ‘maybe’. Theirs are expressions of aspirations tinged with
doubts: “I would like to be involved in ongoing research into human experience”. Some felt their use of the model might end at the end of their training as they gain more choice over what they do - “Once I qualify, I think it will be harder to continue using the model, as we will no longer be in training and we will be able to decide what we enjoy more or what we are better at”. For others, the current experience of research as a trainee was off-putting but they recognised that this would change - “I could see a situation where I do some further research, but as a trainee, at the moment, in the midst of completing my research, I am thinking ‘never again’, though I am sure that will change and I do have ideas for further research, but whether they will gain support and/or funding remains to be seen”. Some felt it would be dependent on the attitude of their future employer - “it will depend on my future employment and whether research there is supported”. Some of these less certain responses had an emphasis on practice over research suggesting they are mostly interested in being a practitioner: “I would use it to inform my practice...and...probably would use it minimally”, “I think after becoming qualified I will dabble in research but mainly focus on practice. I will fulfil my research role by keeping up to date with the latest published work, yet not contribute to it as much as I will try to whilst on this course”, “I will continue to base my therapy work on theory and research, but I may be less interested in being involved in research” and “I hope to use this model as a way of being led in my practice by theory and research whilst still recognising the primacy of the therapeutic relationship”. These were the participants who felt that using others’ research to inform their practice was sufficient to meet the scientist aspect of the model.

A couple of participants hinted at thoughts that they would not use the model after qualification: “I would probably avoid it at all costs” and “I think for me I would personally...not do research”. Although many participants had expressed views on the challenges of the model, this question did not prompt much direct opposition to it in terms of people’s future careers except for one person who directly said they would avoid the model. It’s difficult to know whether this is only a single person who sees themselves as not using the model, or others are also thinking the same but unable to express it in the group when using the model is a requirement for counselling psychologists. Individuals completing the survey may also have felt this pressure but possibly less so.

Chapter Review

In this chapter I have outlined the themes that emerged from the thematic analysis. The theme ‘The Nature of Counselling Psychology’ included the impact of its
history and development, the way it differs from other approaches and the way the model benefits the profession. The theme ‘The Nature of Being a Counselling Psychologist’ included the conflict between research and practice, the challenges for the individual posed by the model, issues related to training and future careers, the benefits of the model for the individual and the potential for bridging the gap between science and practice. The theme ‘The Nature of Science’ included consideration of what constitutes scientific evidence, the links between evidence and practice as well as the limitations of certain kinds of evidence, the strengths and difficulties of a scientific approach in counselling psychology and the possible need for alternative interpretations of science within counselling psychology. Finally the Theme ‘What Happens in the Counselling Room’ included a breakdown of the positives and negatives of the scientist-practitioner model for the individual client and the nature of practice within the therapeutic space.

After outlining the themes and sub-themes, I then returned to my research questions and sought to answer them from the themes that were found. Within this there emerged three distinct perceptions of the scientist-practitioner model amongst the trainee counselling psychologists - the model as two distinct roles of scientist and practitioner, the model as a spectrum from scientist on one end of the spectrum to practitioner on the other end, and finally the model as a tool box from which different tools of science and practice can be drawn according to the task at hand. In the next chapter I will discuss these findings in relation to the literature reviewed earlier as well as discussing the possible implications of these findings for counselling psychologists as individuals and the profession as a whole.
Discussion

Chapter Preview

In the previous chapter I outlined the themes that emerged from the data and gave detailed descriptions of each. I also sought to give answers to my research questions from those themes and described an emerging pattern of three types of view of the scientist-practitioner model. In this chapter I will discuss these findings and each of the views in more detail along with how they relate back to the literature I reviewed earlier. I will also discuss the possible implications of these findings for individual counselling psychologists and the profession as a whole. Finally I will consider the limitations of this study.

Echoing the Literature

Overall, the themes identified in the Findings chapter seem to follow a pattern found in the literature around the fundamental questions still being asked within the profession - what counselling psychology is, what it means to be a counselling psychologist, what science is and what happens in the counselling room. There still seems to be no clear picture or single definition of what the scientist-practitioner model is or how it would look in everyday practice (Blair, 2010). It would therefore be unrealistic to expect 29 trainee counselling psychologists to have a unified understanding of it given 60 years of debate and disagreement within the literature. It is also unsurprising that the issues in their responses to the research questions were similar to the issues in that literature.

The counselling psychology division of the APA has reaffirmed its commitment to the scientist-practitioner model several times in the last 40 years (Vespia & Sauer, 2006) and the HCPC (2012b) is still referring to it in the standards of proficiency for UK practitioner psychologists so it would appear the model is here to stay. Although some participants had an understanding of the history and development of the model within the field, not all did and a lack of understanding of this may contribute to trainees not feeling the model is relevant or necessary for them to be counselling psychologists. This is in addition to those who enter training just wanting to be practitioners (VanderVeen et al., 2012). It may be linked to the sub-theme of counselling psychology being different in its approach as a reflection of some of the resistance to the scientist-
practitioner model, as some counselling psychologists may want to make distinctions between counselling and clinical psychology, or between counselling psychology and the medical field, but there is a danger that pulling the profession away from these may make it too much like counselling to still be considered psychology. Those coming from a background in counselling may find it particularly challenging to adopt the model under pressure from their course. Their focus may have only been on theory and what they do when face-to-face with the client with little reference to or experience of research (Castonguay & Muran, 2015).

Perceptions of the Model

Although there were a variety of views of the scientist-practitioner model amongst participants, three main types of view views or perceptions emerged. Each view had a different emphasis or interpretation of role depending on the way in which science is viewed. Each view has different implications for counselling psychology and the way the scientist-practitioner model is applied in practice. I will discuss each one in turn to explore these perspectives and their implications.

The Model as Roles

There was a clear recognition within the participants of the humanistic roots of counselling psychology, of the value of this and a desire to preserve this link as a unique aspect of counselling psychology despite the tensions that exist between it and a more empirical approach, or a medicalised model of practice. In fact Lane and Corrie (2006a) have speculated that a closer alignment of the scientist-practitioner model with the medical model could threaten the uniqueness of counselling psychology. It seems we can definitely say that counselling psychologists are “expected to have two strings to their bows, one empirical-scientist string and one subjective-reflective-practitioner string” (Kasket & Gil-Rodriguez, 2011, p. 21). If we take this analogy further, it is difficult to see how one can fire a bow with two strings. Consequently it is difficult to see how the tension between these two perspectives can be resolved. This tension seemed to fuel much of the problems the participants identified with the model when viewed from this perspective. It is possible that pluralism may tolerate the dissonance between two opposing perspectives if adopted as a philosophical grounding. However, it seems counselling psychologists are currently expected to find their own way to tolerate this dissonance. The result of this may be
that many counselling psychologists who view the model from this perspective do not tolerate this dissonance and end up following one role or the other. Thinking of the model as two separate roles automatically creates a division between science and practice (Jones, 2008). They are two different and distinct tasks. This seems to have resulted in psychologists choosing between two distinct career paths - those interested in practice focus on the practitioner side and work in clinical settings without engaging in research whilst those interested in the science side focus on research and go into academia without engaging in practice (Overholser, 2010). This is inline with Blair’s (2010) highlighted continued criticism that counselling psychologists are not carrying out research. This limits the scientist-practitioner from being able to carry out the variety of tasks suggested by the model and risks a growing gulf of understanding between practitioners who value practice over research, and scientists who value research over practice. We may be at a point where the profession is becoming divided between psychologists with a special interest in counselling (representing the scientist side of the model), and counsellors with a special interest in psychology (representing the practitioner side of the model). The latter of the two positions is certainly visible within those participants who were clearly only interested in practice and didn’t see conducting research as being particularly relevant to them, a view of research often found within practitioners (König, Jöri, & Knüsel, 2011; Castonguay & Muran, 2015). This could be a worrying trend as it increases the possibility of the profession consisting of a number of counsellors who “dabble” (to use the word of some participants) in psychology in order to have a better chance of getting paid therapeutic work in a field swamped by voluntary positions. This links back to Woolfe’s (1996) comment about counselling psychology occupying the space between “narrow scientism” (p.10) and a complete lack of science. We may not actually be occupying that middle space but slipping off to either side. In amongst all this counselling, it can be difficult to see where the psychology is, where the factor that makes us different to counsellors and psychotherapists is (Feltham, 2013). There is also the danger that this is reinforcing the presence of research apathy within the field, which has the potential to hold the profession back because, as we have seen, science and evidence have become increasingly important in securing funding for services or third party reimbursement for therapy (Bray, 2010). One could however argue that this growing influence is in itself a problem that needs to be kept in check rather than it being allowed to take over how counselling psychologists work.

