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Research is a fundamental part of the counseling field that both informs practice and enhances and unifies the profession (Kaplan & Gladding, 2011; Kaplan, Tardyvas, & Gladding, 2014; Steele & Rawls, 2015). Counselors are encouraged by the American Counseling Association's *Code of Ethics* (2014), as well as other relevant codes of ethics (e.g., American School Counselors Association, 2016; American Mental Health Counselors Association [AMHCA], 2015), to use counseling practices founded in rigorous research methodologies and to monitor their effectiveness. Moreover, counselors face increased pressure to demonstrate their effectiveness and deliver measurable outcomes to support the services they provide to clients (Lenz, 2015; Lloyd-Hazlett, 2018). In fact, both mental health and school counselors are expected to demonstrate accountability via consumption of, application of, and engagement in research in their professional roles (e.g., AMHCA, 2015; Burlingame, Lambert, Reisinger, Neff, & Mosier, 1995; Cook et al., 2017; Sexton & Whiston, 1996; Whiston & Sexton, 1998). Accordingly, research is a critical part of counseling practice, both in terms of counselors' professional duties in their jobs and their ethical obligations to clients and the profession. Importantly, these trends reflecting the necessity of research in counseling demonstrate the growing need for counselors to use research within their clinical practice with clients and students.

However, several researchers in counseling and related fields have indicated that many clinicians continue not to use research in practice despite their professional and

ethical responsibilities to do so (e.g., Bauman et al., 2002; Bezyak, Kubota, & Rosenthal, 2010; Maras, Splett, Reinke, Stormont, & Herman, 2014; Wester, Mobley & Faulkner, 2006; Wester, Wachter Morris, & Umstead, 2018; Young & Kaffenberger, 2011). Critically, this gap in research use among counselors illustrates the gap between counseling research and practice that many scholars in counseling have discussed for decades (e.g., Anderson & Heppner, 1985; Haring-Hidore & Vacc, 1988; Lee, Dewell, & Holmes, 2014; Martin & Martin, 1989; Murray, 2009; Rowell, 2006). Moreover, while several researchers have called attention to deficiencies in research training in counseling, particularly at the master's level (e.g., Granello & Granello, 1998; Huber & Savage, 2009; Jorgensen & Duncan, 2015a, b; Umstead, 2018), it is unclear how research training influences counselors' use of research in practice.

The extant research pertaining to research use in practice among clinicians, including counselors, predominantly examines this construct in terms of evidence-based practices (e.g., Bauman et al., 2002; Bezyak et al., 2010; Maras et al., 2014; Wester et al., 2006; Wester et al., 2018). Although useful, this research may limit the current understanding of how counselors actually use research in their work with clients and students. Accordingly, more study of how counselors' personal experiences of using research is warranted. Moreover, because master's-level counselors comprise the majority of practicing counselors in mental health and school settings, research exploring research use among these specific practitioners is necessary.

Accordingly, the purpose of this study was to explore the experiences of mental health and school counselors' research use in counseling practice with clients and/or

students, as well as their perceptions of how factors related to training and practice-related supports and barriers influenced their current use of research in practice. The following research questions were addressed through this study: (1) What are counselors' experiences of using research in their clinical practice? (2) How do master's-level counselors describe their research training experiences as influencing their current use of research in their practice? and (3) What do counselors identify as current *supports* and *barriers* to their use of research in practice? To answer these research questions, Consensual Qualitative Research methodology (CQR; Hill, 2012) was used to explore counselors' experiences of using research in practice and obtain rich, in-depth descriptions of their experiences.

Following eight individual interviews with master's-level clinical mental health and school counselors, five domains emerged during data analysis to provide insight into the research questions. These domains included the following: (1) research use in counseling practice, (2) research training experiences, (3) factors influencing research use in counseling practice, (4) research as part of one's counselor identity, and (5) other. Each domain consisted of between one and seven categories. Research findings, study limitations, and implications for counseling practice, counselor training, and future research are discussed.

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IN PRACTICE: A CQR STUDY

by

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## TABLE OF CONTENTS

	Page
LIST OF TABLES .....	xv
CHAPTER	
I. INTRODUCTION .....	1
Statement of the Problem .....	1
Purpose of the Study.....	11
Research Questions .....	12
Need for the Study.....	12
Definition of Terms.....	14
Brief Overview.....	15
II. REVIEW OF THE RELATED LITERATURE .....	16
Introduction.....	16
Research in Counseling .....	16
Research Use in Counseling Practice.....	20
Consumption, Application, and Engagement in Research.....	21
Summary.....	32
Evidence-Based Practice in Counseling .....	33
The Current Study.....	35
Factors Influencing Counselors' Research Use in Practice .....	36
The Research-to-Practice Gap in Counseling.....	38
The Scientist-Practitioner Model of Counselor Training.....	42
Research Training in Counseling.....	45
Research Training Environment (RTE) Theory.....	46
Research Training in Master's-Level Counseling Programs .....	48
Conceptual Literature .....	49
Empirical Literature .....	52
Summary .....	58
Research Training Needs of Practicing Counselors .....	58
Summary.....	62
Supports and Barriers to Research Use in Practice.....	62
Summary .....	68
Summary of the Chapter.....	69
III. METHODOLOGY .....	71

Introduction.....	71
Consensual Qualitative Research (CQR) .....	71
Theoretical Foundations of CQR.....	72
CQR Process.....	73
Research Questions .....	75
Full Study.....	75
Participants.....	75
Inclusion Criteria.....	76
Sample Size .....	77
Incentives .....	77
Procedures .....	78
Research Team.....	78
Bracketing of Biases and Expectations .....	78
Participant Recruitment.....	80
Initial Screening Questionnaire .....	81
Sample Selection .....	81
Data Collection/Interviews .....	82
Semi-Structured Interviews.....	82
Interview Questions .....	83
Transcription.....	84
Data Analysis .....	84
Domains.....	84
Core Ideas .....	85
Cross-Analysis .....	86
Frequency Labels.....	87
Stability Checks.....	87
Auditing.....	88
CQR Results Evaluation .....	89
Trustworthiness of the Method .....	89
Coherence of the Results .....	90
Representativeness of the Results to the Sample.....	90
Additional Evaluation Criteria.....	91
Pilot Study .....	91
Research Questions.....	92
Sample.....	92
Procedures .....	93
Initial Interview Questions.....	94
Findings.....	94
Research Question 1 .....	94
Research Question 2.....	95
Modifications.....	96
Recruitment and Procedures .....	96
Interview Protocol.....	97

IV. RESULTS.....	98
Modifications to the Method.....	98
Recruitment Procedures, Participants, and Data Collection.....	99
Recruitment Procedures.....	99
Participants.....	100
Data Collection and Transcription.....	102
Findings: Domains and Categories.....	103
Research Question 1: What are Counselors’ Experiences of Using Research in Their Clinical Practice?.....	103
Domain 1: Research Use in Counseling Practice.....	104
Conceptualizations of Research Use in Practice (General).....	105
Consuming Research in Practice (General).....	107
Peer-Reviewed Journals and Articles (Typical).....	107
Books (Typical).....	108
Magazines (Rare).....	109
Blogs (Variant).....	109
Podcasts (Variant).....	110
Other Electronic Resources (Typical).....	110
Professional Development Opportunities (General).....	111
Informal Resources (Typical).....	113
What Some Participants are Not Doing (Variant).....	114
Reasons for Consuming Research in Practice (Variant).....	115
Applying Research in Practice (General).....	115
Using Evidence-Based Practices (General).....	116
Talking About What the Research Says – With Clients (General).....	117
Talking About What the Research Says – With Colleagues (Variant).....	119
Informing Treatment Plans, Sessions, and Programming (General).....	120
Recalling Research in Sessions (Variant).....	122

