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Chapter 8. The Scientist-Practitioner in a Counselling Psychology Setting

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INTRODUCTION

The human psyche is influenced by an extraordinary complexity of experiences. Many would therefore maintain that we can never completely understand another human being. As scientist-practitioners, is our purported allegiance to, and reliance upon, 'official' sources of knowledge (including theory and scientific evidence) sufficient for us to be confident that we can construct consistently helpful solutions from the myriad clinical data at our fingertips? Should we as psychologists accept that full understanding of causality is simply not an achievable objective? If we adopt the position that we can never fully explain causes, however, what role do we actually play? Can our interventions even be considered valid, let alone scientific?

The question of how practitioners reflect upon their activity, and of the scientific assumptions behind their work, has occupied much debate in the field of psychology, and the many different strands of this debate are woven throughout the fabric of this book. In this chapter, we consider some of the many implications of this debate for counselling psychologists.

Specifically, we begin by exploring the position of counselling psychology within the profession more broadly, and consider its place in the current controversy about the scientist-practitioner role. Next, we articulate some of our own practice in this regard, attempting not only to make note of the systematic approaches that we employ in counselling psychology but also to incorporate the wide range of expectation and experience that comes to the therapeutic endeavour. Finally, we try to define the type of scientist-practitioner that we envision in a counselling psychology setting.

THE COUNSELLING PSYCHOLOGIST

Counselling psychology has been recognized by the American Psychological Association for some time but it was only in 1982 that the British Psychological Society established a section of counselling psychology, leading to full divisional status in the UK in 1994. The identity of the counselling psychologist as scientist-practitioner, already established in the United States, has come to be endorsed in the UK as well (see British Psychological Society, 2004). The recent emphasis upon evidence-based practice has, however, led practitioners in both countries to re-examine the meaning of the scientist-

practitioner model within counselling psychology and the extent to which this remains a viable framework for guiding professional practice. In fact, some would argue that it is precisely because of the broadening of the field of applied psychology, to include areas such as counselling psychology, that this re-examination of the relationship between science and practice has come about (Strawbridge and Woolfe, 2004).

As Strawbridge and Woolfe (1996) observe, the activities, role and identity of counselling psychologists cannot be explored separately from the economic, political and social contexts in which they operate. As counselling psychologists occupy progressively varied roles in an expanding range of work settings, we must address questions such as: 'What is it that makes counselling psychology unique amongst the psychological disciplines?' What is it that brings 'added value' as each discipline within psychology seeks to define (and redefine) itself in an increasingly competitive marketplace (see chapter 12)?

At its core, counselling psychology privileges respect for the personal, subjective experience of the client over and above notions of diagnosis, assessment and treatment, as well as the pursuit of innovative, phenomenological methods for understanding human experience. At the same time, however, we find ourselves working within mental health teams and other health care settings, where notions of 'sickness' and the associated labels that go with the concept of mental illness prevail. How (if at all) can these types of activity be reconciled with the humanistic values underpinning the counselling psychologist's philosophy of practice? How should we position ourselves, as a profession, in relation to matters as contentious as psychological testing (Sequeira and Van Scoyoc, 2004), diagnosis, and standardized approaches to 'treatment' delivery? As Golsworthy (2004) observes, this is part of an on-going debate within counselling psychology as our methods and roles come to attract greater political recognition.

We are, of course, not alone in having to address these dilemmas. Our sister profession of clinical psychology is grappling with similar issues about the relative merits of standardized vs. individualized treatments and the role of diagnosis. It is important to recognize that there are substantial areas of compatibility and many ways in which our work draws from a similar array of theoretical frameworks and interventions. However, unlike clinical psychology which evolved alongside a medical model, counselling psychology in both countries has traditionally been associated with phenomenological and humanistic concerns (Rogers, 1961), and in America this has included a focus on prevention as well as community-based interventions (Sue, 2001; Vera and Speight, 2003). We do not work from an assumption of pathology. Our clients typically come because of their own desire to better understand and explore some aspect of their lives. Strawbridge and Woolfe (2004) suggest that, in addition to a more subjective focus, it is the emphasis on the quality of the therapeutic relationship that distinguishes counselling psychology from a more clinical model. The therapist's role as collaborative helper is considered crucial, as is the reflexivity afforded through ongoing supervision. While individual counselling and clinical psychologists may in fact fall along a continuum in this respect, the significance of the therapeutic relationship is central to the identity of counselling psychology as a profession.