There seemed to be little agreement amongst participants, or within the counselling psychology literature, over what science is and how it should be used. Some participants did feel that science should be more than a rubber stamp or a means of prestige. Science is possibly the best means by which we can be as certain as possible that what we do works. Some of the students seemed to recognise this in their
discussions about the model taking psychology from being an art to being a science in a similar vain to the way it took medicine from an art to a science - "Many historians of medicine have argued that prior to about 1890, the history of medicine was largely the history of the placebo effect and that most procedures practiced by physicians were useless, harmful, or at best, no more useful than a placebo. For centuries, physicians "knew"—based on their clinical experience—that such treatments as blistering, purging, and blood-letting were effective, even though we now recognize that this ‘knowledge’ was woefully mistaken” (Lilienfield et al. 2012, p.14). However, not everyone agreed that science can be applied to counselling psychology, at least in its traditional form. Those participants in opposition argued that science is too rigid, too controlling and too general in its view as opposed to focussing on individual detail. Seeing the model as roles and science as being objective and generalisable means there may be less ability to see the client as an individual from the scientist role. Clients within research become participants defined by particular characteristics that are used to include or exclude them from research groups. They become representatives of populations rather than of themselves. From the practitioner role the draw is to see the client as a unique individual. Personal experience is infinitely more meaningful to the practitioner than generalised ‘facts’ (Hoshmand & Polkinghorne, 1992), yet anecdotes and personal experience are an insufficient basis for determining interventions, but they are the most directly engaging basis for many therapists. For the practitioner, the draw of the complex, specific and idiosyncratic client will always feel more powerful than the objective, generalised findings of the research study. However, it is the way this science is implemented that is key.

The profession can grow exponentially when science and practice are truly integrated (Whitson, 1996; Lane & Corrie, 2011) rather than one side feeling it has the moral high ground - for example, researchers insisting clinicians follow dogmatic recommendations and clinicians insisting that research is too removed from the real world to be relevant (Castonguay & Muran, 2015). Shapiro (2002) called for more research to be carried out in real clinical settings so that there is less need for subsequent evaluations of generalisability, a call echoed by Holmqvist et al. (2015). Indeed the founders of all the major schools of psychotherapy remained active in seeing clients (Overholser, 2012). Many of those schools emerged from the founders’ own research with their clients - they were scientist-practitioners (O'Donohue & Halsey, 1997). Rogers (1951) in particular proposed his necessary and sufficient conditions for therapeutic change (the core conditions for person-centred counselling) as research hypotheses for testing.

"Patient-focused research thus has the potential to bridge the scientist-practitioner gap and presents a new opportunity for clinical psychologists to provide a science-informed practice. A new age has dawned for the
scientist-practitioner model. It is no longer the case that integrated science and practice refers only to the use of evidence-based treatments or occasional publication of case series. There are numerous avenues for the assessment of clinical care, and there is great potential for the practices described above to enrich the scientific practice of psychology. The scientist-practitioner has the opportunity to utilize innovative methods for matching appropriate treatments, monitoring patient progress, the measurement of treatment outcomes and the management of services.” (Newnham & Page, 2010, pp.139-140).

This quotation is in contrast with some of the views of participants who saw the scientist-practitioner model as limiting in scope and creativity due to the rigidity of what is interpreted as evidence and ‘scientific’. This raises the question of whether trainees are made aware in training of the ‘innovative methods’ that are now available to counselling psychologists. Boswell et al. (2015) have highlighted the potential in routinely using outcome measures to aid client retention and improve outcomes. They call for trainees to be encouraged by faculties to engage with outcomes data in their research in the hope that this will carry forwards into their careers.

It is still unclear whether a scientist-practitioner must be a producer as well as a consumer of research and if so how much time should be spent on research. There was some recognition that carrying out research is an effective way to learn about what good research is and is not, however some felt they did not need to do research to be able to discern good quality research, in line with the views of Holmes and Beins (2009) that the model does not require research production. Some were quite vague on why they needed to do research within their training. The possibility was suggested of other more political motivations for the research requirement in the form of a selection procedure to keep the field exclusive in a gatekeeper function reminiscent of those described by Berger and Luckmann (1971) as institutions. Interestingly, Jones and Mehr (2007) have argued that there are three roles within the scientist-practitioner model. The first of these roles they define as the research producer - someone who actively carries out research and produces new knowledge to add to the profession. This is also someone who can see where there are gaps in knowledge and apply validated techniques or even develop new ones. The second role is that of research consumer - someone who is able to take the research findings of others and apply it to their practice where appropriate. This person keeps abreast of new developments in the field in order to keep their practice ‘current’. The third role they define is that of evaluator - someone who is able to evaluate a client’s progress, the efficacy of treatment choices and the success of an entire service. This person incorporates these evaluations into their practice and is able to make necessary changes and
improvements based on their findings. These three roles were echoed by Jones et al. (2013) for scientist-practitioners within a clinical setting.

In terms of the division of time between science and practice activities, VanderVeen et al. (2012) found the clinical psychology trainees they surveyed expected that post qualification they would on average spend 53.91% of their time on clinical work and 35.03% of their time on research. The participants in my study seemed to either think they would carry out research, or they would not, rather than simply splitting their time between the two activities. They certainly recognised the difficulties of trying to divide time devoted to activities in an equal way but many thought this would be determined by their employer. However, there was recognition of an important link between research and practice, that each should inform the other as often espoused in the literature (Hershenberg et al., 2012). Some participants felt this has importance not just for expanding the evidence base for particular interventions or theories, but also for expanding the profession by developing new theories. Perhaps there would be more time for research and students would have a better understanding of the need to do research as part of their training if the research they carried out was more firmly based in their practice rather than being a disconnected entity that is ‘bolted on’ to their training. It would seem trainees need a research methodology that does not compete with clinical work but forms a part of it in order for all trainees to be truly integrated scientist-practitioners. Seeing the model as a toolbox rather than roles may help to achieve this, but I shall return to this idea when I discuss that perspective of the model.

Seeing the model as roles provides benefits to the profession in terms of creating new theories and new knowledge. Participants thought this may be more likely to occur when the model is interpreted as roles since there is more space within this model for ‘big thinking’ around theoretical approaches. Someone who has the time and space to work as a researcher rather than a practitioner is more likely to be able to work on such profession-wide ideas by the very nature of their specialisation (Hyland, 2001; Jones, 2008). The toolbox interpretation on the other hand is much more likely to be individual practitioners doing tailored, specific and discreet small scale work. Similarly the larger work of raising awareness about issues, campaigning for services etc may be more likely to be undertaken when the model is seen as roles due to the nature of specialisation mentioned previously.

The BPS (2014) definition of counselling psychology on their website states counselling psychologists are concerned with “the integration of psychological theory and research with therapeutic practice” which would suggest that the scientist role requires understanding and application of research rather than the production of it. However, it also states that we “understand diagnosis and the medical context to
mental health problems and work with the individual’s unique subjective psychological experience” and this might be more fitting with the toolbox approach as we are taking different elements and combining them into a tailored approach to meet individual needs. Viewing the model as roles is supported by the theme of research vs practice - the idea that a psychologist can do one or the other, that they are distinct activities for distinct roles. Here research would only really be carried out if the individual went down the path of the researcher role, potentially leaving the practitioner role behind. There is more flexibility to carry out research within the other two conceptions of the model. This view of the model is contentious if one believes that a scientist-practitioner must be a producer as well as a consumer of research, which participants did not agree on. Training future counselling psychologists in research skills when the scientist-practitioner is viewed as separate roles maintains the gap between science and practice rather than truly integrating them in a similar way that Jones (2008) has argued.

This view of the model as roles may be more popular with those who do not trust science, or who trust their gut instinct more than science, possibly because this view of the model allows them to inhabit the practitioner role where they feel more comfortable with an expertise that they feel is different from yet equal to science. It is perhaps this view of the model as roles that continues the distinction between those who see psychological science in the light of modernist epistemology (scientists) and those who see psychological science in the light of postmodern epistemology (practitioners). The other views of the model require more integration and blending of these distinct standpoints. The roles view makes it possible for the scientist-practitioner model to be achieved either within the individual adopting different roles at different times, or across the profession as a whole with some being scientists and some being practitioners. This is the view that Jones (2008) has called for in saying it is unrealistic to expect every counselling psychologist to be equally proficient in both roles.

The idea of one participant in the focus groups that the scientist-practitioner model is an archetype that we should aspire to without necessarily expecting to meet seems to fit most with the view of the model as roles if we look at archetypes as an idealised example of something. There may be an archetype scientist and an archetype practitioner, or the archetype is of someone who can transition smoothly between both roles as required. Wenger (2000) has highlighted how important identity is in structuring knowledge within communities of practice in that it is part of the individual’s sense of belonging to the community and thus is a key part of deciding what it is important and what is not. It could be argued that the competencies required of counselling psychologist trainees and professionals as defined by their nation’s regulatory body are a breakdown of such archetypes into their constituent parts which
structure the individual’s sense of identity as a counselling psychologist. Despite all the talk of tension between the roles of scientist and practitioner, Wenger (2000) has also pointed out that the boundaries between communities can be sources of new opportunities for learning - that knowledge is the interplay between competence and experience and learning happens where there is tension between the two. From this standpoint, the tension between scientist and practitioner roles is an opportunity for learning, however, Wenger, McDermott, and Snyder (2002) caution that such learning develops through regular interaction and communities need to be expansive in attitude and communicating with each other for new knowledge to be obtained. This is similar to the call of Leung (2003) for more international collaboration between counselling psychologists in research. If the view of the model as roles keeps scientists and practitioners separate and resistant to communication then learning is unlikely.