Consulting with Colleagues, Supervisors, and Other Resources (Variant) .....	122
What Some Participants are Not Doing (Variant).....	123
Needs and Preferences for Applying Research in Practice (Variant) .....	124
Reasons for Applying Research in Practice (Variant) .....	124
Engaging in Research in Practice (General).....	125
Using Pre-Existing Measures (Typical).....	126
Creating One’s Own Measures of Effectiveness (Variant) .....	127
Other Methods of Data Collection (Variant).....	128
Informal Data Analysis (Typical) .....	129
How Participants Use Data They Collect and Analyze (Typical) .....	130
Informally Developing and Testing Hypotheses (Typical).....	130
What Some Participants are Not Doing (Variant) .....	132
Disseminating One’s Own Research (General).....	133
With Clients (Variant).....	133
With Colleagues (Typical).....	133
With Trainees (Rare).....	135
With Others (Variant).....	135
What Some Participants are Not Doing (General).....	135
Impacts of Using Research in Practice (General) .....	136
Research Question 2: How Do Master’s-Level Counselors Describe Their Research Training Experiences as Influencing Their Current Use of Research in Practice? .....	138
Domain 2: Research Training Experiences .....	138
Undergraduate Research Experiences (General).....	138
Research-Specific Courses and Assignments (General) .....	139

Other Research Experiences (Rare) .....	141
Influence of Undergraduate	
Research Experiences (Variant).....	141
Master's Research Training	
Experiences (General).....	142
Research-Specific Courses and	
Assignments (General) .....	142
Research Infusion Throughout the	
Program (Typical) .....	144
What Participants Did Not	
Do (Variant) .....	145
Strengths of Master's Research	
Training (General).....	146
Connecting Research to	
Practice (Typical) .....	146
Teaching Research Consumption	
(Variant).....	148
Other Miscellaneous Strengths	
(Typical).....	149
Weaknesses of Master's Research	
Training (Typical).....	149
Lack of Hands-On Experiences	
(Typical).....	149
Other Miscellaneous Weaknesses	
(Typical).....	151
Research-Related Expectations	
Experienced by Counselors (General) .....	152
Expectations in Field	
Experiences (General) .....	152
Faculty Members' Expectations	
(Typical).....	154
Unclear Expectations (Rare).....	155
Impact of Master's Research Training	
on Current Use of Research in Counseling	
Practice (General) .....	156
Positive Impacts (Typical).....	156
Negative Impacts (Variant) .....	157
Suggestions for Counseling Programs	
(General).....	158
Clearly Connect the Dots Between	
Research and Practice	
(Typical).....	158

Clarify and Emphasize How to Consume Research (Variant) .....	159
Encourage Curiosity (Rare) .....	160
Research Question 3: What Do Counselors Identify as Current Supports and Barriers to Their Use of Research in Practice? .....	160
Domain 3: Factors Influencing Research Use in Practice.....	161
Supports (General).....	161
Work-Related Supports (Typical).....	161
Personal Traits (Variant) .....	162
Funding (Variant).....	163
Support From One’s Counseling Program (Variant).....	163
Barriers (General).....	164
Time (Typical) .....	164
Miscellaneous Work-Related Barriers (Typical) .....	166
Lack of Access to Research (Variant).....	167
Clients (Variant).....	167
Navigating Research Articles (Rare) .....	168
Motivating Factors (General).....	168
Doing What is Best for Clients (Typical).....	168
Being an Effective Counselor (General) .....	170
Being Reason-Oriented (Rare).....	172
Additional Findings .....	172
Domain 4: Research as a Part of One’s Counselor Identity .....	172
Absence of Practitioner-Scientist Label (General) .....	172
Alternative Research-Related Labels (General).....	174
Domain 5: Other.....	175
Reactions to the Study (Typical).....	175
V. DISCUSSION.....	177
Summary of Findings .....	179
Findings by Research Question.....	179

Research Question 1: What are Counselors’ Experiences of Using Research in Their Clinical Practice?.....	180
Consumption of Research in Practice.....	181
Application of Research in Practice .....	183
Engagement in Research in Practice.....	186
Dissemination of Research in Practice .....	188
Impacts of Using Research in Practice .....	189
Research Question 2: How Do Master’s-Level Counselors Describe Their Research Training Experiences as Influencing Their Current Use of Research in Practice?.....	190
Research Question 3: What Do Counselors Identify as Current Supports and Barriers to Their Use of Research in Practice?.....	196
Additional Findings.....	199
Limitations.....	201
The Research Team and Researcher Bias .....	201
Limited Sample .....	202
Self-Report Nature of the Data.....	205
Implications .....	205
Implications for Counseling Practice.....	206
Implications for Counselor Training.....	207
Directions for Future Research.....	210
REFERENCES.....	213
APPENDIX A. SCREENING QUESTIONNAIRE.....	227
APPENDIX B. PILOT STUDY INTERVIEW QUESTIONS.....	231
APPENDIX C. FINAL INTERVIEW PROTOCOL .....	233
APPENDIX D. RECRUITMENT EMAIL TO COUNSELORS .....	235
APPENDIX E. RECRUITMENT EMAIL TO COUNSELOR EDUCATORS.....	236
APPENDIX F. INFORMED CONSENT FOR PARTICIPATION .....	238
APPENDIX G. REVISED FINAL INTERVIEW PROTOCOL .....	242
APPENDIX H. REVISED FINAL SCREENING QUESTIONNAIRE .....	245



APPENDIX I. PRE-INTERVIEW REFLECTION QUESTIONS .....	249
APPENDIX J. TRANSCRIPTIONIST STATEMENT OF CONFIDENTIALITY .....	250
APPENDIX K. PARTICIPANTS' COUNSELOR PROFILES .....	251
APPENDIX L. PARTICIPANTS' WORK PROFILES .....	253
APPENDIX M. DOMAINS AND CATEGORIES .....	257

## LIST OF TABLES

	Page
Table 1. Frequency Labels for Cross Analysis .....	88
Table 2. Domain Definitions.....	104
Table 3. Number of Categories and Subcategories .....	180
Table 4. Participants' Counselor Profiles .....	251
Table 5. Participants' Work Profiles .....	253
Table 6. Frequencies of Domains and Categories.....	257

CHAPTER I  
INTRODUCTION

**Statement of the Problem**

In the counseling profession, research is considered to be a core value that both informs and enhances counseling practice (Huber & Savage, 2009; Kaplan & Gladding, 2011). The American Counseling Association’s code of ethics (ACA, 2014) encourages counselors to use and conduct research, stating that counselors “have a responsibility to engage in counseling practices that are based on rigorous research methodologies” and to “continually monitor their effectiveness as professionals” (p. 8). These principles are reiterated in other ethical codes within the profession. First, the American Mental Health Counselors Association’s (AMHCA, 2015) code of ethics delineates the similar responsibilities of mental health counselors related to research, such as conducting research investigations and engaging in ethical research practices. Additionally, the American School Counselor Association’s (ASCA; 2016) *Ethical Standards for School Counselors* emphasizes the role of research- and evidence-based practices in school counselors’ professional roles, including using outcome data to determine the effectiveness of school counseling programs. Furthermore, counselors in the field work in an era underscored by increasing competition for funding among mental health treatment facilities, as well as increased pressure from third-party payers and school systems to

embrace research as a part of practice, validate one's effectiveness, and use evidence-based practices, thereby stimulating a growing need for practitioner-produced outcome research demonstrating the effectiveness of counseling services (Granello & Granello, 1998; Nielson, 2015; Rowell, 2006; Sexton, 2000; Whiston, 2002). Importantly, these particular ethical duties and job responsibilities of counselors necessitate the use of research one's counseling practice.