In the ongoing debate about the definition of the term 'scientist-practitioner', some would argue that the traditional scientist-practitioner model simply cannot capture the essence of the therapeutic relationship that is so integral to counselling psychologists' work, and that it is therefore, as a model, unsustainable (Carter, 2002; Wakefield and Kirk, 1996). Others maintain that our therapeutic work can indeed be seen as taking place within the realm of the scientist-practitioner model, and that we must recognize this by enlarging our definition of what constitutes the scientific aspects of our identity (Corrie and Callanan, 2000, 2001; Strawbridge and Woolfe, 1996). Hage (2003) reminds us that much is at stake for counselling psychologists as the scientist-practitioner identity undergoes a re-examination. A move toward a more medical model could threaten precisely those attributes that make counselling psychology distinctive.

Wilkinson (see chapter 3) addresses the importance of 'psychological mindedness' in guiding our interventions, whereby our goal is to arrive at a meaningful personal narrative, rather than trying to fit our clients' experiences neatly into particular theoretical models. She addresses the risks we otherwise run in reaching 'premature foreclosure'. These views have much in common with Schön's (1987) image of the 'reflective practitioner', advocating the importance of a holistic, one could even say artistic, approach.

Several alternatives to the traditional empirical, positivist model have been put forth in order to better understand the science of our practice. Many have favoured the argument that we arrive at our understanding of our clients through a social construction of reality, whereby social and cultural influences define multiple human realities (Gergen, 1985). The critical realist approach, on the other hand, while acknowledging these multiple social, cultural and language-based constructions, maintains that there is a human reality that exists independent of social context. It retains the idea of a causal order that can be subjected to experimental analysis (Bhaskar, 1975; Manicas and Secord, 1983; see chapter 5). Could it be that counselling psychology can draw upon a different definition of science than that initially suggested by the term scientist-practitioner?

Corrie and Callanan (2000) maintain that, not only does the term 'scientist-practitioner' remain very relevant to our practice of therapy, but it may also be a vital part of counselling psychologists' professional identity in a larger sense. In order to acknowledge this aspect of our role, they suggest a broadening of the definition of scientist-practitioner, thereby more accurately reflecting the role that scientific research plays in our work. They note our ethical responsibility, for example, to keep informed of current research, as it relates to theory, practice implementation and outcome. Moreover, they point out that many of our activities of evaluation and analysis are very much in keeping with the scientific aspects of the scientist-practitioner model. While the dominant paradigms of psychotherapy outcome research (typically embodied in the randomized controlled trial) seem at odds with our humanistic roots, there are alternative questions worth asking. As Goldfried and Eubanks Carter (2004) point out, a focus on principle and strategies helps to bridge the practitioner researcher divide. Basic psychopathology research focuses on what needs to be changed. For us this is a question about problem setting, not pathology. Outcome research in randomized trials focuses on whether change has occurred, whereas for counselling

psychologists the more interesting question relates to how change occurs. The interaction and exchange across the research practice divide that Goldfried and Eubanks Carter seek is certainly one to which we can respond as counselling psychologists.

WHERE DO WE START?

In writing this chapter we engaged in a dialogue, comparing, contrasting and critiquing our own views towards science and practice. This enabled us to address some of the salient issues and draw out our particular practice and understanding. We came to realize that we each came from different stances, not only in terms of theoretical perspective, but also in our focus on science and practice. Rather than attempting to iron out these differences, we saw this chapter as an opportunity to test out whether there were commonalities between us - almost an experiment in equivalence - that might highlight aspects of the debate in the field. Indeed, we began to suspect that some of our differences were in fact mirroring – or even recreating – aspects of the debate itself: science and practice as opposed to science vs. practice.