Notions of the model ‘bridging the gap’ between science and practice support the view of the model as roles in that there is a link between the two roles, a point of connection. However, it could be argued that the bridge across the gap is also the spectrum view with the bridge acting as the spectrum between two extreme positions and counselling psychologists can place themselves on the bridge wherever they choose. It is this spectrum view of the model that I will now explore.

The Model as Spectrum

Viewing the model as a spectrum allows for a more flexible approach than viewing the model as two distinct roles. The two distinct roles represent either end of the spectrum - the two extremes. By placing one’s self in a position on the spectrum somewhere in between those two extremes, one is automatically identifying as a bit of both to varying degrees. This view maintains more of a link between research and practice since one can do a mix of both depending on where along the spectrum one places oneself. This has the potential to allow for a more integrated approach depending on the parameters used to define where on the spectrum a position should be taken - by who you are or by what you do. The distinct roles approach requires a transition from one role to the other, but on a spectrum we are already a little of both - the integration is already integral to where we are positioned on the spectrum. A transition between activity types is therefore likely to be smoother than when we have to consciously switch roles from one to another. The issue of integration seemed to be viewed in two ways within the literature - whether integration should occur within the individual professional, or across the profession as a whole (Stricker, 2011). There is the possibility in this view that the model can either be embodied in the individual by changing positions along the spectrum according to the task at hand, or it can be
embodied across the profession as a whole by different counselling psychologists adopting different positions along the spectrum ensuring the full spectrum is covered overall. This provides greater possibilities for cross pollination and joint understanding as everybody is doing a little of both rather than some doing only practice and some doing only research as in the dual roles view.

Athanasiades (2008) has demonstrated such individual spectrum shifting across the duration of her career from trainee to practitioner to academic. Whilst she has argued that this demonstrates a science-practice integration, it is possible to question this integration as the progression was sequential. She moved from one role to another and then another. Whilst she might be an integrated practitioner now, it is not clear whether she could have been considered integrated at the beginning of her career, or when she made her first transition from trainee to practitioner. To be considered truly integrated one is likely to need to be able to transition along the spectrum in a shorter timescale. It is unclear how one might shift along the spectrum according to tasks undertaken during the course of a day or a week for example. However it is possible to imagine how this could be done from one of the participants in one of the focus groups describing how she considers herself more on the scientist end of the spectrum in the time leading up to seeing a client when she is reading up on research about the client’s issue and familiarising herself with NICE guidelines for particular treatments, but then once she is with the client she slides more to the practitioner side of the spectrum assessing the individual’s needs, goals, preferences for treatment, what they may engage well with and what approaches they may reject given their unique history, experiences and perceptions.

The model as a spectrum is in some ways similar to the view proposed by Lilienfield et al. (2012) where the model is a grid with scientific and unscientific on one side and researcher and practitioner on another side. Although the view of Lilienfield et al. only has 4 points of categorisation rather than a full spectrum, it allows greater delineation than the standard binary scientist or practitioner. It also creates the possibility that one may be an unscientific researcher or a scientific practitioner. Perhaps we come closer to a spectrum if we change this grid to a graph with two axes - one from scientific to unscientific and one from researcher to practitioner. Now our spectrum becomes two-dimensional and we can plot with greater precision where a professional lies, though it is unlikely that anyone would want to be labelled ‘unscientific’.

Another grid that can be compared to our spectrum is that produced by Mitroff and Kilmann (1978). They produced a typology of the way social scientists approach science according to their innate preferences for information gathering and information processing. Inspired by Jungian typology they looked at preferences for information
gathering being either Sensing or Intuition and preferences for information processing as being either Thinking or Feeling. Taking the resulting grid with its four quadrants, they plotted 4 different approaches. In the Thinking-Sensing quadrant they placed the Analytical Scientist - someone with a drive for certainty, precision, accuracy and reliability. This individual is most likely to be interested in experiments, randomised controlled trials and hypothesis testing. This quadrant is perhaps closest to the scientist end of the spectrum in its extreme form. In the Thinking-Intuition quadrant they placed the Conceptual Scientist - someone who is more interested in the impersonal, theoretical aspects of science. This person is likely to be interested in creative theory building and is more focused on the bigger picture than a reductionist - they want to see how apparently unrelated things connect and would love to create a theory of everything. In the Feeling-Intuition quadrant they placed the Conceptual Humanist - this person has a passion for personal knowledge and is focused on the potential for human growth, awareness and welfare. Finally in the Feeling-Sensing quadrant they placed the Particular Humanist - this person has an intense interest in the individual. They want to capture the uniqueness of the individual, their context and meaning. This person is not interested in generalisable theories but rather in-depth detail. This is perhaps the extreme practitioner end of the spectrum. Mitroff and Kilmann viewed all four positions as approaches to social science and did not view any particular one as more appropriate or more accurate or real. They were clear that these are best viewed as ‘types’ and are not fixed for life - individuals may adopt different views at different points in their careers or even with different roles or tasks.

From the descriptions given above it is possible to view the quadrants of the grid as quarter segments of our spectrum. The first quarter at the scientist end of the spectrum is the Analytical Scientist, this is followed by the second quarter of the spectrum that takes us up to the midpoint and would be the Conceptual Scientist. The third quarter of the spectrum taking into the practitioner side of the spectrum would be the Conceptual Humanist. The final quarter taking us to the extreme end of the practitioner side of the spectrum would be the Particular Humanist. There is some suggestion that social scientists gravitate towards the stance they prefer in terms of their own personal outlook on life which echoes some of the views expressed by the participants of the focus groups - that trainee counselling psychologists often know what they want to do and gravitate towards that in terms of either a focus on practice at the expense of research or a focus on research at the expense of practice (Merlo et al., 2008). Of course there is the danger in looking at the spectrum in this way that we are merely creating 4 distinct roles instead of two. Whilst it may create more opportunities than two roles, it still limits us in comparison to a full spectrum.

We can break the spectrum down into more segments if we look at Overholser’s (2010) proposed 10 criteria for clinical psychologists to be scientist-practitioners. If, as
Overholser suggests, these criteria are viewed as rateable with 10% per criterion then
counselling psychologists could be positioned on a spectrum from 0 to 100% in how
closely they meet Overholser’s criteria to be considered a scientist-practitioner,
although this is a slightly different spectrum than one from scientist to practitioner as
scientist-practitioner is at the 100% end of the spectrum. It is unclear what the 0% end
of the spectrum would be called. It does, however, allow for a greater range of
possibilities than Lilienfield et al.’s four-point grid. Other possibilities offered by
viewing the model as a spectrum includes a greater potential to open a broader
interpretation of what is science than the roles view can (though it should be noted
that the toolbox view can also do this). Neither of these views has such a fixed view of
science as the roles view does. There are more opportunities for cross fertilisation
between research and practice in views that do not hold the model as two distinct
roles. In many ways a more rigid interpretation of what constitutes science would be
quite anti-spectrum. The spectrum idea fits with the views participants expressed
around science and practice being more complementary than in opposition of each
other.

The Model as a Toolbox

The view of the model as a toolbox began with an observation raised by one of the
participants in one of the focus groups. He raised an interesting point around the
scientist-practitioner model putting the emphasis on being a scientist and being a
practitioner rather than on doing science and doing practice. Placing the emphasis on
role rather than activity immediately makes the two aspects more opposed - they
become things done by two different people rather than one person who can do both
activities. If we change the title from the scientist-practitioner model to the science-
practice model, although it sounds a little clumsier it immediately seems more
achievable as an individual professional. Science and practice and the skills we use to
carry out each of them become tools for achieving different tasks. I can use both a
hammer and a screwdriver for their respective tasks without having to be a ‘hammerer’
or a ‘screwdriverist’. A carpenter would choose the right tool for the right task from a
wide range of equipment. However, the tool box needs to be well stocked with a range
of tools from both science and practice and it may not be - “while dimensional
diagnostic methods are an indispensable half of the psychologist’s tools of the trade,
the other half of the tool box is, up to now, virtually empty” (Allport, 1981, p. 70).

Seeing the model as a toolbox may be more appealing for those participants who
see the model as impacting on their everyday practice and being a part of how they
think and who they are. Interestingly, the concept of having a professional toolbox was
found to be prevalent among early career sport psychologists (Stambulova & Johnson, 2010). Within this model is the scope for more of what we do everyday to be seen as evidence and research and used as such. It gets around the arguments that the model is too academic or an idealistic luxury. It is also the only view of the model that solely focuses on a scientist-practitioner-as-individual model rather than a scientist-practitioner-as-profession model. By that I mean this view of the model can only have the scientist-practitioner as embodied by an individual who is using tools from the toolbox. The other two views can have the model embodied in the individual, or the profession as a whole.