Accordingly, using research within one's work with clients and students is a vital professional responsibility of counselors. However, some researchers have argued that many practitioners fail to see the relevance of research to their role and responsibilities. Sexton (2000), for example, contended that counselors are unsure of the role research plays in their professional practice. Additionally, Ruby's (2013) study of master's-level counselors revealed that some participants reported perceiving research as irrelevant, unimportant, and unhelpful to their clinical practice. Moreover, clinicians have been shown to resist calls for accountability and assessment of counseling outcomes in practice for several reasons, including fearing that their efforts are ineffective, desiring to spend time doing therapy as opposed to evaluation, and believing that the therapeutic process is unquantifiable (Burlingame et al., 1995; Plante, Couchman, & Diaz, 1995; Huber & Savage, 2009).

Importantly, previous research findings also have demonstrated that mental health clinicians' beliefs about research impact whether they use research in practice. For example, clinicians have been found not to use outcome research in their clinical decision making due to viewing it as irrelevant, difficult to understand, and impractical to use as a

part of therapy (Sexton, Whiston, Bleur, & Walz, 1997). Other scholars have found that many counselors do not use research in their practice (e.g., Wester, Mobley, & Faulkner, 2006; Wester, Wachter Morris, & Umstead, 2018). Wester et al. (2006), for example, found that while 68% of counselors reported consuming research, only three quarters of these respondents indicated that they applied the research they consumed to their work with clients or students. Additionally, in this study, only 38% to 56% of counselors reported engaging in their own data collection, with only 41% of individuals indicating that they collected data to evaluate their effectiveness. Alternatively, some researchers have suggested that counselors, including school and rehabilitation counselors, do use research by regularly reading literature and using data to evaluate their practice (Bauman et al., 2002; Bezyak, Kubota, & Rosenthal, 2010; Maras, Splett, Reinke, Stormont, & Herman, 2014; Young & Kaffenberger, 2011). Collectively, these researchers have demonstrated critical gaps, as well as conflicting results, in research use in practice among counselors. Thus, more research is needed to better understand the reasons for this gap and how to address it.

The discrepancy between the vital role of research in counseling and the reality that many practitioners continue to view it as irrelevant and negligible demonstrates the gap between research and practice that remains prominent in the counseling field. Over the last several years, scholars have begun to discuss this gap as well as argue for the responsibility of counselor educators to bridge it (e.g., Benishek & Gordon, 1998; Lee, Dewell, & Holmes, 2004; Murray, 2009; Sexton, 2000). Within counselor education, the scientist-practitioner model has long been embraced as a training framework for reducing

the gap between research and practice and influencing effective evidence-based practice among clinicians (Haring-Hidore & Vacc, 1988; Lee, Dewell, & Holmes, 2014; O'Brien, 1995). This model posits that mental health clinicians should be knowledgeable in both clinical practice and research, leading to calls for the preparation of scientist-practitioner counselors who both use existing research to utilize evidence-based interventions and collect and analyze data to evaluate their practice (Jones & Mehr, 2007; Peterson, Hall, & Buser, 2016). Jones and Mehr (2007) described a 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. 796). Importantly, this definition reflects the activities indicated in the literature as tasks that counselors are responsible for fulfilling in their practice in order to provide effective services to clients. However, several scholars have noted that counselor educators struggle to apply the scientist-practitioner framework effectively in counselor training at both master's and doctoral levels (e.g., Benishek & Gordon, 1998; Borders, Bloss, Cashwell, & Rainey, 1994; Heppner & Anderson, 1985, Sexton, 2000).

Accordingly, many counseling researchers have begun to call attention to deficiencies in research training in counselor education programs. Currently, the existing literature pertaining to research training in counseling predominantly examines this domain of training at the doctoral level (e.g., Borders, Wester, Fickling, & Adamson, 2014; Gelso, 2006; Kahn, 2001; Lambie & Vaccaro, 2011); however, researchers have begun to discuss and examine this area of training within master's-level counseling programs (e.g., Gerig, 2012; Granello & Granello, 1998; Huber & Savage, 2009).

Although researchers are beginning to examine empirically some topics related to master's research training in counseling, including research course content and assignments (Umstead, 2018), researcher identity (Jorgensen & Duncan, 2015a, 2015b), and quantitative research attitudes and research training perceptions (Steele & Rawls, 2015), most of the extant literature pertaining to master's research training is conceptual in nature and offers suggestions for improving research training in master's counseling programs. Critically, those researchers who have discussed the need for improved research training in master's counseling programs have highlighted multiple alarming observations, including that many entry-level students question the necessary relationship between research and practice, fail to see research as a core clinical competency, and maintain unfavorable attitudes toward research (Gerig, 2012; Huber & Savage, 2009; Steele & Rawls, 2015). Thus, the scientist-practitioner model of training may not adequately address the research-practice gap in counseling because counselor educators do not clearly delineate how counselors may use research in ways that are relevant to practice. However, given the growing demand for counselors to demonstrate their effectiveness and utilize EBP, there is a need for empirical research demonstrating how research training in entry-level counseling programs influences counselors' use of research in their work with clients and students.

Some researchers have pointed to a lack of clarity regarding which topics related to research students in counselor training programs should be learning (Sexton, 2000). Hoshmand (1991) identified a key problem inherent in the scientist-practitioner model of training as "a lack of a shared definition of...what it means to be scientific" (p. 432).

Moreover, Gelso (1993) noted that a main criticism of the scientist-practitioner model of training is that it may not be viable to teach students to be both general scientists as well as psychological researchers because the majority of graduate students enter counselor training intending to be practitioners – not researchers. In counselor education, the training standards published by the Council for Accreditation of Counseling and Related Educational Program (CACREP; 2016) provide guidelines for the knowledge and skills related to research that are considered to be fundamental to master's trainees' preparedness to enter the profession. Importantly, this set of standards expands upon previously published standards by identifying more specific ways that trainees should be able to use research in practice (e.g., identifying evidence-based counseling practices, analyzing and using data in counseling, critiquing research to inform counseling practice). However, although CACREP broadly defines the content related to research and program evaluation that must be covered within program curricula, these guidelines do not delineate how training programs must fulfill these standards; thus, the nature of training related to research, as well as the knowledge and skills emphasized to students, may vary widely across training programs (Peterson et al., 2016).

Accordingly, researchers have begun to examine the knowledge and skills related to research that counseling graduate students and practitioners receive in training and use in their work with clients. Interestingly, researchers have noted a disconnect between what counselors receive within their research training and how they may use research in practice (Neukrug, Peterson, Bonner, & Lomas, 2013; Peterson et al., 2016; Peterson, Lomas, Neukrug, & Bonner, 2014). For example, Umstead et al.'s (2018) findings in a



content analysis of research and program evaluation syllabi found that master's research classes covered a wide range of topics with varying degrees of consistency (e.g., dissemination of research [80% of syllabi], critiquing/evaluating research [45%], research methods and designs [80%], statistics and data analysis [55%], EBP [15%]). Moreover, these researchers found that only 70% of the course syllabi sampled in their study mentioned research as it specifically pertains to counseling, again with varying degrees of specificity. Critically, these findings exemplify the variability of research training present across entry-level counseling programs, in addition to suggesting that many students may not be receiving research instruction that specifically and overtly connects research to the counseling profession and practice. However, it is unclear whether or how these varied research training experiences influence counselors' use of research in their work with clients.

