

Bridging the gap between research and practice in counselling and psychotherapy training: Learning from trainees

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Abstract

Aim: This study set out to examine trainee practitioners' perceptions of research training, and to explore ways in which training might be developed to facilitate the integration of research and practice. *Method:* Fourteen trainees on a doctoral programme in counselling psychology and psychotherapy participated in two focus groups, and verbatim transcripts were analysed using the Framework approach. *Findings:* The findings indicate that while participants appreciated the value of research, most found it challenging and anxiety provoking. Participants identified a number of ways in which training approaches could be adapted to enhance motivation to engage with research, and enable integration of research and clinical practice. *Conclusions/implications:* The findings are discussed in terms of the implications for the way research is incorporated into clinical training, as well as the type of research taught in the context of wider debates about evidence.

Keywords: integration; practice; psychotherapy training; research; research training

Introduction

The relationship between research and clinical practice within the psychological therapies is under increasing scrutiny as professional accountability and regulation demand a research evidence base to underpin safe and effective practice (Health Professions Council, 2009). Hence training is currently evolving to develop a research culture among UK practitioners in order to produce future generations of practitioner researchers equipped to provide this professional knowledge (British Association for Counselling and Psychotherapy [BACP], 2009). These recent trends in professional development raise many questions about the most appropriate training methods for enabling integration of research and practice. The aim of the present study was to explore trainees' perspectives of the types of approaches to training in psychological therapies that might enable such integration.

Challenges to integrated training

One of the difficulties of teaching research in relation to the psychological therapies is that practice and research have traditionally inhabited quite different

worlds. Academically generated 'big' research has typically aligned itself with positivist science in the pursuit of knowledge that is objective and generalisable, often using experimental, quantitative methods involving large samples (McLeod, 1999). Conversely, practitioners have typically focused on subjective experience, trial and error learning and self-reflexivity in order to generate knowledge. These distinct discourses have led to a research-practice gap; knowing how to bridge this gap poses a challenge to trainers in research and clinical practice.

Trainers also face additional challenges: most people enter training to develop as practitioners rather than researchers (Parker & Detterman, 1988), and psychotherapy trainees typically harbour negative or at best ambivalent feelings towards research (Piercy, McWey, Tice, James, Morris, & Arthur, 2005; Stinckens, Elliott, & Leijssen, 2009). It has been suggested that trainees' motivation to engage with research may be enhanced if research becomes part of the practitioners' construct system about therapy (Gelso, 2006). The implication is that the more integrated the research and practice training, the more motivated trainees will be to engage with research.

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If a broad view is taken of what constitutes research, then similarities between research and practice may be more readily seen. Stricker and Trierweiler (2006) for example, suggest that 'science' can be seen as an attitude that can function in any area of experience, including practice, and recognise that attitudes of scepticism and curiosity characterise both research and practice. Similar research-practice links have been made by others who view psychotherapy and research as involving an attitude of curiosity and investigation, accompanied by activities such as observation and hypothesis generation (Elton, Wilson, & Barkham, 1994). One of the aims of the present study was to explore ways of implementing this type of approach in order to assist trainers in meeting the challenges of providing integrated training.

Research on training

Most studies addressing research training in the psychological therapies focus on clinical psychology programmes in the United States, involving the scientist-practitioner model and its derivatives. Findings demonstrate that training models influence researcher attitude and future research activity. A study by Cherry, Messenger and Jacoby (2000) compared three clinical psychology training models that varied in their conception of practitioners' engagement with research, and found graduates differed not only in employment choices but also in level of active engagement in research post-training.

The understanding of how practice and research is integrated within the various scientist-practitioner models varies greatly (Corrie & Callanan, 2001). Models differ in their training goals, with some preparing trainees to be critical evaluators of research, while others expect trainees to be producers of research (Cook & Coyne, 2005). Trainings also differ with regard to the type of research that is taught, which has traditionally involved quantitative approaches within applied psychology programmes. However, qualitative methodologies that acknowledge researcher subjectivity, the complexity of phenomena, and collaboration with participants, appear to have more in common with psychotherapy practice than positivist science approaches, and may enable a closing of the research-practice gap (Rennie, 1994).