The competency frameworks used in training counselling psychologists in the USA and the UK could be seen as fitting with the view of the model as a toolbox. Each competency mastered, whether science-based or practice-based, adds another tool to the box the counselling psychologist can use when qualified. The competencies are clustered in different ways but around similar issues of skills, knowledge and awareness. With a range of tools at a trainee’s disposal it is no longer so important whether someone is naturally better at being a practitioner or a researcher, people can use the tools they are familiar with rather than having to follow a set idea of what it means to be in a particular role. The science can be in the details of everyday work rather than having to be such a big research canvass. Practice is research rather than research being something you do alongside practice or something that temporarily takes you away from practice. This fits with the routine monitoring of client outcomes and progress discussed by Newnham and Page (2010) and Boswell et al. (2015) as a means of scientist-practitioner integration and the assessment process discussed by Vespia and Sauer (2006). Even the formulation process as a working alternative to diagnosis as proposed by Johnstone (2014) becomes of form of research where each client is an individual case rather than a condition and the process of working with them builds up a unique picture of their circumstances and the best way of working with them based on who they are and not just what condition they have.

Parallels can also be drawn between the toolbox view and pluralistic counselling (Cooper & McLeod, 2011). Pluralistic counselling comes from a perspective that there are many possible ‘right’ answers in any situation and therefore many possible right ways to help a particular client. The framework for pluralistic counselling is built around the ideas of goals, tasks and methods. Goals are the things the client wants to achieve, tasks are the type of work the client will have to do to achieve the goals and methods are the specific ways in which the tasks will be undertaken. There are many different options in each part of this framework so choices will need to be tailored to the individual client’s needs, beliefs and preferences in order for the best chance of a successful outcome. The framework does not require a single therapeutic perspective such as cognitive behavioural therapy or solution focused therapy. It can draw on
techniques and ideas from many different types of therapy. In this sense it is similar to
the toolbox view where the scientist-practitioner can draw on a range of tools, skills,
techniques and approaches to ensure the best fit for this particular client. Other
parallels can also be drawn with the common factors approach to counselling. This
approach is based on the idea that there is much research to show that, on average, all
forms of therapy are about equally effective (Elkins, 2007). If this is the case then it
has been argued that there must be some elements of counselling that are common to
all of these different theoretical perspectives and those are the things that lead to
successful outcomes for clients (Bohart, 2005). If they can be identified, then they can
be combined and used to make counselling more effective. Again this is treating
counselling as a toolbox from which different ideas, techniques and skills can be taken
and combined to increase the likelihood of successful outcomes.

The drawback of the toolbox view is that it does not guarantee integrative practice
and so has the potential to be the worst of eclecticism (Nuttall, 2002). Practitioners
could end up picking and choosing the tools they prefer and leaving the others that
they dislike, in an everyday form of confirmatory bias (Kahneman, 2012). There is no
intrinsic need within this view to co-ordinate the tools in a way that makes sense or
orders them in any way so the whole thing could end up being as one participant said,
“it’s just chaos”. This view of the model does not tell us how to use the tools in the
tool box in a coordinated way.

Viewing the model as a toolbox is a metaphor. Metaphors can be very useful in
both counselling and learning (Lyddon, Clay, & Sparks, 2001). They work by taking one
phenomena that is more abstract or less known and comparing it with another
phenomena that is more concrete or familiar (Tay, 2012). This metaphor is perhaps
more immediate in its relateability than the model as a spectrum metaphor because a
toolbox is more everyday than a spectrum, however the emphasis on utility of a toolbox
and the physicality of a toolbox containing tools which can be touched and used also
make this metaphor more immediate. Metaphors with more immediate relateability
tend to be more powerful and effective in conveying meaning and understanding
(Robert & Kelly, 2010). This view could make the scientist-practitioner model more
accessible for practitioners, their clients and also trainee counselling psychologists.

Counselling Psychology Training

In order to encourage the next generation of counselling psychologists to truly be
scientist-practitioners we may need to change aspects of the way we train them.
Currently in the UK doctoral training in counselling psychology is almost exclusively
self-funded, unlike clinical psychology. This has implications for the kinds of candidates it attracts as well as those who are able to undertake such a financial obligation. In a self-funded environment, research undertaken is more likely to be of personal interest rather than of general use, it is also less likely to be published and possibly be of poorer quality (Hanley, Cutts & Scott, 2012). Funded training is more likely to have specific areas of required research and opens the field of candidates to all those who may be capable and an asset to the profession, rather than those financially secure enough to afford the training and its associated costs of supervision and personal therapy. However, limiting the research options for trainees may well be counterproductive from this perspective. Development of an understanding of science and research may not be sufficient on training programmes - there is a need to foster enjoyment of research to increase the likelihood that trainees will practice as scientist-practitioners once qualified, although Holmes and Biens (2009) found that teaching research methods can cause a reduction in student interest in research.

Zachar and Leong (2000) make the suggestion of teaching trainees about the scientific method in relation to practicing with their clients, e.g. forming hypotheses and testing them so that trainees get used to the idea that there may be more possible answers than the one their clinical judgement suggests and they are able to consider how they know what they know as well as what might be the best way to find out more. Boswell et al. (2015) argue that training programs should put more emphasis on trainees gathering routine data with all their clients on outcomes and process as a way of embedding the idea of practice based research. Jones (2008) claims a healthier balance of the scientist-practitioner model would exist on training programmes if academic institutions gave equal input and influence to expert practitioners as well as expert researchers. I would agree with this having experienced a programme where professionals are invited in to teach certain aspects of theories and practice. They are able to draw on a wealth of real life experience, which makes for a much richer training experience than solely being taught by academics that no longer practice. This could be achieved with a programme’s existing staff group if those staff were encouraged to maintain their practice, however, “most academic programs offer no incentive for faculty members to remain active in clinical service, and some universities discourage clinical practice as a distraction from scholarly pursuits” (Overholser, 2012, p. 272). This is particularly difficult in universities where research production and publication is prized above all else, yet the scientist-practitioner model could help to resolve this if research is carried out directly on practice. However, research and practice together are time-consuming and may be difficult to balance with the demands of a busy curriculum and assessment. Some trainees were calling for divergent training - separate courses that specialise in either research or practice instead of trying to do both. This would require trainees to make a choice prior to
commencing training according to their interests and then solely focus on the route they have chosen. Whilst this may be more in line with what some of the literature is saying about counselling psychologists generally being interested in one or the other, it has the potential to limit opportunities of employment and risks further widening of the gap between science and practice, which the scientist-practitioner model was supposed to bridge.

There may be some worth in laying a good foundation for the scientist-practitioner model long before trainees attend their doctorate programme. Hershenberg et al. (2012) call for more integration of science and practice on pre-doctoral programmes in order to increase the likelihood of scientist-practitioner integration during doctoral programmes and once qualified. This current ‘gap’ in learning was reflected in the ‘in training’ sub-theme where one participant commented on never having heard of the scientist-practitioner model in her undergraduate training. Introducing the model in earlier psychology training may help to close this gap by the time trainees reach doctoral level. Although some participants felt that trainees have fixed views about research and going through a training programme that teaches research and science skills does not seem to change those views. Indeed, Tinsley, Tinsley, Boone, and Shim-Li (1993) found some evidence that counselling psychologists’ scientist-practitioner behaviour was more related to their personality than their training. This is in direct contrast to what Barlow et al. (1984) identified as one of the most important reasons the scientist-practitioner model was adopted - that joint training in science and practice should stimulate interest in both areas. This does not seem to be happening and it is difficult to know how to address this, how to inspire those currently uninspired by science in order to help them appreciate its value and applicability to their practice.

Part of this may be down to the lack of agreed definition of what we mean by science within counselling psychology. Lilienfield (2010) highlights that many have regarded any attempt to define science as destined to fail due to the range of different methodologies across the difference scientific disciplines, yet states that science is the best way we have of guarding against confirmatory bias. He highlights 5 threats to science in psychology:

1) political correctness - the idea that scientific findings should be ignored, or issues should not be scientifically investigated, if they do not meet with the political sensibilities of the time.

2) radical environmentalism - this has nothing to do with eco-warriors but rather the notion that most aspects of psychology are a product of the individual’s environment without taking...
account of genetic factors and biological factors. Essentially that it is all nurture and no nature.

3) the resurgence of “common sense” and intuition as arbiters of scientific truth - the notion that if scientific findings go against what we believe to be true or what seems to make sense then it should be ignored. Scientific findings that seem counter-intuitive or that do not match our experience of the world are dismissed. This is similar to the notion of clinical judgement outweighing scientific findings in work with clients.

4) postmodernism - Lilienfield states that postmodern perspectives have bolstered mistrust of science and opened the way for an over reliance on clinical judgement which is laden with cognitive biases. Examining narratives of power and influence and the way language and procedure can construct knowledge effectively undermines the authority of science and can make it easier for some to reject the findings of science.