Within counselor education, a set of research competencies addressing the knowledge and skills necessary for students and counselors at both master's and doctoral levels of training has been developed and proposed (Wester & Borders, 2014). Importantly, these competencies have provided more clarity with regards to the specific knowledge and skills counselors and counselor educators are responsible for maintaining; however, because the proposed competencies do not differentiate which skills are necessary for counselors across training levels and settings, it is unclear which of these competencies are most applicable to entry-level counselors in the field. Peterson et al. (2016) provided some additional insight into this gap in the literature by examining which quantitative research skills (e.g., "Use survey software to collect responses over

the Internet; Find existing measures of client/student outcomes;” p. 85) counselors reported needing for counseling practice. Importantly, this study revealed the counselors indicated a high need for research skills at work and specified needing different skills depending on their specific counselor role (e.g., school counselor, mental health counselor). These results, then, suggest that some counselors wish to use – or *do* use – research in practice; however, it is still unclear as to how and why counselors in the field use research skills in their clinical practice. Thus, exploring the ways that counselor utilize research skills in practice will provide insight into how they are and are not using research in their work with clients. This may provide more clarity with regards to what is relevant to counselors in terms of research use in counseling practice.

Although some researchers are providing evidence that many counselors do not use research in their work with clients and students (e.g., Wester et al., 2018), others have argued that counselors are in fact engaging in research activities, such as presenting their own case studies or serving as research advocates, that may be discounted because they do not fit with traditional conceptualizations of research (Benishek & Gordon, 1998; Marten & Heimberg, 1995). This assertion is significant, as it highlights the disparity between what is valued as research in counseling and what is valuable with regards to research in counseling. Reducing this disparity necessitates identifying the ways in which research is relevant to counselors’ work with clients and students.

The existing literature related to counselors’ use of research in practice, including the ways in which they use or do not use research and the research skills they believe to be necessary for practice, offers an important starting place for understanding how

counselors may use research within their clinical practice; however, these studies provide a limited understanding of research use in practice as they are based in conceptualizations of research use that may not fully capture the extent to which counselors use research in practice. Wester and colleagues (2006, 2018), for example, defined research use in practice based on counselors' consumption of research (e.g., reading professional literature), application of research (e.g., using professional literature to guide client treatment), and engagement in research in practice (e.g., collecting data to assess client change over time). Furthermore, according to Wester and colleagues (2006), this definition is based in counselors' use of evidence-based practices (EBPs). This definition provides an important framework that may guide how counselor educators may structure research training and assess counselors' use of research in practice; However, it may not provide a holistic conceptualization of the ways in which counselors use research in practice due to its emphasis on EBPs. Thus, the current literature on counselors' research use in practice may not thoroughly clarify the ways in which research is relevant to counselors' work with clients in practice.

Importantly, much of the existing literature pertaining to practitioners' use of research in their work with clients examines this topic quantitatively, thereby further limiting the current understanding of what constitutes research use in counseling practice. Exploring qualitatively how counselors use research in their work with clients and students may provide a more holistic understanding of the ways in which research is relevant to counseling practice, thereby addressing the gap between research and practice

that many scholars perceive to be problematic within training programs (e.g., Murray, 2009).

In addition, current literature pertaining to research use in counseling and counselors' perceptions of the research skills needed for practice includes samples containing both master's- and doctoral-level practitioners (e.g., Peterson et al., 2016) and/or practitioners with other clinical backgrounds such as psychology or social work (e.g., Wester et al., 2018). Given that doctoral-level clinicians may receive additional research training and that clinicians from other fields may maintain different standards of research training than counseling, it is critical to establish an understanding of counselors' use of research in practice by specifically focusing on master's-level counselors. Master's-level training serves as the foundation for counselors who continue beyond graduation to provide clinical services to clients. Additionally, because a master's degree is the terminal degree necessary for counselors to work with clients and students, master's-level counselors also constitute the majority of practitioners in the field who are subject to the expectations of third-party payers, employers, and clients to utilize research-based treatment practices and demonstrate their own effectiveness. Moreover, master's-level counselors have access to sources of data (e.g., via clients and students) that can contribute to the continually growing need for evidenced-based treatments. In order to address any training deficiencies related to research in master's counseling programs and communicate the significance of research to counseling practice, more study is needed to establish specifically how master's-level counselors themselves use research in ways that are relevant to their practice with clients.

## **Purpose of the Study**

Currently, there is a need to better establish how research is relevant to counseling practice to be able to successfully prepare entry-level trainees to use research effectively in their work with clients and students. Accordingly, it is necessary to develop a holistic conceptualization of counselor research use in practice by identifying how and why counselors themselves use research in their work with clients and students. Moreover, to accomplish this goal, it is also critical that counselor educators understand the factors that influence counselors' use of research in practice, including those related to training as well as counselors' perceived supports and barriers to research use in practice. These factors may include those related to research training as well as current practice-related supports and barriers. Accordingly, the purpose of the present study was to develop an in-depth, holistic understanding of how counselors use research in practice in ways that are relevant to their professional roles. Specifically, in this study, the researcher conducted a qualitative exploration of currently-practicing master's-level counselors' experiences of using research in their clinical practice. Additionally, the researcher explored the factors that influence those counselors' uses of research in practice, including elements of their master's training related to research (e.g., research instruction) and their perceptions of current supports and barriers to research use in practice. The understandings gained through this study helped to establish more clearly 1) how research is relevant to counseling practice by identifying the ways master's-level counselors in various clinical and school settings did and did not use research in their clinical practice; 2) how counselors viewed their training experiences in research as influencing their current use

of research in practice; and 3) what counselors identified as being supports and barriers to their use of research in practice. Moreover, additional findings emerged to shed some light on counselors' perceptions of the role of research as a part of their professional identities.

### **Research Questions**

The following research questions guided this study:

1. What are counselors' experiences of using research in their clinical practice?
2. How do master's-level counselors describe their research training experiences as influencing their current use of research in their practice?
3. What do counselors identify as current *supports* and *barriers* to their use of research in practice?

### **Need for the Study**

This study addressed critical gaps in the extant literature pertaining to entry-level counselors' use of research in practice as well as research training in entry-level counseling programs. To date, researchers who have focused on counselors' use of research in practice in counseling have examined this construct in terms of evidence-based practice, including consumption of research (e.g., reading empirical articles), application of research (applying empirical findings to one's practice), and engagement in research (e.g., collecting outcome data on one's effectiveness) (e.g., Bauman et al., 2002; Bezyak et al., 2010; Maras et al., 2014; Wester et al., 2006; Wester et al., 2018). Although this previous research is vital to the field, it may not fully capture the range of ways counselors use research in practice. In order to more fully understand what research

use in counseling practice entails for master's-level counselors, it is necessary to establish a holistic understanding of the ways in which counselors do and do not use research in their work with clients and students. To do this, it was necessary to begin with the first-hand experiences of research use of practicing counselors themselves. Accordingly, this study illuminated some of the ways in which research is relevant to counseling practice, particularly for master's-level counselors in mental health and school settings.