There are few studies that ask trainees directly about their experiences of research and practice integration, but findings indicate that research training is more engaging when linked with the experience

of practice. A recent European study evaluating case study research training found that research questions addressing practice needs and interests of practitioners enhanced research motivation and integration (Stinckens et al., 2009). The findings from a qualitative investigation of family therapy trainees also indicate the importance of connecting research topics to areas of practice interest, and recommended research training that uses 'hands on' approaches similar to clinical practice training, and provision of a research clinic for enhancing integration (Piercy et al., 2005).

The present study set out to expand on these findings by exploring trainees' views of research training and integration within the context of a doctoral programme in counselling psychology and psychotherapy in the UK. Integration forms a central component of the philosophy of the programme, involving integration of theoretical modalities, of the personal and the professional, as well as integration of theory, research and practice. Hence the study hoped to elicit the reflections of participants for whom integration was a significant training outcome. The main focus of the study was specifically about identification of factors that enhance trainees' research and practice integration, with the aim of generating specific suggestions to guide trainers.

Method

The research took place within the context of a part-time, five-year training programme run jointly by a not-for-profit training organisation and a UK university. The programme leads to a Doctorate in Counselling Psychology and Psychotherapy by Professional Studies (DCPsych), conferring chartership with the British Psychological Society (BPS), and registration with the Health Professions Council (HPC) and the United Kingdom Council for Psychotherapy (UKCP).

Research training is compulsory for trainees, and begins in year two when a research module is introduced, in addition to on-going clinical theory and practice modules. Trainees continue to attend research seminars, and design and carry out their own research using a methodology of their choice, leading to completion of a 35,000 word practitioner doctoral research project by year five. For the programme tutors, active engagement with research was not a requirement, and research activity levels varied among staff.

Procedure

Trainees from years 3, 4 and 5 were sent a letter of invitation and an information sheet about the project. These year groups were selected as they had been actively engaged in carrying out their own research as part of their training. Fourteen people agreed to participate, and two focus groups were held. One focus group comprised seven trainees from year 3, and the other involved seven trainees from years 4 and 5. All participants signed a written consent form prior to participating.

Given the potential power dynamics that can arise from the tutor–trainee relationship, another researcher was employed to facilitate the focus groups. The aim was to maximise the degree to which trainees could freely discuss their course, minimising concerns that negative feedback about the course would influence their grades.

The facilitator was a counselling psychologist and psychotherapist who had trained on the same programme as the participants. The facilitator used a semi-structured guide with topic areas developed from the research aims. The focus groups lasted between 1½ and 2 hours, and were audio-recorded. Verbatim transcripts were prepared from the recordings for analysis.

Participants

Participants were trainees enrolled on the five-year doctoral programme in counselling psychology and psychotherapy described above. Fourteen trainees took part: seven were in their third year of training, four were in their fourth year and three were in the fifth and final year of training. Their ages ranged from 29–55 years, with an average of 39 years. Eleven participants were female and three were male. All had a first degree in psychology, which had included some research training. Participants had an average of 350 practice hours involving direct work with clients.

Design

A qualitative approach was used, given the exploratory nature of the research. Ritchie and Lewis's framework approach (Ritchie & Lewis, 2003) was employed, which has been used widely in applied research in order to generate findings for policy and practice, and suited the pragmatic concern of this research, i.e. to generate specific guidance for training practice. This method draws philosophically on

interpretivism and allows a cross-sectional analysis of interpretations of meaning. Its matrix-based approach allowed for data analysis to be easily viewed by a co-researcher/facilitator, while also grounded findings in verbatim quotes so that participants' voices are heard.

Focus groups were used for data collection as this method allows opportunities for 'share and compare' interactions among participants. This is particularly useful for obtaining self-reported explanations for consensus and diversity of perspectives (Morgan, 1997). In the current study this helped to clarify the links between participants' responses to research training and the training experiences that they attributed this to.

Ethical considerations

Ethical permission was gained from the research ethics committee of the training institution where the participants and researcher were based. Participant information sheets explained the purpose and nature of the research. As part of the informed consent procedure, participants were also reminded that the information they provided was confidential, that they would remain anonymous in the writing up of the research, that they had the right to withdraw at any time, and that participation or withdrawal would not affect their training.