5) pseudoscience - this is unscientific research that poses as science. It can appear convincing but it often emphasises confirmation rather than falsification. It does not undergo peer review and relies heavily on anecdotal and testimonial evidence. It also has no safeguards against the various cognitive biases that scientific procedure tries to eliminate or minimise.

As scientist-practitioners, we need to be aware of potential threats to science, but our humanist grounding means we should not fall in to the trap of thinking that qualitative research equals pseudoscience. There is a balance to be struck to ensure we do not throw the proverbial baby out with the bathwater. That is why we are required to be scientist-practitioners and not just scientists.

Future Implications

If the scientist-practitioner model is to stay within counselling psychology (as the current situation suggests, certainly within western counselling psychology) then further work may need to be done in reaching a shared understanding internationally of what the scientist-practitioner model is and how trainees and professionals are expected to use it in their everyday work. A continued lack of clarity or shared understanding found in the literature and amongst participants in this study only
perpetuates the gap between research and practice that the model is supposed to bridge. Looking at the world-wide picture, different cultures and countries will have a variety of views on what constitutes science and how important or not science should be in helping those experiencing mental health difficulties, and this is only adding to the problem. Whilst I am not arguing that western and eastern counselling psychology should be exactly the same, each can benefit from a cross fertilisation of ideas and perspectives, there needs to be some sort of consensus on the scientist-practitioner model if it is to be used in a truly international sense. It may be useful to carry out a piece of research like this with trainee counselling psychologists from other parts of the world to explore the similarities and differences in their perceptions of the model.

The participants across both focus groups and the online survey repeatedly used the term “best practice” as something that they strived for or wished to achieve. It was not obvious from their use of the term whether this was synonymous with evidence-based practice or use of empirically supported treatments. As Corrie and Lane (2011) have highlighted, best practice is also past practice and counselling psychology needs a flexible range of research methodologies to develop and continue to evolve our understanding of what best practice is in a changing environment as financial and political pressures continue to cause rapid changes in the field.

The way in which counselling psychologists are trained may need to be changed in order to ensure true scientist-practitioners are emerging at qualification. It would be helpful to have greater integration of research and practice throughout training by adopting more of a model as spectrum or preferably model as toolbox view. This would make it easier for trainees to embed their research within their practice. Such embedded research, or ‘practice-oriented’ research (Koerner & Castonguay, 2015), could look at practice issues, outcomes, particular approaches, client issues, therapist issues and so on. This would be research with direct relevance for those who struggle to see research as relevant to their practice or as being too academic. The pluralistic approach to research (Grant, 2009) and counselling (Cooper & McLeod, 2011) may offer a way to take the toolbox view of the scientist-practitioner model forwards in both research and practice. It may provide enough of a framework for a shared understanding of the model with enough of a philosophical and theoretical grounding to build from in an integrated rather than merely eclectic way (Hollanders, 1999).

Of course a number of other things need to be considered to enable practice embedded research to occur - greater links between training institutions and practice placements, greater clarity and efficiency in the process of obtaining ethical approval for research, overcoming the trainee's anxiety about doing research with real clients and the fear this might ‘get in the way’ of the therapeutic work (Koerner & Castonguay, 2015). Universities could do more to ensure their trainees research areas
that are of general importance to the field rather than those of personal interest to the trainee and also ensure research carried out for doctoral qualification is submitted for publication in peer reviewed journals. Although more difficult to assess, it might be helpful to trainees’ experience of research if they were permitted to collaborate in their research endeavours to reflect how research can be a collaborative effort, which would be less isolating (Widdowson, 2012). The current prizing of research over practice within universities is perpetuating the research-practice gap (Shedler, 2006), but this could be closed if the research was embedded in practice and if those teaching on such courses were enabled by their universities to continue practicing in some form as part of that embedded research. What could emerge from this is the kind of community of practice discussed by Wenger (2000) where, perhaps with a shift in identity, counselling psychologists working in a variety of arenas could create a complex social learning system through regular interaction and collaboration as scientist-practitioners (spectrum or toolbox) rather than reinforcing the divide of scientist or practitioner (roles). Koerner and Castonguay (2015) report seeing this kind of knowledge transfer on a smaller scale within the practice-oriented research community they created with further examples to be found in Adelman, Castonguay, Kraus, and Zack (2015); Koerner and Castonguay (2015) and Garland and Brookman-Frazee (2015).

There is an obvious preference for utility within the toolbox view of the scientist-practitioner model which links back to the neopragmatism referred to in the philosophical underpinnings of this thesis. The metaphor intrinsically emphasises doing over being - tools are meaningless outside of the context of what they do. Their purpose is to be used to achieve something. This could be a deterrent for those practitioners who come from a more relational perspective where the emphasis is on being rather than doing. They may see the toolbox as another example of a reductionist approach trying to deconstruct counselling into a series of pick’n’mix tools. However, from the common factors perspective it could be argued that even in a purely relational approach there are particular qualities to this type of ‘being’ that have a therapeutic effect and as such, these qualities could be viewed as tools to be used. That may seem cynical and overly simplistic to relational practitioners who view the relational aspect as a whole that is greater than the sum of its parts.

Limitations of this Study

This study has only considered the view of 29 trainee counselling psychologists from the UK and as such it is difficult to relate findings to the wider international population of trainee counselling psychologists. This study is a detailed and contextual snapshot in
both time and location. However, the themes that emerged are largely present in the literature suggesting the views of participants are consistent with the wider international perspective. It is perhaps ironic that as someone who believes in the value of scientific inquiry within psychology, I would choose to investigate the issue of the scientist-practitioner model from a qualitative perspective when qualitative methodology is often criticised as being unscientific. Being a qualitative piece of research, there is always the danger that the findings are an artefact of researcher awareness of the literature, or participant awareness of the literature, especially given that focus group B had recently completed an assignment about the scientist-practitioner model. However, I would argue that this made their discussion more informed. I wanted to create a more detailed picture of the trainee view of the scientist-practitioner model than has been achieved previously so my preference was for depth rather than breadth - for detail rather than generality. This is where the value of qualitative research resides in that it recognises its place, its context, its production and its contribution. I could have adopted a methodology based on one-to-one interviewing that would have allowed me to explore the perceptions of participants in even greater detail. However this would have required fewer participants (6-8) to be manageable for a single researcher and I wouldn’t have gained the range of views that I did from 29 participants.

As a lone researcher there has been no team to replicate, validate or calibrate my identification of meaning units or establishment of themes. However, I would hope there is enough transparency within this piece of research for the reader to draw their own conclusions about the trustworthiness of the process and of myself as the researcher. I have drawn on the experience of my research supervisor as a way of checking that my thematic identification and structure makes sense given the meaning units they are drawn from.

Carrying out the focus groups in the opposite order (unfamiliar group first, familiar group second) may have produced different dynamics within the discussions depending on the impact it may have had on my feelings. Going in to the familiar group first allowed me to feel more confident about what I was doing which may have been lacking the other way around. It was not my intention to have only first year trainees in the focus groups. I would like to have had a mixture of years in each focus group but this did not happen, possibly because trainees in different years are often not taught together and are therefore not available at the same time on the same day as the first years. As courses progress and stress levels increase it may be that trainees in later years were less able or willing to participate in research at a time that was less convenient to them. In hindsight it might have been better to arrange the focus groups at a time most convenient for later year groups in the hope that first years would be more open to coming in to their usual venue at a different time. Such a weighting
towards first year views in the focus groups may have produced different views than trainees from later years who have had more time to consider the model and more experience of its use (or lack thereof) in their practice.

Another criticism may be the lack of ‘member checks’ of the themes, a technique frequently used in qualitative research of this kind. However, since the online participants were completely anonymous it was not possible to carry out member checks for them. From an ethical perspective it would seem unfair to give half of the overall participants (the focus group participants) the opportunity to review the themes identified but not the other half (the anonymous survey participants). A further issue with the anonymity of the survey participants is that I cannot be absolutely certain I have captured the views of any trainees on the independent route to qualification since this was not a question asked in the survey in order to keep the survey as brief as possible to encourage completion.

Chapter Review

In this chapter I have taken the findings and related them to the literature reviewed earlier as well as considering their implications. The findings from this study seem to echo the key messages from the literature. There is still no single agreed definition of the scientist-practitioner model and participants have a variety of views on the matter. These views can be loosely grouped into three types - viewing the model as two distinct roles, viewing the model as a spectrum of activity, or viewing the model as a toolbox from which the individual draws tools appropriate to the task at hand. The first view of the model as roles puts the emphasis on who we are, whereas the last view of the model puts the emphasis on what we do. The factors that impact on how the model is perceived tend to centre on views of science including how and even whether it is practiced within counselling psychology. The different models offer different possibilities for integration, with the likelihood that the model as toolbox view offers the greatest possibility for integration. The scientist-practitioner model appears to be here to stay but is still not being embodied by counselling psychologists. Changes may need to be made to the way in which counselling psychologists are trained in order to embed the research into practice. In this trainees are more likely to emerge from qualification as integrated scientist-practitioners, if we can find agreement on what a scientist-practitioner is.
Conclusion

This thesis has sought to explore trainee counselling psychologists’ perceptions of the scientist-practitioner model in order to gain a better understanding of the way the model is perceived by part of the next generation of counselling psychologists. In exploring these perceptions we have seen that there is still no one unified definition of what the model is or how it should be applied. Much of the debate within the literature is on going and played out amongst the participants, emerging in the form of themes that questioned the nature of science, the nature of counselling psychology and the nature of being a counselling psychologist. These questions still provoke debate and disagreement amongst participants as they do amongst members of the profession. In attempting to harness these differing views, I identified three distinct views of the model. Each captured elements of the on going debate and each has implications for future counselling psychologists and the profession as a whole.