Importantly, developing a deeper understanding of research use in practice among counselors may serve to clarify how to improve research training in master's-level counseling programs. For several years, researchers in counseling have called attention to deficiencies in research training in entry-level counseling programs (e.g., Heppner & Anderson, 1985; Huber & Savage, 2009; Granello & Granello, 1998; Gerig, 2012; Sexton, 2000; Umstead, 2018). Additionally, researchers have shown that counselors fail to see research as a necessary element of counseling practice (Ruby, 2013). However, little is known about how research training currently impacts counselors' use of research in practice. Accordingly, this study aimed to address this gap by exploring counselors' experiences of their master's research training and their perceptions of how their training influenced their current research use in practice. Moreover, this study expanded upon these influencing factors by exploring what counselors identified as being supports and barriers to their use of research in practice. Importantly, gaining a deeper understanding of factors influencing counselors' research use in practice may enhance counselor educators' understanding of how to increase research use in practice among counselors via improved training and research that addresses barriers and increases supports.

## **Definition of Terms**

The following operational definitions of terms will be used in this study:

1. *Research use in counseling practice* – Describes the ways in which counselors use research knowledge, skills, and methods in their professional roles. This includes consumption of research, application of research, and engagement in research (Wester and colleagues, 2006; 2018), including via evidence-based practices (EBPs), as well as other means by which counselors perceive themselves as using research in ways that are relevant to their work with clients that have not yet been identified in the literature.
2. *Research training* – Any instruction and/or training related to research acquired in one’s master’s-level counseling program. Research training may include research courses and/or any other opportunities for research involvement, as well as relevant Interpersonal and/or Instructional Research Training Environment ingredients (Gelso, 1993; Kahn & Scott, 1997) identified by counselors.
3. *Evidence Based Practice (EBP)* – As defined by the Institute of Medicine, EBP involves the “the integration of best research evidence with clinical expertise and patient values” (2001, p. 247). EBP, therefore, emphasizes the use of research in combination with clinical expertise and in the context of clients’ cultures, characteristics, and preferences (Thomason, 2010) and is “a process of using empirical data to make decisions about how to best care for one’s clients” (Patterson, Miller, Carnes, & Wilson, 2004, p. 184).



4. *Supports of Research Use in Practice* – The factors identified by counselors that they perceive as positively facilitating their current use of research in practice.
5. *Barriers to Research Use in Practice* – The factors identified by counselors that they perceive as hindering their current use of research in practice.

### **Brief Overview**

This dissertation is organized into five chapters. The first chapter introduced the topic of research use in practice among counselors and provided the purpose of this study, the need for the study, research questions, and definitions of terms. The second chapter includes a thorough review of the literature, including theoretical and empirical support for the present study. Chapter III provides a description of the research design and methodology used in this study, including sampling procedures, interview development, data collection and analysis procedures, and findings from the pilot study. Chapter IV presents the findings that emerged from the data analysis following participant interviews. Finally, Chapter V provides a discussion of the findings, implications for counselor practice and training, suggestions for future research, and limitations of the study.

## CHAPTER II

### REVIEW OF THE RELATED LITERATURE

#### **Introduction**

This chapter provides a detailed overview of the literature that serves as the foundation for the current study introduced in Chapter I. This review will begin with an overview of the role of research in the counseling field and profession. Next, the literature pertaining to counselors' use of research in practice will be reviewed. The literature surrounding research training in counseling, as well as supports and barriers to research use in practice, will also be discussed.

#### **Research in Counseling**

Research is a fundamental part of the counseling field that serves to inform and improve clinical practice while also unifying the profession (Kaplan & Gladding, 2011; Kaplan, Tardyvas, & Gladding, 2014; Steele & Rawls, 2015). Upon the development of a new definition of counseling resulting from the *20/20: A Vision for the Future of Counseling* (American Counseling Association, 2018) initiative to advance the counseling profession, "expanding and promoting the research base of professional counseling" was identified as a core issue area in need of addressing in counseling (Kaplan et al., 2014, p. 366). Moreover, through this initiative, the principle, "Using evidence-based practices, counseling helps people via prevention, education, and treatment, promoting wellness throughout the lifespan," was incorporated into the process

of developing the new consensus definition of counseling to be used within the profession (Kaplan et al., 2014, p. 368). Accordingly, these elements within the 20/20 initiative reflect the importance of research to both counseling profession and practice.

Additionally, various ethical codes related to research in the practice and study of counseling have been established within the profession. For example, the American Counseling Association (ACA), which has established the principal ethical codes for professional counselors and counselors-in-training, states that counselors “have a responsibility to engage in counseling practices that are based on rigorous research methodologies” and also “continually monitor their effectiveness as professionals” (2014, p. 8). In addition, Section G of the *ACA Code of Ethics* (2014) delineates five codes pertaining to research and publication in counseling, thereby emphasizing the importance of ethical research practices among counselors. Accordingly, these ethical codes exemplify the value of both ethical research about counseling and research as a part of ethical counseling practice.

Comparable ethical standards related to research are emphasized within various divisions of ACA. For example, in the *ASCA Ethical Standards for School Counselors*, developed by the American School Counselor Association (ASCA, 2016), ethical codes related to research are defined in multiple sub-sections of Section A, *Responsibility to Students* (e.g., “Facilitate groups from the framework of evidence-based or research-based practices,” p. 4) and Section B, *Responsibility to Parents/Guardians, School, and Self* (e.g., “...stay up to date on current research and...maintain competence in...skills by utilizing current interventions and best practices;” “Provid[e] opportunities for

professional development in current research related to school counseling practice and ethics,” pp. 7-8). Similarly, the *American Mental Health Counselors Association Code of Ethics* (AMCHA, 2015) indicates that “[m]ental health counselors, as researchers, conduct investigations and publish findings with respect for dignity and welfare of the participants and integrity of the profession” (p. 30) and provides several codes concerning ethical research and publication practices. Collectively, the ethical codes pertaining to research published within the counseling profession illustrate the ethical responsibilities of counselors in general and counselors across specific specialty areas (e.g., school, clinical mental health) to use research in their work with clients and students.

Furthermore, counselors in the field face increasing pressure to demonstrate their effectiveness and accountability for client and agency outcomes (Lloyd-Hazlett, 2018). According to Lenz (2015), current sociopolitical and economic climates necessitate that counselors across settings deliver measurable outcomes supporting the types and amounts of services provided to clients. However, calls for accountability among counselors are not new to the profession. In fact, for decades, researchers in counseling have emphasized the ever-growing need for counselors to validate their effectiveness (e.g., ACA, 1987; Cook, Coddling, Silva, & Hayden, 2017; Granello & Granello, 1998; Nielson, 2015; Plante, Couchman, & Diaz, 1995; Richardson & Austad, 1991; Whiston & Sexton, 1998). Granello and Granello (1998) contended that, for counselors, “[a]ccountability is essential to employability, reimbursement, and responsible treatment planning” (p. 225). Mental health counselors providing services funded by third-party payers, for example,

are expected to both demonstrate their effectiveness via outcome-based research and utilize evidence-based practices (Granello & Granello, 1998; Nielson, 2015). Moreover, due to increasing competition for funding and support among mental health agencies, counselors in these settings must meet demands to prove their effectiveness (Burlingame, Lambert, Reisinger, Neff, & Mosier, 1995). Sexton and Whiston (1996) also called for professional counselors to be able to (1) identify available research and research findings' implications for practice and (2) apply research findings directly to practice.