Reflexive statement

This research arose from my experiences as a trainer, psychologist, psychotherapist and practitioner researcher. Prior to training as a psychotherapist, I spent many years as a researcher in clinically related areas of psychology. I find research exciting, engaging and important for informing my own practice. I am aware that this is not always the case for trainees, or indeed for other trainers or practitioners in this field. Hence this research was driven by a pragmatic concern to understand how trainees experienced the integration of research training, and to find ways of improving my own practice as a trainer in practitioner-oriented research.

It is inevitable that my role as tutor and 'insider researcher' will have impacted this study (Robson, 2002). My own enthusiasm for research may have influenced the trainees' responses to research. However, other tutors had carried out most of their research training, and my prior contact with participants amounted to only two three-hour training

sessions. Although this influence was likely to be minimal, the research also involved a co-researcher in data collection and analysis procedures (described below) in order to counter this potential influence.

Analysis

Verbatim transcripts of the two focus groups were analysed thematically using a system of coding and indexing consistent with the framework approach (Ritchie & Lewis, 2003). This is a matrix-based system using the interpretation of meaning from the cross-sectional analysis of cases. The first transcript was indexed (coded) for initial themes addressing the research questions. The second transcript was indexed using the themes from the first transcript. This led to refinement of the initial themes as new themes emerged. A number of thematic charts were created which set out each main theme with the relevant material from each transcript that pertained to that theme. This again led to refinement of themes and sub-themes through comparison of data from each transcript and within transcripts. Data from each chart were summarised and synthesised, and patterns among themes were identified.

Validity/trustworthiness

Participants were given the opportunity to read and comment on the research findings in order to check the trustworthiness of the research, and their comments are reported below. Reflexive memos of the research process were written by the focus group facilitator and researcher to arrive at a consensus of emergent themes and patterns among the data.

Table I. Thematic index for research and clinical training integration.

Indexed themes
a. Responses to research
1. Negative
2. Positive
b. Responses to integration
1. Negative
2. Positive
c. Enabling factors
1. Start research training early
2. Use experiential teaching approaches
3. Personalise the research focus
4. Link practice and research modules
5. Modelling by trainers
6. Research in other settings

Memos recorded reflections such as prior expectations about findings; observations of focus group interaction; and personal responses to participants' remarks. The emergent themes are illustrated by verbatim quotes from participants to demonstrate that they are grounded in the data.

Findings

The findings presented below focus on participants' responses to research, and factors identified as enabling the integration of research and practice in training (Table I).

Responses to research and integration

There was a wide range of feelings evoked in response to research, but the most dominant response was one of fear. Participants described research as 'intimidating', 'big', and 'anxiety provoking'. They also acknowledged how challenging they found research, describing it as 'difficult to do well', 'lonely', and 'frustrating'. In describing their fears around research in more detail, several trainees used parenting metaphors to illustrate their need for support from tutors:

... for me it's the anxiety, feeling very ill-prepared and not supported in the fear. It's a bit like a parent saying to a frightened child, "Come on, let's jump off this diving board." It's them helping you into the unknown, leading by example, and you feel held in this.

Participants also expressed several positive responses to research, although these were less evident and were more frequently expressed by trainees at a more advanced stage in their training. Participants described research as 'nourishing', 'satisfying', 'interesting', 'creative', and 'exciting'.

Participants acknowledged the value of research for 'building knowledge' and establishing 'foundations for practice' when discussing the integration of research within training. However, they also experienced it as 'difficult to integrate' and 'separate' from clinical work, indicating some tension in relation to the process of integration of these areas.

Enabling factors

A number of suggestions emerged concerning ways in which training might help to reduce anxiety about research, as well as enabling greater integration of research and clinical practice.

(1) Start research training early

Most trainees agreed that research should be introduced 'from the start of training' to enable integration, although a minority of trainees preferred to delay engagement with research, seeing clinical practice as primary:

I wanted to develop as a clinician – that was my focus.

Most trainees believed, however, that the early introduction of research had the potential to reduce their anxiety and increase their confidence in relation to research, and enable a more symmetrical development of abilities in both research and clinical areas:

I feel much more advanced in my confidence and skills as a psychotherapist as opposed to a researcher because I think that it's been catch up, having to run a bit faster towards the research as opposed to the psychotherapy.