We were struck by the fact that, as much as we as therapists readily delve into discussions of such things as theoretical perspective, assessment technique, conceptualization, and intervention strategies, seldom do we stop to ask as simple a question as, w*hat is it that we actually do?* The changing role of psychology as a profession and the reality of marketability makes this question pertinent. In co-constructing this chapter we have, therefore, elevated this question to the heart of our discussions as we saw it as central to the examination of our role as scientist-practitioners. Through our discussions, we hoped to arrive at some broader conclusions by means of addressing (1) the key elements we consider as we begin our therapeutic work with a client, (2) whether our practice is guided by one main theoretical perspective or multiple models, and (3) whether other theories or principles might be particularly relevant to our practice.

WHAT IS IT THAT WE ACTUALLY DO?

What key elements do you consider as you begin your therapeutic work with a client?

We began by addressing the role that we play in the objectification of meaning, given that a core element in our work is our clients' desire to make sense of their distress. We agreed that, while offering interpretations, we must be mindful of not imposing our own reality upon our clients, but rather empowering and respecting autonomy.

The therapeutic framework is often surprisingly all about not knowing, about bringing into awareness previously undiscovered knowledge of oneself. This awareness is often in the realm of affect and human relationship, areas not traditionally considered in the scientific sphere.

Nonetheless, our exploration is very much guided by definite scientific methodology and principles that influence the way in which meaning evolves in the therapist-client relationship. As scientist-practitioners, we question the reliability and validity of clinical measures and the treatment methods we employ. But even sound measures and methods, while they may suggest patterns, only present us with hypotheses to 'try on'. No matter how much we attempt to bring objectivity to our interventions, the relationship aspects push the boundaries of that objectivity. We strive to manage a balancing act.

This gives rise to two possible domains of exploration and enquiry. The first, akin to our science, relates to notions of what we can do. The second, true to our humanistic roots and the notion of encounter and relationship, is more akin to what we can be. These are discussed in turn.

What can I do?

Our diagnostic and research systems originate with preconceptions and attempts to seek a universal replicability. Frameworks such as the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1994) may be valid but only in certain contexts (Neimeyer and Raskin, 2000). Similarly, we found that we utilized one type of scientific enquiry for understanding people's responses to physiological arousal, and a more idiographic approach for personal representations of meaning. We acknowledged, moreover, that people come to therapy with their own constructs of what might loosely be termed causality (Watson and Winter, 2000; Winter and Watson, 1999).

We noted how the development of an objective perspective is enhanced by means of off-site resources - supervision, books, journals, traditions of therapy and case examples, in addition to a self-reflexive dimension. The benefit of a good on-line database affords us the chance to import perspectives, thereby linking *local science* with a bigger picture of supporting or contrary evidence. We have a knowledge base built from research from which we 'can do' practice.

However, looking into a system alters it. There are social science parallels to Heisenberg's propositions about observer effects on physical systems. The system within which we operate, the relationship, allows that emotion and reasoning are aligned, suggesting a *reasonable* basis (Robinson, 2004), but imported rationality may become oppressive. The structuring effects it imposes grants power to psychologists that they may not seek but do

need to recognize. Recent developments in science in the form of chaos theory are beginning to incorporate this concept (see chapter 5), and may provide the parallel to the consistent voice in counselling psychology that has advocated a practice-led, phenomenologically focused approach to enquiry. This potentially radically reshapes the concept of science in counselling psychology practice.

Thus, the task becomes not to find the exact measurement to fit, but rather to locate tracks that will allow us to play and work (Newman and Holzman, 1999). Reality, therefore, becomes loosely defined and confoundable. Falsification is now 'serial reconceptualization' – 'critical thinking' (Gambrill, 1993; Phillips, 1992) and scepticism (Kurtz, 1994). Decisions and intuitions are not to be trusted alone for too long, for neither are representations of the truth. Both practitioner and scientist are incomplete - always in a dance between a localized science and wider traditions.

What can I be?

Recent models of science help us mould a scientist-practitioner identity more akin to our underlying values, and help us to appreciate how our work is indeed in the realm of science. Where, however, do other variables sit, those that we more traditionally consider when we define what we do as therapists, such as affect and therapeutic relationship? We would argue that these aspects are just as central to the science of the scientist-practitioner model, as they too help to give definition to the larger framework in which we operate. In particular they address some of the key elements that impact on how change occurs. We focus here on some significant aspects of the therapist's use of self.

We would see a focus on client affect as pivotal in effective practice. We see our role as that of a facilitator for the emergence of that affect, in order that our clients might allow themselves to be vulnerable, to access powerful emotions, within the safe limits of the therapeutic hour, and to thus work through relevant emotional material.