Similarly, school counselors are expected to provide evidence to school and community stakeholders, such as parents, administrators, and legislators, to show effectiveness of school counseling activities and interventions (Cook et al., 2017; Whiston & Sexton, 1998). Perry (1993) asserted that it is critical for school counselors to remain informed about outcome research and have knowledge of school activities that are supported by research. Furthermore, the *ASCA National Model* (American School Counseling Association, 2012) emphasizes school counselors' use of school and school counseling data to demonstrate the impact of school counseling programs on student outcomes and improve their practice.

Accordingly, counselors in mental health and school settings are responsible for consuming, applying, and producing research within their professional roles in order to demonstrate their effectiveness and provide the best available treatments to clients. Given that mental health providers have been shown to overestimate their effectiveness with clients (Spengler & Lee, 2017), it is critical that counselors be armed with the knowledge and skills necessary to evaluate their practice. It is clear, then, that research is a vital part

of counseling practice, both in terms of counselors' professional duties within their jobs and their ethical obligations to clients and the profession. Importantly, these trends reflecting the necessity of research in counseling demonstrate the growing need for counselors to use research within their clinical practice with clients and students.

However, despite the recurring conversation among researchers regarding counselors' responsibilities to use research in clinical practice, little is known about how counselors themselves actually use research in their work with clients and students. Furthermore, given that a master's degree is the terminal degree necessary for counselors to practice, master's-level counselors constitute the majority of clinicians in the field who are subject to the expectations of third-party payers, employers, and clients to use research in practice. Thus, this study aims to explore how master's-level counselors in mental health and school settings use research in practice, which may provide a better understanding of how they fulfill their ethical and professional responsibilities related to research discussed above. Accordingly, the following section provides a discussion of the existing literature pertaining to research use in counseling practice.

### **Research Use in Counseling Practice**

In nursing and allied healthcare professions, *research use* has been described as a form of knowledge translation that entails putting knowledge derived from research evidence into action to improve the health of populations (Gifford et al., 2014). Despite the importance of using research as a part of one's counseling practice, few researchers in the counseling field have examined empirically counselors' use of research in practice. Thus, currently, little is known about how counselors use research in their work with

clients. Accordingly, a commonly-used, standardized definition of *research use in counseling practice* does not exist. To date, however, the empirical studies addressing whether counselors use research in practice emphasize counselors' consumption of, application of, and engagement in research (e.g., Bauman et al., 2002; Bezyak, Kubota, & Rosenthal, 2010; Pinto, Yu, Spector, Gorroochurn, and McCarty, 2010; Wester, Mobley, & Faulkner, 2006; Wester, Wachter Morris, & Umstead, 2018). This view reflects the discussions of various scholars who have argued for the importance of research consumption, application, and engagement among mental health and school counselors (e.g., ACA, 2014; ASCA, 2012; Cook et al., 2017; Granello & Granello, 1998; Perry, 1993; Whiston & Sexton, 1996); however, because these three domains of research use have been not been examined extensively by researchers, more study of counselors' use of research is warranted. Accordingly, a thorough discussion of the extant literature addressing research use in counseling practice is provided below.

### **Consumption, Application, and Engagement in Research**

Currently, there is a dearth of literature examining counselors' use of research in practice. More specifically, little is known about how counselors consume, apply, and engage in research in their practice. Wester, Mobley, and Faulkner (2006) sought to examine the extent to which counselors engaged in research behaviors in practice by examining research use among 60 practicing master's- and doctoral-level counselors. Specifically, these researchers operationalized *research use* as the amount of evidence-based practice (EBP), or empirical research, that counselors used in their practice. Wester et al. used three domains to measure counselors' research use: (1) consumership of

research (i.e., searching for and reading empirical literature), (2) application of research (i.e., applying research learned from literature, workshops or conferences, and colleagues to practice), and (3) engagement in research via data collection and evaluation (i.e., collecting empirical data in one's own practice to determine effectiveness).

Wester et al.'s (2006) results indicated that a maximum of 68% of counselors reported consuming research in their practice, with only 32% conducting literature searches to find empirical research. Of these 68% of counselors who reported consuming research, between 53% and 76% indicated that they applied the research they consumed to their practice. Interestingly, 76% of these participants reported that they applied information learned through consumption with clients in practice. However, Wester et al. found that only 38% to 56% of counselors in their study indicated conducting their own research in practice via data collection and evaluation. More specifically, while 56% reported evaluating their own effectiveness, only 38% reported collecting data on client sessions to evaluate the effectiveness of interventions, and 41% indicated that they collected data to evaluate their own effectiveness. Accordingly, this study demonstrated that many practicing counselors do not use research in terms of consumership, application, and/or engagement. However, more current research is needed to understand in more depth how counselors who do, in fact, use research through consumption, application, and/or engagement do so. Furthermore, this study examined both master's- and doctoral-level counselors; thus, it is essential that more research examine research use in practice among master's counselors, specifically, due to the fact that they have less training in research than doctoral-level clinicians.



More recently, Wester, Wachter Morris, and Umstead (2018) conducted a mixed-methods examination of research use in practice among master's- and doctoral-level mental health providers, including counselors, social workers, psychologists, and psychiatrists. More specifically, these researchers conducted a two-phase feasibility pilot study for a consultation model to help practitioners conduct their own research about their practice via a researchers-counselors partnership. Their consultation model was designed to occur in four stages: (1) Entry and Information Gathering (i.e., determining practitioner research and methodological needs); (2) Research Training (i.e., providing training to practitioners based on Stage 1 needs; assessing research knowledge and efficacy); (3) Mastery Learning and Implementation (i.e., practitioner begins data collection, consults with researchers as needed); and (4) Completion (i.e., summative meeting to explore outcomes and determine next steps).

In the first phase of this study, Wester and colleagues used a survey design to assess practitioners' needs regarding conducting research in practice to determine outcome efficacy. Part of this phase included assessing practitioners' current use of research in practice using the same measure used in Wester et al. (2006)'s study (i.e., consumption, application, and engagement in empirical research in practice). Interestingly, survey results reflected those from Wester et al.'s (2006) study. More specifically, between 47.5% and 52.5% of practitioners in this study reported consuming research in practice, with only 50% indicating that they read empirical literature to support what they used in session with clients. Additionally, between 55% and 75% of practitioners indicated that they applied research to their practice, with 75% reporting that

they applied professional literature to their practice. Finally, only 27.5% to 45% of participants reported engaging in research in their practice. Of these participants, 45% indicated that they evaluated the effectiveness of their services, but only 27% reported collecting data to determine the effectiveness of the techniques they used, and only 32% collected data using a survey to assess client satisfaction.

In the second phase, Wester et al. conducted a case study of two counselors who participated in the newly developed consultation model. These two participants included two female, master's-level counselors who worked in mental health (i.e., private practice) and school settings. Both of these counselors indicated engaging in low to moderate research use in their practice, though, generally, the school counselor indicated using research to a higher degree than the mental health counselor. The school counselor reported consuming and applying research in her practice more often than she engaged in research. Alternatively, the mental health counselor reported applying and engaging in research in her practice more often than she consumed research. The school counselor, however, reported a higher level of research self-efficacy than the mental health counselor. Interestingly, both counselors expressed a desire to evaluate the effectiveness of the services and programs they implemented in their settings. For the mental health counselor, this also entailed assessing why some former clients chose to terminate counseling early. To answer their research questions, both counselors elected to develop their own surveys that allowed them to collect the data they needed.