The view of the model as roles is perhaps the most common and most limiting in its binary demarcation. Individuals are left with a stark choice of being a scientist or a practitioner and it can seem very difficult to move between the two roles in terms of time management as well as the value that an employer places on one or other role. Which role is adopted may be largely determined by the employer or the career path the individual chooses. This view of the model seems to place individuals in circumstances where they have to choose one or the other role, which reinforces the gap between science and practice. Integration seems only possible if the model is applied across the profession as a whole rather than within the individual so that there is a balance of some counselling psychologists as practitioners and some counselling psychologists as scientists, but very few if any would be both. The scientists produce the research and the practitioners treat individuals. The possible advantages of this degree of separation includes specialisation - detailed breadth and depth of knowledge and experience in specific areas. In only having to fulfil one role, each individual has more time to focus on their specific tasks instead of having to cover the tasks of both roles. This has the potential to lead to better scientists and better practitioners. This would require both to work together, though, and that is where we currently have the difficulty with the gap between the two. Such specialisations can alienate each from the other. Scientists may conduct great research that then is largely ignored by practitioners. Scientists may largely ignore great work done by practitioners that needs to be researched. Practitioners could benefit from a better understanding of and greater access to research. Scientists could benefit from carrying out research that is more truly representative of what happens in the counselling room. Both of these may be difficult if we continue to view the model as two distinct roles.
The view of the model as spectrum offers greater opportunity for flexibility and a level of integration. It is much easier to be a little of both aspects when the aspects are on a spectrum. This view allows more opportunity for individuals to undertake tasks from both roles by making the transition easier of sliding along a spectrum rather than an abrupt change of role. There is the potential for greater understanding between those further along the science end of the spectrum and those further along the practitioner end of the spectrum. Different types of research might be produced by different individuals according to where they are on the spectrum, especially if we consider the possible 4 segments of the spectrum from Analytical Scientist through to Particular Humanist (Mitroff & Kilmann, 1978). Some of this could be closer to what those on the practitioner end of the spectrum would consider more useful research. Integration can still be seen across the profession as a whole, but now there is a greater choice of position, a greater diversity of activity, which may well be better for the profession as a whole, but is also better for the individual. The individual can now tailor their approach to their interests rather than being shoehorned into one of two roles. This leads to a greater possibility of integration within the individual, especially within the freedom to move along the spectrum.

The view of the model as a toolbox has the potential to offer the greatest flexibility and integration. How we define ourselves in this view of the model shifts completely from what we are to what we do and even to how we do things. There is no requirement to switch between distinct roles or move between positions on a spectrum, we can simply select the tools that are most appropriate to the task at hand. Instead of being scientists or practitioners or a bit of both, we are simply counselling psychologists using tools of science and tools of practice, separately or at the same time. This offers the greatest possibility for integration within the individual rather than having to consider integration across the entire profession. If the model is a toolbox then the potential is there for us all to be scientist-practitioners. Using different tools at the same time does not automatically mean we are working in an integrated way, however, there is a difference between working eclectically and working integratively. This view of the model does not tell us how to use the tools in the toolbox in a coordinated and integrative way. Work would still need to be done on how to use the toolbox integratively, either in a shared definition or during training for example.

Newnham & Page’s (2010) requirement of counselling psychologists to consume research, apply it to their practice, evaluate their own practice by way of research and report their findings to the wider community has the potential to act as a link between all three interpretations of the scientist practitioner-model by embedding the research production aspect in one’s own practice. However, the lack of shared definition of what we mean by scientist-practitioner and indeed how we understand science itself
within counselling psychology has been a recurrent theme within this thesis as it also appears to be within the wider literature. There may be a bigger issue with science in psychology as a whole according to Benjamin and Baker (2009) “Psychological science doesn’t seem to have a big-picture view of the world. The extant philosophy of reductionism stakes its belief in a future in which all of the minutiae from myriad studies will somehow coalesce into a meaningful whole that ultimately answers the bigger questions. Yet history shows that science doesn’t work that way” (p.98). If we specialise in one side of the model, or only take an interest in one side, we are losing the wider context for understanding. A fundamental issue within counselling psychology (and echoed within the themes of this study) seems to be around the use of science, with a clear division between those who think science and counselling psychology are incompatible and those who think science has a place in counselling psychology but that it needs a more flexible interpretation and application. It is possibly this division that feeds the difficulties we see with the scientist-practitioner model as an individual’s attitude to science within counselling psychology is then transferred into their attitude to the scientist aspect of the model.

I do not see a shared definition being agreed upon in the near future. One participant was particularly vocal about what she saw as the value of this lack of definition. She argued against people trying to define it as she believed this narrows the opportunities offered by the model. There may be a compromise to be struck between clarity and opportunity, between cohesion and fragmentation. The issue goes wider than counselling psychology as Cautin (2011) points out “the scientist-practitioner gap can illustrate persistent tensions between cohesiveness and fragmentation that describe the discipline of psychology at large” (p.197). The fragmentation between academic and practitioner psychologists, the fragmentation between different ‘schools’ of therapy and the fragmentation between science and practice. It seems the tensions between traditional views of science and the more humanistic perspectives of counselling psychology continue to cause division.

When I began this project I viewed the scientist-practitioner model as two distinct roles, but roles that were complementary rather than contradictory. Having engaged with the literature and the views of my participants my view has changed. I’m drawn towards the model as a toolbox view and on reflection it fits with the reality of my existing practice - even to the point that I have a counselling toolkit that I use with clients, not metaphorically but literally. It consists of items that can be used projectively such as patterned stones and animal pictures, items that can be used creatively such as a portable whiteboard and coloured pens or storycubes, exercises such as guided relaxations, sorting tasks and ‘homework’ as well as monitoring and review questionnaires and psycho-educative reading material. These are some of the tools of my practice so it is unsurprising that the model as a toolbox idea appeals to
me. However, what it adds to my understanding is that I can also have tools of science that I can use outside of the counselling sessions but also crucially inside the counselling sessions as well. For me personally, I find that a much less daunting thought in terms of being able to fulfil all aspects of the scientist-practitioner requirements for being a counselling psychologist. That is something I feel capable of carrying forwards into my career regardless of where I work and what any prospective employer’s view of research may be. I don’t have to be a researcher in a white coat with a clipboard in a lab. I can keep up to date with research and I can contribute my own research to the growing knowledge base of the field. This is not without its challenges in terms of finding ways of using the tools or science and practice together in an integrated rather than eclectic way. However, perhaps by embedding both within my practice there is a better chance of achieving that integration and through this I can play a part in creating the counselling psychology of the future.
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Appendix 1 - Participant Information Sheets

Exploring Trainee Counselling Psychologists' Understanding of the Scientist-Practitioner Model in Relation to Their Training and Future Career

Focus Group Participant Information Sheet

You are being invited to take part in a study that is being conducted as part of my work as a student undertaking a professional doctorate in counselling psychology. Before you decide whether to participate, it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the study?

The study will be conducted by Charles Frost, a trainee counselling psychologist from the School of Education, Ellen Wilkinson Building, The University of Manchester, Oxford Road, Manchester M13 9PL.

What is the aim of the study?

The purpose of this research is to explore the understanding trainee counselling psychologists have of the scientist-practitioner model in relation to their current training and their future career. The researcher wants to find out how those currently training view the model, what they think its implications are and how they balance the tension between scientist and practitioner roles. The researcher wants to know whether trainees see themselves actively embodying this model once qualified and how they intend to carry it into their work.

Why have I been chosen?

You have been chosen because you are a trainee counselling psychologist undergoing a professional doctorate in counselling psychology at a UK university. If you choose to take part you will be one of between 40-50 participants contributing to this study.

What would I be asked to do if I took part?

If you decide to take part you will be asked to be part of a focus group of about 8-12 people. The focus group will last for 60-90 minutes during which a discussion about the scientist-practitioner model will be facilitated by the researcher. As such you would be asked to contribute your thoughts, feelings and experiences of the scientist-practitioner model in your current training.
and in thinking ahead to your future career. The discussion will be audio recorded on a digital recorder.

What happens to the data collected?

The audio recording of the discussion will be transcribed by the researcher. The audio recording of the interview will be deleted after transcription and the electronic document containing the transcription will be kept in a password protected file. Only the researcher will have access to the transcription. Some quotations may be used in the write-up of the research, but these will be not be attributed to anyone in any identifiable way.