In this we draw on many of the principles that emerged from the humanistic research tradition, whereby the taping and analysis of sessions created research paradigms that looked at the process of change. This research established the competencies that are essential for any good therapeutic work, including unconditional positive regard and the skills of listening, reflecting and conveying accurate empathy (Rogers, 1961). The trust built up through empathy and guidance was identified in this research as the key to treatment success. It is the relationship that allows it to happen.

However, we must remain sensitive to the inevitable power differential, and the inherent vulnerability of the client. In addition to obvious ethical violations, there are countless ways that we as therapists, albeit at times unconsciously, can seriously violate treatment

boundaries. Given the frame of therapy and the natural focus on the client's issues, it can be easy to be blind to how our own countertransference may dramatically interfere with our client's work, whether it be unwittingly using the therapy at some level for our own gratification, satisfying our own needs for connection, or perhaps portraying a hostile attitude toward a particular client, no matter how subtle. Many believe the answer lies in part in personal therapy before undertaking a profession like ours, as well as the continued monitoring of our own mental health throughout our career. Such monitoring, in addition to self-examination, includes continued case consultation with colleagues.

The importance attributed to relationship arises from research on therapeutic process as well as our experience of it as counselling psychologists. It would be a danger to underplay that importance to fit more into an empirical model of outcome research. A standardized manual that lays out the questions to ask to create the *relationship*, ready for the application of predetermined interventions, may only be of use in certain circumstances. Carol Gilligan (2003) reminds us that the human world is essentially relationally responsive. And, as Miller and Stiver note, 'Most theorists have long agreed that people develop only in interaction with others…To talk of participating in others' psychological development, then, is to talk about a form of activity that is essential to human life' (Miller and Stiver, 1997: 17).

Is practice guided by one main theoretical perspective?

We know from our own experience that we may be influenced by various models while having one model as a core framework. One of us (DB) has been influenced by three profoundly different approaches – the cognitive behavioural, the personal construct and the person-centred. This raises key questions for practice, since they are in many respects irreconcilable. It might be possible to follow an integrative route or, at any one point in time, to be informed by the theoretical perspective that makes sense for the client journey (see chapter 2). However, this requires us to be competent in the 'doing' of the procedures, the tools that help define the approach or model. These may be very diverse. Types of language often accompany specific practices. Some instruments are statistically validated, and some are profoundly idiographic. Each embeds ideas about human behaviour and in using them we have to be aware of the assumptions that inform their use. Theoretical perspectives tend to adopt particular instruments. For some, the assumptions that accompany a focus on instrumental reality may be unacceptable (we'll never know about people or things except by mediation of instruments) (Ihde, 1991, 2003). Yet instrumental reality, or knowing performatively, or 'thing knowledge' as one view has it (Baird, 2004), does form part of the knowledge base of counselling psychology.

For one of us (SMS), work as a therapist is most informed by a psychodynamic view, while still drawing from eclectic training in both cognitive behavioural and person-centred

approaches. Within this frame, much importance is placed on a thorough diagnostic interview, taking into account the client's family history and other relevant personal background, in addition to a comprehensive exploration of the presenting problem and the client's current functioning. There are times when, even within a single frame, therapists may take a multi-faceted approach. Ideas from a cognitive behavioural intervention to teach children self-management skills, for example, or behaviour modification to help a student conquer test anxiety, may find their way into more dynamically influenced frameworks. Such approaches might be an adjunct to more psychodynamic exploration, or at times they might be the sole intervention. However, always within a psychodynamic view there will be a continued eye toward relevant underlying factors that may emerge through the client's personal narrative.

Are there other theories or principles that are particularly relevant to your practice?

If, as counselling psychologists, we are to represent the very broad range of our clients' experience, then we have to place limits on our use of any one framework. Systematic evidential investigation is relevant only to the range of usability of the tools employed. Science is always on the move. Theory is pro tem and causation gives way to new levels of inference.

Arnold Lazarus, (see Dryden, 1991) concludes that it all depends, and this perhaps expresses our use of science as being dependent upon its value for a particular client. Reality with the human range of usability is negotiated between things and people and is reality only in so much as they can validate similar things: 'It is the interaction of persons with objects via beliefs that gives meaning to events and objects, not the autonomous creation of reality by persons' (Mackay, 2003: 380). This of course places the relationship and our use of self at the centre of our work; it is what we do.