The results of Wester et al.'s (2018) study, though preliminary thus far, offer some important implications for research use in practice among counselors. First, the

results from the first phase of this study demonstrate that many clinicians appear not to use research in practice, mirroring the findings from Wester et al.'s (2006) previous study conducted more than ten years ago. In addition, for those clinicians who do report using research in practice, more empirical research is needed to develop a clearer understanding of the ways this occurs in terms of consumption, application, and engagement.

Finally, the findings of the case study from Phase 2 of Wester et al.'s (2018) study illustrate the similarities in how research may be used in practice among master's-level counselors in varying settings. That is, both the mental health and school counselor sought to conduct research to determine their effectiveness and elected similar means of doing so. Accordingly, despite being in different counseling roles, counselors across settings may have similar needs in terms of their use of search in practice. More empirical research is needed, however, to further elucidate this finding. Furthermore, given that the sample in this study included other types of providers in addition to counseling (e.g., social workers, psychologists) with varying levels of training in research, more attention needs to be paid specifically to master's-level practitioners who identify as counselors. This approach may help to establish a deeper understanding of how research is relevant to practicing counselors, which in turn may serve to improve research training in entry-level counseling programs. Moreover, because Wester and colleagues (2006, 2018) measured research use in practice only according to the amount of evidence-based practice used by counselors, it is possible that these studies do not capture the full range of ways in which counselors use research in practice. Thus, more exploration of this construct is warranted

in order to understand more fully how counselors use research in their work with clients and students.

Although few and far between, some other counseling researchers have studied counselors' use of research in practice; however, research use in practice was not specifically examined in these studies. Instead, researchers have indirectly examined whether and how counselors use research in their practice. Bauman et al. (2002), for example, surveyed a group of school counselors about their research interests and the most widely accessed sources of research information used by this group. More specifically, as part of this study, these researchers sought to gain more clarity around the proportion of school counselors reading professional journal articles. Bauman et al.'s sample consisted of 129 school counselors, with 37% working in elementary school settings, 23% in middle school settings, and 27% in high school settings. Participants were asked to indicate all journals and publications they actively read, had previously read, or had consulted in the past. According to the results of this study, although 75% of school counselors indicated consuming at least one publication, the most widely consumed publication named by 58% of participants was their state school counseling association newsletter. Beyond this, some participants endorsed consumption of national journals such as *Professional School Counselor* (38%), *Journal of Counseling & Development* (32%), and *Elementary School Guidance and Counseling* (17%). Importantly, however, 22% of this sample did not endorse consumption of any scholarly journals. Interestingly, Bauman et al. found that school counselors with more years of

experience were more likely to consume more professional literature than those participants with fewer years of experience.

The results of Bauman et al.'s (2002) study suggest that, while some school counselors reported consuming various scholarly journals available in the field, many still did not appear to consume any literature. Moreover, given that the most widely consumed publication was the newsletter of participants' state school counseling association, it is possible that more than 22% of school counselors actually did not consume any research. Bauman et al. noted in their discussion that, because newsletters do not typically include reports of research, school counselors in their sample may not have been well-informed about current research in the field. In addition, while this study sheds some light on school counselors' consumption of research, it does not provide additional information about their application of this research to their practice. This limitation of this study, combined with the fact that these results are quite dated, warrants further study of school counselors' use of research in practice beyond consumption of literature.

Similarly, as part of a larger study exploring rehabilitation counselors' attitudes and practices related to evidence-based practices, Bezyak, Kubota, and Rosenthal (2010) examined these counselors' use of literature in practice. Participants consisting of 163 rehabilitation counselors, most of whom held master's (69%) and doctoral (15%) degrees, were asked to indicate their attention to literature in practice. Bezyak et al.'s results revealed that rehabilitation counselors reported a somewhat limited use of research literature in their practice. Specifically, 49% of all counselors read or reviewed two to five articles per month, 26% read or reviewed one or less per month, and the

remaining 25% read or reviewed more than five articles per month. Among master's-level participants, specifically, 50% endorsed reading/reviewing two to five articles per month, 30% endorsed reading/reviewing only one or fewer articles per month, and the remaining 20% indicated reading/reviewing five or more articles per month. Beyond participants' consumption of literature, Bezyak et al. also explored their application of literature to practice. Of the master's-level counselors, 48% endorsed using one or fewer articles per month in their case decision making, 38% reported using two to five, and 14% reported using five or more. Importantly, 56% of master's-level participants indicated that they needed to increase their use of evidence in their daily practice. This study further demonstrates the apparent gaps in counselors' use of research in practice. Alternatively, however, this study provides a limited understanding of counselors' consumption and application of literature as it only addressed the degree to which these forms of research use occurred for this sample. Additionally, more research focusing on mental health and school counselors at the master's-level is needed due to the emphasis on these groups in current counseling literature.

Although some studies exist to demonstrate the degree to which counselors use research in their practice with clients in terms of consumption, application, and/or engagement, more research is needed to illuminate *how* this occurs. Young and Kaffenberger (2011) examined the beliefs and practices of school counselors who earned national recognition for their consistent use of data to develop comprehensive school counseling programs. To do so, these researchers conducted a quantitative study of 114 school counselors who were identified as Recognized ASCA Model Program (RAMP)

school counselors. Participants were asked to indicate their perceptions of data practices and use on a 20-item assessment developed by the researchers. According to the results, school counselors in this sample reported using quantitative and qualitative data for various reasons, including to inform school counseling services (90%) and programs they lead (90%), identify barriers impeding student performance (87%), and close achievement gaps (84%). Additionally, almost all participants (92%) reported that they analyzed data as part of their practice. Importantly, this study by Young and Kaffenberger offered more insight into some of the nuances of how school counselors who engage in research in practice through the use of data. However, because the instrument used by these researchers was created for the purposes of the study, it is unclear whether this assessment fully captures all of the ways in which school counselors use data in practice. Young and Kaffenberger also did not report their participants' levels of education; thus, it is unclear how much training, particularly with regards to research, participants had had and whether this influenced their use of data. Finally, as this study focused only on school counselors, more study is necessary to understand how mental health counselors use data as part of research engagement in their practice.

Some researchers in other disciplines have studied research use among practitioners in mental health settings, particularly in terms of their consumption of research. Cooke, Bacigalupo, Halladay, and Norwood (2008) conducted a quantitative investigation to determine social workers' access to and use of research. Participants in this study consisted of 368 social workers in the United Kingdom working in community settings, town center offices, or hospitals. According to Cooke and colleagues' results,

participants most often used the Internet, senior practitioners, and journals as sources of research. Additionally, participants' reported use of research differed significantly by work setting, with social workers based in central offices using more research from the Internet and research summaries than those in other settings. Finally, master's-level practitioners were found to use more research than those participants with less training and education. Although this study provided some information related to research use (i.e., consumption of research) among practitioners working in mental health settings, more study is needed to gain a better understanding of how mental health counselors, specifically, use research in terms of consumption.

To date, the majority of the empirical literature pertaining to research use in practice among counselors has been quantitative in nature. Although informative, the existing studies do not provide a comprehensive, in-depth understanding of how counselors in mental health and school settings use research in their work with clients and students. In recent years, however, some researchers in other disciplines have conducted qualitative explorations that provide some insight into clinicians' use of research in practice. Maras, Splett, Reinke, Stormont, and Herman (2014) used a qualitative framework to understand how school personnel plan, implement, and evaluate EBPs to address students' social-emotional and behavioral needs. Using a multiple case study approach, these researchers asked 22 school personnel, including 10 school counselors, across three school districts to participate in semi-structured focus groups to discuss how they planned, implemented, and evaluated new practices in their schools.