How is confidentiality maintained?

All efforts will be made to ensure that confidentiality is maintained. As mentioned above, the electronic data will be kept in password protected files and there will be no identifiable information contained within the write-up of the report. You will be referred to as a participant in any written reports and any quotes used will be non-identifiable. These safeguards are in compliance with the University of Manchester regulations on data protection.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time without giving a reason and this will not be viewed negatively by the researcher. If you have any questions or concerns do not hesitate to contact the researcher using the details at the end of this sheet.

What is the duration of the study?

You will only be required for the 60-90 minutes duration of the focus group.

Where will the study be conducted?

The focus group will take place within your university. Details of the specific room will be communicated in advance of the day.

Will the outcomes of the study be published?

The outcomes of the study will form part of a University thesis, and there may be further publications in academic journals.

Contact for further information

Researcher:

Charles Frost

charles.frost@postgrad.manchester.ac.uk
Supervisor:

Terry Hanley, Lecturer in Counselling Psychology, at the University of Manchester

Email: terry.hanley@manchester.ac.uk

Phone: 0161 275 8815

If there are any issues regarding this research that you would prefer not to discuss with the researcher or his supervisor, please contact the Research Practice and Governance Co-ordinator by either writing to The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL, by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.
Exploring Trainee Counselling Psychologists’ Understanding of the Scientist-Practitioner Model in Relation to Their Training and Future Career

Survey Participant Information

You are being invited to take part in a study that is being conducted as part of my work as a student undertaking a professional doctorate in counselling psychology. Before you decide whether to participate, it is important for you to understand why the study is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

Who will conduct the study?

The study will be conducted by Charles Frost, a trainee counselling psychologist from the School of Education, Ellen Wilkinson Building, The University of Manchester, Oxford Road, Manchester M13 9PL and has received ethical clearance from the University.

What is the aim of the study?

The purpose of this research is to explore the understanding trainee counselling psychologists have of the scientist-practitioner model in relation to their current training and their future career. The researcher wants to find out how those currently training view the model, what they think its implications are and how they balance the tension between scientist and practitioner roles. The researcher wants to know whether trainees see themselves actively embodying this model once qualified and how they intend to carry it into their work.

Why have I been chosen?

You have been chosen because you are a trainee counselling psychologist undergoing a professional doctorate in counselling psychology at a UK university. If you choose to take part you will be one of between 40-50 participants contributing to this study.

What would I be asked to do if I took part?

If you decide to take part you will be asked to answer 5 brief questions anonymously on an online survey. As such you would be asked to contribute your thoughts, feelings and experiences of the scientist-practitioner model in your current training and in thinking ahead to your future career.

What happens to the data collected?

Once your answers have been received they would then be copied into a word document and stored electronically in a password protected file ready for analysis. Only the researcher will have access to this file. However, you should be aware that although the survey page will be accessed by invitation only, as
it is hosted over the internet, the researcher cannot guarantee any posting you make would not remain on internet servers even after the survey has been deleted. As such you should treat any comment you make as though it were being posted on a publicly accessible website. Some quotations may be used in the write-up of the research, but these will be not be attributed to anyone in any identifiable way.

How is confidentiality maintained?

All efforts will be made to ensure that confidentiality is maintained. As mentioned above, contributions to the survey will be anonymously and the electronic data will be kept in password protected files and there will be no identifiable information contained within the write-up of the report. You will be referred to as a participant in any written reports and any quotes used will be non-identifiable. These safeguards are in compliance with the University of Manchester regulations on data protection.

What happens if I do not want to take part or if I change my mind?

It is up to you to decide whether or not to take part. If you do decide to take part you will be giving consent by completing the survey. If you decide to take part you are still free to withdraw at any time without giving a reason and this will not be viewed negatively by the researcher. If you have any questions or concerns do not hesitate to contact the researcher using the details at the end of this sheet.

What is the duration of the study?

You will only be required for a few minutes to answer the five questions on the survey. The survey closes on 28/02/14.

Will the outcomes of the study be published?

The outcomes of the study will form part of a University thesis, and there may be further publications in academic journals.

Contact for further information:

Researcher:

Charles Frost

charles.frost@postgrad.manchester.ac.uk

Supervisor:

Terry Hanley, Lecturer in Counselling Psychology, at the University of Manchester

Email : terry.hanley@manchester.ac.uk

Phone : 0161 275 8815
If there are any issues regarding this research that you would prefer not to discuss with the researcher or his supervisor, please contact the Research Practice and Governance Co-ordinator by either writing to The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL; by emailing: Research-Governance@manchester.ac.uk, or by telephoning 0161 275 7583 or 275 8093.
Appendix 2 - Participant Consent Sheet

Exploring Trainee Counselling Psychologists’ Understanding of the Scientist-Practitioner Model in Relation to Their Training and Future Career

Focus Group Participant Consent Form

If you are happy to participate please complete and sign the consent form below

<table>
<thead>
<tr>
<th>Please Initial Box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information, ask any questions and have had these questions answered satisfactorily</td>
</tr>
<tr>
<td>2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason</td>
</tr>
<tr>
<td>3. I understand that the focus group will be audio recorded and transcribed</td>
</tr>
<tr>
<td>4. I agree to the use of anonymous quotes in any write-up</td>
</tr>
<tr>
<td>5. I agree that any data collected may be published in anonymous form in academic books or journals</td>
</tr>
</tbody>
</table>

I agree to take part in the above project:

<table>
<thead>
<tr>
<th>Name of participant</th>
<th>Date</th>
<th>Signature</th>
</tr>
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<tbody>
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</table>
### Appendix 3 - Focus Group Transcript Examples

**Focus Group A**

<table>
<thead>
<tr>
<th>Time span</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:38.9 - 2:20.9</td>
<td>A6: I think for me linked to what [A5] says...erm...it's something about the evidence-based practice and the practice-based evidence and that captures what we're about, so we're the inquisitive scientists...human scientists...always wanting to know more, to discover, to find out, we do that with our clients in our practice anyway, and we're about evidencing what we learn...what we find out...what knowledge is co-created, but also grounding our practice in evidence-based practice so it's a circular process.</td>
</tr>
<tr>
<td>2:20.9 - 2:58.8</td>
<td>A2: For me the scientist-practitioner model is kind of...it's been adopted by the clinical psychology and...er...counselling psychology kind of adopted the scientific-practitioner model and I think...er...it's sort of...er...I think it is a foundation of research and practice and therefore...er...as a trainee you're supposed to, kind of...er...have this element or knowledge of research and able to use that knowledge and research to reflect on your practice, so that's the idea.</td>
</tr>
<tr>
<td>2:58.7 - 3:13.1</td>
<td>A9: I think as...erm...counselling psychologists we use a form of scientistic...scientistic? (laughs) Scientis...scientist-practitioner model, we don't use THE scientist-practitioner model. I think that's really important to point out...erm.</td>
</tr>
<tr>
<td>3:13.0 - 3:13.9</td>
<td>A8: What's the difference?</td>
</tr>
<tr>
<td>3:13.8 - 4:50.5</td>
<td>A9: Well, there's a purist scientist-practitioner model and then there's what we use which is a...it's coming from a...a more human science point of view. So like...erm...I think clinical psychologists probably use a variant of it as well anyway, but...er...let's take...so say if I was an engineer...erm...I think I'd be a scientist-practitioner, say, so I was a...mechanical engineer or something, you know, my stuff is based on research and it comes out where what we research is ourselves, so it's not such a clear distinction...erm...what...what I mean by what we research is...is ourselves, we're human beings so we're...we're not abstracted from the thing that we research, we are part of the thing that we research, and I think that changes the dynamic about the...the nature and form of the scientific enquiry that we use...erm...and I don't think that makes us less scientists, I just think...</td>
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that makes us a different type of scientist, like [A6] said, we're human scientists. So you wouldn't have qualitative research in physics as far as I'm aware, or in pure mathematics or in...erm...again in engineering or medicine, well you might have qualitative research in medicine, but...but not necessarily to the same level that we would...erm...and then so there's lots of questions for me around as a...as a postmodern thinker and as a humanist-practitioner, how does that affect our view of the scientist-practitioner?