They also recognised the significance of research as part of their professional self-definition, which began to form early in training. This added to the importance of research experience being introduced at the earliest opportunity:

What you sign up for when you start training, what intentions you come in with... do you define yourself as a practitioner, do you define yourself as a researcher, or both? And I think that the starting point you come into training with maybe has an effect in some way on how it plays out over time.

(2) Use experiential teaching approaches

Participants felt that their confidence and engagement with research would be boosted if the teaching approach used in research modules was more experiential. One participant likened most research training to learning to drive a car without having the chance to sit in the driving seat. They all felt that they benefited from the experiential approach used in their clinical practice training and wanted this approach used more often in research training.

I feel more comfortable on the clinical side because at some point I just have to put both feet in and experience it, and I don't feel yet that I've done that with the research. I haven't lived it so I can't know it.

They welcomed the chance to get involved in small-scale research projects to practice research skills. The benefits of experiential forms of learning about research were evident in the trainees' responses to taking part in this research project:

Interviewer: 'So what is it like for you sitting here, a piece of research yourself?'

Participant: 'It's good, I mean, I have learnt something in coming here about the process, so it's good. I have taken something experiential away which works really well for me.'

(3) Personalise the research focus

Participants felt more motivated and interested when research training focused on areas of personal interest:

I think being encouraged to think about the areas that I am interested in, and then considering research into those areas makes it more possible.

It makes me think how exciting it is when we bring ourselves into it.

Integration was enabled when they saw how research could be applied to their own psychotherapy practice:

I see the relevance of it to help you in some way to help the client.

(4) Link practice and research modules

Participants suggested that training experiences that made explicit the direct links between research and practice helped not only to foster greater interest and desire for engagement with research, but also enabled its integration with practice. They identified several ways in which these links could be made, with implications for the teaching of both research and clinical practice modules. In terms of clinical practice training modules, participants thought that integration was enhanced when reference was made to the research basis underpinning clinical theory and skills:

How about actually looking at the way that they [theorists] did their research, so that we can kind of link it together and say, Oh that's how Bowlby decided that attachment was important, that's how Stern came up with attunement.

Participants also felt that it would be useful in written clinical course work, such as case studies and clinical essays, to be encouraged to reference research papers in addition to theoretical texts:

I'm aware that we haven't been thinking in terms of quotes from research in our essays.

Participants experienced greater integration when they saw parallels being drawn between the processes and skills used in research and clinical contexts when discussing the implications for the teaching of both clinical and research modules:

I think that it is really exciting when I think of research in terms of – its about curiosity, it's about enquiring, it's about discovery, it's about examining, it's about process, that is what we do.

Participants also welcomed the opportunity to explore the same clinical topic within both a research module and clinical practice module as a means of enabling integration:

It would be nice if it [research training session] was to be linked in to the topic of the clinical training weekend.

(5) Modelling by trainers

Hearing tutors, both clinical and research tutors, discussing their own clinical research was an important source of motivation for participants. It meant that research 'came alive' and gave them the confidence that research was 'do-able'. One impact of seeing tutors discuss their own research was that it provided a 'real world' example of the application of research to practice:

It's real, it's not just a theory, that for me is the thing. Just looking at the methodology, it's so dark...it's the application that the tutors bring when they are actually talking about their own work that makes the difference.

This provided trainees with a model of how to integrate research and practice:

That gave me a different view of him [tutor] because I saw him as a researcher as well as a teacher and clinician and it also gave me an insight into what he is interested in within his own

practice which is where his research came from, so that did make the loop, which was good.

(6) Research in other settings

Whilst the focus of this research has been on the exploration of ways of enabling integration of research and practice within teaching sessions, there are clearly other contexts encountered during training that influence this integration. Participants identified experiences in placements and also in clinical supervision as significant for enabling integration. This trainee, for example, commented on the impact of collected outcome data routinely within her placement:

It means that the quantitative stuff isn't quite so 'over there', it feels do-able, its good data to work with, it's not frightening.

Another participant recognised that integration might be enabled if her clinical supervisor referred her to research papers in addition to texts on theory:

I think I have been referred by my supervisor to books as well... I tend to use books far more... I think I wouldn't often go and look up a research paper. It would not occur to me to do that because of that overriding fear of research feeling intimidating.