Highlighting the therapist's use of self, Jordan (1999) addresses the notion of vulnerability as a positive construct, not only in the client but also in the therapist. She speaks of the profound caring that is a part of our work as therapists, and also our need to allow ourselves to be vulnerable in examining our own work and in seeking consultation. Miller and Stiver (1997), in their relational approach to psychotherapy, use a sense of connection as their gauge in timing interpretations. They say it is that moment when the patient recognizes that the therapist feels moved by him or her that something important occurs.

These issues have been explored in much of the recent psychological literature on women's development. We learn that, through deepening our understanding of women, we can better understand the human psyche, thus broadening our ways of viewing psychotherapy, and, moreover, the world in general. Studies of women suggest that traditional models of psychotherapy are gendered and patriarchal, making false assumptions about the value of

separation and autonomy. Gilligan (2003) advocates that we instead employ an active and responsive manner of listening and questioning, taking voice as the 'barometer of relationship', the 'footprint of the psyche', bringing out our clients' voices without either distancing or imposing our own agenda upon them. Her concern is with the 'landscape' between the person and the researcher, and she sees the new person as a 'new terrain', a 'new voice'.

Is it possible that these views offer some objective ways of handling such meaningful experience within a new scientist-practitioner narrative? Perhaps we can avoid the traps in traditional empirical research methods, which, in setting up certain parameters, can end up distorting objectivity. Gilligan (2003) has argued that data gathering can be subjected to quantitative or narrative analysis, yielding a 'logic of the psyche', with reliability being found in the diversity of the interpretive group, and validity in the relational context, and in not assuming a cultural framework. Similarly, in their book, *Women's Ways of Knowing*, Belenky and her colleagues discuss 'constructed reality', referring to a 'narrative sense of the self - past and future', whereby 'different perspectives and different points in time produce different answers' (Belenky, Clinchy, Goldberger and Tarule, 1986: 136). They note that women who reach this stage of knowing are 'a far cry from the perception of science as absolute truth' (1986: 138), and yet it seems this narrative sense of the self could still be subjected to objective analysis.

SOME PRELIMINARY CONCLUSIONS

We would both agree that the essence of our work as therapists is in striving to help our clients lend meaning to their own personal stories. And yet how do we, indeed can we, reconcile the seemingly disparate views expressed? While as individuals we might either lean toward an explanation based in the science of our practice, or focus more on our role as practitioner, taken together, we may highlight the fuller picture of what it is that counselling psychologists actually do. We have, through writing this chapter, come to appreciate how much we blend practice and science.

We have attempted to test our own diversity against extant literature, both to seek some sort of unity and to attempt to offer some sort of guide for the future. The conclusions that follow represent suggested dimensions for retaining the scientist-practitioner identity while noting its potential transformation.

In defining the scientist-practitioner from a counselling psychology perspective, Strawbridge and Woolfe speak of the 'critical task of problem setting' as opposed to 'problem solving' (2004: 6). They address the knowledge that we gain not only through research but also through experience. They note that it is reflection and 'monitoring of practice in process' (2004: 6), both individually and together with colleagues, that guide our interventions, and they acknowledge the 'significance of stories in human experience' (2004: 10). They maintain that not only are skills of empathic listening and reflecting

essential to good practice, but in fact these skills define the practice of science within a psychotherapeutic context. It is by listening to and reflecting upon women's and men's voices that we can gain a clearer vision and a deeper understanding of our clients.

Not only do we learn within a context of a single case conceptualization, but also we continually build a body of knowledge that informs all of our work as scientist-practitioners. In a similar vein, Hage reminds us of the 'fundamental tenets' of the field of counselling psychology, 'which has emphasized respect for the personal, subjective experience of the client and multifaceted approaches to knowing' (Hage, 2003: 557). In acknowledgement of such reflection and experience, and the sort of knowing that encompasses our work, Corrie and Callanan suggest that 'it no longer makes sense to construe the scientist-practitioner model as representing a single method or doctrine' (2000: 424). In posing critical questions for further investigation, they ask whether different therapists do indeed 'interpret the scientist-practitioner model to mean different things', and they query as to the possible 'nature and range of these more idiosyncratic definitions' (*Ibid*: 424).