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<th>4:50.5 - 4:52.2</th>
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<tr>
<td>12</td>
<td>Researcher: How does it?</td>
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<td>13</td>
<td>A9: That's a very good question. Erm...I think, like I said it reforms it. So we...we use our...our positions to...it...reinterpret a really good idea, erm, and someone said it was a mind... not mindset, but that was the...is that what you said?</td>
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<td>14</td>
<td>A5: [A1] said it was a mindset.</td>
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<td>15</td>
<td>A9: Yeah, so maybe it's like...erm...an archetype of what we would like to be like and we fulfil that archetype in a certain way...or reach for that in a certain way.</td>
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<tr>
<td>16</td>
<td>A1: You mean that the purest form is the archetype?</td>
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<td>17</td>
<td>A9: Yeah.</td>
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<td>18</td>
<td>A8: I guess I just see it as...practicing...I don't know if this is the proper definition, but practicing in a way that is based on science in some form that makes it...to make it as good as it possibly can be.</td>
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Focus Group B

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<th>Time span</th>
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<td>24 17:11. 0 - 18:35. 9</td>
<td>B2: But that...that's why I like that it's a scale though because, like you said, if you're on the practice side of it you can still appreciate the research, you can still read the research and get involved and you can...apply that to your practice, but that doesn't necessarily say that you have to be a scientist, as you said, in the...in the way that we think of scientists like, with a...a white thing on with, you know, the test tubes and I like that...like, counselling psychology for me is about...the person and the development of the person, and it, you know, no matter what approach you're in it's always about...personal development and the development of another, and I think that we put so much emphasis on to the personal subjectivity and then we try to define ourselves into this tiny little box, I don't understand why we can't leave it as a big box and...if we're trained to be competent, and this is the key issue that I have with it, is that we need to be competent for it to be such a big scale, like if you were just...if this was your job description and it was one point, you didn't have to be that competent to hit that one point, but if you're job description can include a hundred points you need to really know who you are and what you're about in order to meet those things, so I think the training should be focused on the competency, erm, of all aspects which, you know, I think it is, you know, as you said, we're trained in the...the research methods, we're trained to write academically, we're trained to publish, we're trained to practice, so that when we come out the other end, yeah, our opinion might not have changed, but we're competent in both sides and then, like [B3] said, you can...you can adapt to where you want to be on that, I like it.</td>
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<td>25 18:37. 3 - 18:38. 2</td>
<td>Researcher: (To B1) Were you going to say something?</td>
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| 26 18:38. 1 - 20:50. 4 | B1: Yeah, I was just going to say that...erm...me...erm...well it's viewed as the scientist-practitioner...it's...viewed...as, erm...you taking your...erm...accumulating two identities to yourself, if you call yourself a scientist-practitioner, you're saying I'm a scientist and a practitioner, you're not saying I'm doing science and practice...so...er...that...I think that's where the conflict is because you...it's...because there is this conflict between science and practice which I don't think is valid by the way, they should...they shouldn't be...clash...it's two different tools for two different things. It's like in
my essay I say it's like comparing...er...it's like arguing which tool is better, a hammer or a screwdriver, they're for different things, you can't really argue against or for the other...erm...so in that sense, if...if you see them as tools, which can be learned and used and different capabilities and different capacities, you don't have to be equally competent in both of them to be called a scientist-practitioner. If you see...if you view them like that it's...it's equivalent to erm...to er...a job description, let me give you an example, erm, a primary school teacher who has to erm, teach, er, children to behave in class, he has to, er, arrange...he has to organise the modules, design the modules, attend to trainings...er...er...er...organise er...attend to children during recess, it's...it requires a lot of different skills it doesn't mean that he has all those skills in the same level, but he's still a primary school teacher, and if...if you compare two primary school teachers they'll have different variations in those skills and yet they're still primary school teachers, and some may not even do all the things (laughing) that they're required to do, so er, in that sense I think that they should be viewed as skills that should...could be learned, and that they're useful, they should inform each other and, yes, counselling psychologists should know how to do science and they should know how to practice...but...er...it shouldn't be in an absolute manner...er...like producing the same scientist-practitioner thing.

20:50.  
B2: Can I...say...I think, like...the thing that everyone seems to be saying is that, like, erm, you don't have to be both, right? You can...you can... you don't have to be both to an equal level, you can either choose to be one of the other, you don't need to define yourself yet, it's like a sliding scale, it's a tool that you can pick from your box...I think for me the big issue about the scientist-practitioner model is that it is the majority of training models that you have to go through to be a counselling psychologist, so maybe once you graduate and you're qualified and you work as a psychologist yeah you don't need to choose and you can pick which tool you need because you...you have it, but I think it would be better to have a different course for people who want to be practitioners and a different course for people who want to be researchers, and the practitioner course would teach people to understand research and utilise it in their practice, but that they don't have to actually conduct that research because, that's a... a re...a lot of...inconsistent...like it's work that's inconsistent with their interests, their skills, their hobbies, their personalities, that they have to do, they have to go through this model and they have to be both of them until they graduate...erm...and that's the difficulty for me...like...that you can't choose it.
Appendix 4 - Survey Response Example

S1 Responses (R1)

Q1: As a trainee counselling psychologist, what is your understanding of the scientist-practitioner model?

I think that the scientist-practitioner model is one of the central tenets of who we are and what we do as counselling psychologists. In my understanding it bridges the gap between a discipline that is grounded in social science and therapeutic practice. It also gives us a unique ‘selling point’ which distinguishes us from counselors and psychotherapists. It’s bases in social sciences also sets us apart from clinical psychologists and psychiatrists as it enables us to maintain our grounding in humanistic psychology.

It is also the manner in which trainees are educated. However, I think that it should remain a central feature of chartered counselling psychologists.

Q2: What are the strengths of the scientist-practitioner model?

I think that the main strength of the scientist-practitioner model is the tension that it creates between research and practice. Hopefully, if the model is adhered to in an authentic manner this tension will enable the practitioner (and discipline as a whole) to engage with human experience in a healing and humanizing manner.

From a practical stance another strength is that our practice is based in evidence. Put simply this means that client’s can have confidence that they are receiving interventions that have been shown to be effective.

Finally, I think that the fact that it encourages us to constantly ‘break new ground’ is a strength. What I mean by this is that the model means that we will always be exploring new area of knowledge around the human experience.

Q3: What are the challenges of the scientist-practitioner model?
The main challenge that I see for the scientist-practitioner model is the tension between the medical model and humanistic model of human experience. This could also be understood as a tension between social science and biological science. My view is that we need to keep our base firmly in humanistic psychology and be careful not to try and become clinical psychologists (i.e. medical model practitioners). Therefore, we need to understand our view of the model as being rooted in the social sciences.

Q4: How do you balance the tension between the scientist and practitioner roles?

That is a difficult question to answer. However, in a very reductionist way I try to read research around the client groups that I am working with to understand what best practice might be. This may reading NICE guideline around a specific client group or research on a specific therapeutic approach (i.e. Mindfulness Based Cognitive Therapy).

I also think that it is important to make research part of the training process. So I have carried out two case-studies and a systematic review which are all relating to client work that I have engaged in. I would hope that this would maintain as I become chartered.

Finally, I try and keep up to date with some human biology that I think can help inform my practice. For example, understand the effects of different psycho pharmacological interventions, or current research in neuro-psychology. However, I try and keep these in balance with my humanistic stance by maintaining a non-objectifying stance towards my clients.

Q5: How do you see yourself using the scientist-practitioner model once qualified as a counselling psychologist?

As I have already said I hope that it will be part of my practice. I would like to be involved in on-going research into human experience, whether that be in terms of evidence-based practice or practice informed research.
Appendix 5 - Example Code Checking

Below is an example of a code with all of its meaning units enabling the code to be checked for scope and accuracy.

**Code: Increased Legitimacy**

“There is a solid basis from which to work from and that what you can say on particular issues has more credibility as it is well informed.”

“Credibility...we don't just make it up as we go along (most of the time!).”

“It grants legitimacy (ie in NHS with obsession with evidence based practice), it encourages engagement with research”

“it provides a credible container in which to hold some of the work we undertake as counseling psychologists.”

“It gives counselling psychology as a field more weight and power in that there is evidence for your practice and it is scientifically conducted.”

“There is a potentially sound basis on which to situate both practitioner and research work with a link to the other.”

“It suggests that practice should be informed by theoretical frameworks supported by the literature and that the rationale for individual interventions should be informed by these frameworks. Conversely, it also suggests that practice can inform research and provide a basis for new theoretical frameworks and avenues of enquiry.”

“It is basically an educational model which suggests scientists should be also trained to be practitioners and vice versa; thus creating a bridge between the two disciplines and more informed and capable counselling psychologists.”

“Because at the time science was the only thing that was considered...you know...like a viable, like you needed falsifiable data in order to actually be a significant...like professional body...”

“I'm quite passionate about...I agree with [B3] about the idea of kind of being a newer generation and really needing to help counselling psychology really drive forward now that we've kind of got equal stance or similar to like clinical psychology, we're being taken seriously for the first time in years and years and years, and I think we really need to use that”

“about legitimising the profession, and I want to be seen as a credible professional, and taken very seriously alongside medics…”

“we will legitimise paradigms of practice”
“It's actually so much part of our professional ontology it is who we are and to kind of legitimise our profession as a legitimate, credible, human scientist-practitioner, we need to adopt this model and not fight it, but just create an understanding of how we perceive it and how we utilise it to inform our practice.”

“I think that's again something about taking the profession seriously, in a sense that in any profession you have to fight your...your cause...your beliefs and maybe this is the way forward for us. I think even as an architect you probably have to fight your way.”
Appendix 6 - Theme Trees

Overall Thematic Structure
What Happens in the Counselling Room Theme Structure