In addition to tutors, therefore, clinical supervisors and placements have the potential to provide models of the integration of research and practice for trainees.

Discussion

It has been argued that practitioners are well placed to generate highly relevant practice-based research questions and data through direct experience and interaction with clients (Gelso, 2006; Orlans, 2003). The challenge for trainers is to know how to provide integrated research and practice training in order to motivate trainees to engage with such research. The findings from the present study suggest that, at an intellectual level, trainees appreciated the value of research and recognised its place within the psychological therapies, yet they experienced research and practice as quite fragmented, and research as something to be feared more often than enjoyed. This response is consistent with previous work in this area

(Piercy et al., 2005), and points to the need for trainers to consider ways of facilitating integration.

A number of possibilities emerged from this study for approaching research and clinical training with integration as an aim. Most participants viewed the introduction of research early in training as important in forming professional identity as a practitioner-researcher. This implies that when research is introduced in this way, it more readily becomes part of the practitioners' construct system about therapy, as has been suggested (Gelso, 2006). Participants also generated several suggestions for making links between research and clinical training modules, lending support to the view that adding a research module to clinical training is not sufficient to enable integration (Williams & Irving, 1999). For some clinical trainers this may raise the need for further development of their own engagement with practitioner research.

Perhaps most significant are the findings that trainees enjoy researching areas closely related to their own practice experience and interests, consistent with previous findings (Stinckens et al., 2009), and also that they value curiosity and systematic inquiry as common elements of both research and practice. This is consistent with views that qualitative approaches are likely to appeal to practitioners since these approaches involve philosophies, values and procedures similar to the psychological therapies (McLeod, 1999; Rennie, 1994).

While the present study focused predominantly on *how* we teach research to practitioners, the findings suggest that *what* we teach has implications for the integration of research and practice, and points to the importance of qualitative as well as quantitative approaches within the research curriculum. A full discussion of the wider debates about methodology and the nature of evidence are beyond the scope of the present paper. However, this study highlights a discrepancy between the research that trainee practitioners value and are interested in producing, and the type of evidence that drives government policy in health care in the UK.

The 'gold standard' randomised controlled trial (RCT) is still privileged over other forms of evidence by health policymakers. However, emphasis on methodological pluralism within clinical research training is growing (Drabick & Goldfried, 2000; McLeod, 2001), and there are signs that the dominance of the RCT may be changing (Rawlins, 2008). Greater acknowledgement of the contribution of naturalistic studies of process and outcome

involving qualitative as well as quantitative methodologies may lead to an increase in trainee practitioners' appetite for research and a shrinking of the research-practice gap (Elliott & Zucconi, 2006).

Limitations

A limitation of the present study is that it was carried out with a relatively small number of practitioners, and only among those on a doctoral training programme, limiting the transferability of the findings. Another limitation of the present study was that the researcher was a tutor within the participants' training institute. Trainees may have had concerns about the consequences of voicing criticisms of their training, thus affecting the validity of the findings. This was minimised by employing someone else to facilitate the focus groups. Participants also had the opportunity to reflect and comment on the final draft of the findings, although the trustworthiness of the findings might have been further enhanced if participants had the opportunity to offer comments on the findings to someone other than the researcher.

The participants' negative comments concerning research suggest that they were able to critique their training fairly freely. The impact of my prior training contact with participants is difficult to establish, but comparison of findings from this study with similar studies indicate that an ambivalent research attitude is common among trainees, suggesting minimal influence of our prior contact on the findings.

Conclusions

There are many research-practice training models in the psychological therapies, reflecting the range of professions that psychotherapy forms part of. However, whatever the professional training context, it is important to consider the impact of research approach on the ability of trainees to become future producers of evidence as well as effective and ethical practitioners. At the level of the individual trainer and training institute, this study has highlighted approaches that may enable trainees to integrate research and practice. Within the wider context, greater acceptance of a broader definition of research evidence is likely to enable research-practice integration. Future research is needed to evaluate the impact of adopting the various approaches to integrated teaching described here, and to inform the development of training benchmarks and competencies to assess integration.

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Biography

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