As we reflect upon our own practice in the context of the above definitions, we note many commonalities. We both see ourselves as 'problem setters'. We suggest our own example illustrates the concept of 'multifaceted approaches to knowing'. We strongly acknowledge the importance of allowing our clients' subjective reality to guide our interventions.

Our assumption, based in current ideology, had been that we practice and theorize in one way. In fact, we found that the literature supports increased use of diversified scientific resources and identities in counselling psychology. Moreover, a key component of counselling psychology is the capacity to observe meanings objectively (Mackay, 2003; Pelling, 2000), making adaptations as time proceeds. As with reading a text, meaning is not clear at first, rather it evolves. A diverse, comprehensive and fully epistemological view of science offers value to practice and research. Counselling psychology in practice requests it, and it will aid adapting the practitioner identity for workplaces that we have not yet explored.

We acknowledge that we cannot get away from importing our own meanings, as our system of interaction is one in which we intervene whether we like it or not. People do react to norms. As practitioners we must know when to import what sort of scientific perspective or tool, and how to limit its range of usability. Even quantitatively we have available to us multiple models of probabilistic prediction, because adequate modeling for diverse and nonlinear systems does now exist (Zhu and Lee, 1999).

Just as science has benefited from the examination of what it is that scientists do (Fuller, 1993), so too may counselling psychology benefit from a focus on what practitioners actually do when claiming to be scientists. There is no reason why empirical research cannot address psychological practice in this way.

Counselling psychology makes a considerable contribution to the broader field of psychology in its focus upon the moral and idiographic dimension. We would note, for example, the theme of oppression whereby, while science can lead practice in oppressive directions, oppressive practice can sometimes resort to science to justify itself. Peer review and other off-site tools give a two-way balance. Indeed, counselling psychologists need to be active in disseminating research to develop this aspect of their identity (Bor and du Plessis, 1997; Cowie and Glachan, 2000).

We both agree that gender plays a substantial role in our work. We see it in practice, and also in the literature on the gender component in science (Keller, 1995; Rose, 1994). We could envision counselling psychology taking the lead in directing scientific attention to gender issues and formulating suitable methods by which to undertake such research.

Although it is difficult to quantify and replicate generalized results in counselling psychology practice, we have seen the value of reporting from the early process studies. These provide a public account of what we do when we practice, thereby opening our work to scrutiny and research. Falsifiability in its strictest sense gives way to accountability. Failure is as important as success. Contextual failures may then help us develop more sensitive forms of research and practice.

Counselling psychology may in fact come to be distinguished through building broad traditions of research surrounding its core tenets. As the field develops further complexity, *What Works for Whom* (Roth and Fonagy, 1996) becomes w*hat works for whom, when, where and how*. Counselling psychologists will wish to account for their revised use of scientific methods to the public, and may demonstrate accountability by reporting trends rather than using over-defined probabilities. This may be a contribution that counselling psychology brings to other areas of psychology.

It is in the focus on the full extent of the experience of the client (rather than splitting the client into diagnostic categories) that counselling psychology has much to contribute (Elliott and Williams, 2003). This will, however, certainly bring more ethical quandaries, as some methods use processes that impinge upon the interpersonal environment (Bowen and John, 2001). As Hopf indicates, qualitative approaches, 'in comparison to quantitative research – are more radical and also more difficult to solve' (2004: 335). We endorse methods that articulate the science of what we do when in practice. We do not want research to diminish the significance of experiential material by forcing it into an empirical mode. We support the core argument of this book for a broadening of the definition of scientist-practitioner. In doing so, it is likely that counselling psychologists will have to find ways in which adherents of incompatible paradigms can learn to validate each other. Without this, fragmentation within the discipline will occur.

In summary, the sort of 'science with practice' we envisage is one in which there is a comprehensive range of tools. We are not limited to standardized modelling only. Human complexity means that the standard model of experiment and evidence will inevitably be confounded. This requires us to access forms of scientific modelling that are sensitive to

context as well as an existing empirical literature. If we can do so, we will create a more dynamic interaction between science and practice.

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