Maras et al.'s (2014) analysis yielded seven themes directly associated with schools' processes for planning, implementing, and evaluating EBPs. Interestingly, *Data Use* emerged as a theme consisting of three subthemes: *Anecdotal data*, *Data-based decision-making*, and *Obstacles to data use* (p. 318). Participants reported relying on informal forms of data, such as anecdotal data, observations, opinions, and gut-feelings to plan and evaluate their practices. Additionally, participants discussed using data informally and formally to make decisions about what programs to implement. Finally, school personnel identified many obstacles to their use of data, such as lacking a system for effectively using the information they had and fragmented uses of data (i.e., focusing only on small subset of student population). Importantly, the findings from this study suggest that school personnel, including counselors, use data in their settings, thereby reflecting the need for counselors to engage in research in practice. However, it is unclear how school counselors in this sample specifically used data in practice, as this was not parceled out or discussed by the researchers. It is also unknown the extent to which school counselors in this sample had research training as a part of their graduate training and whether this influenced their use of data. Thus, more qualitative research exploring the ways master's-level school counselors use data as a part of research engagement in practice is needed.

Recently, a group of researchers in counseling psychology used a qualitative lens to understand therapists' engagement in research. Bartholomew, Pérez-Rojas, Lockard, and Locke (2017) conducted a phenomenological study to explore counseling psychologists' experiences of engaging in research as a practitioner. Participants included

10 full-time therapists working at a college counseling center. These therapists included eight doctoral-level counseling and clinical psychologists, one master's-level mental health counselor, and one master's-level social worker. At this particular counseling center, research was a salient part of workplace culture and clinicians were encouraged to conduct research as part of their practice. Six themes were identified through the researchers' analysis: Making research feasible, Ubiquitous nature of research in the center, Benefits of doing research, Impediments to psychotherapy science, Psychotherapy science beyond data collection, and Scientist-practitioner values and identity. Interestingly, all participants indicated that being engaged in research as a part of their work, either by conducting their own research, attending research studies, or being research participants, benefited their workplace, their roles as therapists, and their clients. With regards to research use in practice, this study shed some light on a unique opportunity for therapists, including a master's-level mental health counselor, to regularly engage in research as a part of practice; however, it is still unclear how this engagement looks for mental health counselors in clinical settings that do not provide opportunities for or value research, whether overtly or altogether. Thus, more qualitative research is needed to attain a deeper understanding of master's-level mental health counselors' experiences of using research in practice, including via engagement or otherwise.

**Summary.** Currently, there is a dearth of literature within the counseling field describing mental health and school counselors' use of research in practice. Most of the existing research related to this topic is quantitative in nature, thereby providing a limited understanding of the nuances of how counselors consume, apply, and engage in research

(e.g., Bauman et al., 2002; Bezyak et al., 2010; Wester et al., 2006; Wester et al., 2018). In addition, very little qualitative research exists to offer a deeper understanding of the ways in which counselors use research in their work with clients. Currently, the qualitative studies reflecting practitioners' use of research in practice do not specifically explore this construct as it pertains to master's-level mental health and/or school counselors. Finally, because the extant literature primarily examines research use in practice from the lens of evidence-based practice, more study is needed to determine whether this fully captures how counselors use research in their work with clients. That is, because counselors may be using research in ways that do not reflect EBP, research is needed to illuminate this. Thus, this study provides a qualitative exploration of master's-level mental health and school counselors' experiences of using research in practice.

### **Evidence-Based Practice in Counseling**

As described in the studies discussed above, evidence-based practice (EBP) has been used by many researchers as the foundation for measuring counselors' use of research in practice. The EBP movement, originating from the field of medicine, was introduced to the area of mental health in the 1990's. EBP is defined by the Institute of Medicine as "the integration of best research evidence with clinical expertise and patient values" (2001, p. 247); thus, EBP emphasizes the use of research in combination with clinical expertise and in the context of clients' cultures, characteristics, and preferences (Thomason, 2010). EBP also has been defined as "a process of using empirical data to make decisions about how to best care for one's clients" (Patterson, Miller, Carnes, & Wilson, 2004, p. 184). EBP may occur through research-based behaviors including

consuming literature about treatment practices, applying EBPs to one's own practice, or engaging in research through data collection and analysis to determine the effectiveness of one's own practice (Drake, 2005; Institute of Medicine, 2001; Norcross et al., 2006). Thus, EBP emphasizes using empirical research as a part of one's practice via consumption, application, and engagement, thereby reflecting counselors' professional and ethical responsibilities related to research in counseling (e.g., ACA, 2014; ASCA, 2012; Cook et al., 2017; Granello & Granello, 1998; Perry, 2003; Whiston & Sexton, 1998).

In counseling, the use of EBPs continues to grow as an essential part of counseling practice and counselor success (Granello & Granello, 1998). According to Bezyak et al. (2010), EBP "holds counselors accountable and provides an indication of cost-effective services in an increasingly expensive healthcare system" (p. 86). Moreover, EBPs in counseling are necessary to establish the credibility and efficacy of interventions used with clients (Bradley, Sexton, & Smith, 2005). As discussed above, counselors at training and licensure levels are encouraged by ethical guidelines to utilize research, including EBPs in their clinical work. Among school counselors, effective use of EBPs has been associated with positive academic and developmental outcomes among students (Carey & Dimmit, 2008; Dimmit, Carey, & Hatch, 2007). According to Cohen, Meredith, and Sechrest (1986), however, although EBPs assist mental health professionals in working with clients effectively, most practitioners report not using EBPs in their practice. Thus, it is necessary to explore how EBPs are used by counselors in mental

health and school settings as part of their research use in practice. This study, then, may serve as a vital step toward increasing counselors' use of research in practice via EBP.

### **The Current Study**

For the purposes of this study, *research use in counseling practice* draws upon the definitions discussed above to describe the ways in which counselors consume, apply, and engage in or conduct research in practice, including using evidence-based practices; however, this may be a limited definition of research use in that it may only capture some elements of what this entails for master's-level counselors. Due to the limited amount of empirical literature pertaining to this construct, its definition is currently unclear and thus, limited. Thus, one purpose of this study is to explore whether this definition fully captures how practicing master's-level counselors use research in practice. That is, it is possible other forms of research use in practice among counselors unidentified by researchers to date may emerge from participants' experiences in their work with clients and students. Accordingly, I expand upon this previously constructed definition by describing research use in counseling practice as the following:

The ways in which counselors use research knowledge, skills, and methods in their professional roles. This includes consumption of research, application of research, and engagement in research (Wester et al., 2006; Wester et al., 2018), including via evidence-based practices (EBPs), as well as other means by which counselors perceive themselves as using research in ways that are relevant to their work with clients that have not yet been identified in the literature.

## **Factors Influencing Counselors' Research Use in Practice**

As discussed above, there appear to be alarming gaps in master's-level counselors' use of research in practice despite ethical and professional responsibilities to do so. However, it is currently unclear why this is the case due to the dearth of empirical research specifically addressing this issue. In addition, the extant literature surrounding this topic provides a limited picture of how counselors who are in fact using research in practice are doing so. It is evident, then, that more research is needed to establish a deeper understanding of how mental health and school counselors at the master's level use research in their work with clients. Accomplishing this may be the first step toward increasing counselors' use of research in practice by illustrating what is actually relevant to their professional roles. Importantly, however, it is also necessary to establish an understanding of what influences counselors' use of research in practice.

Although to date there has been a lack of research demonstrating the factors influencing clinicians' use of research in practice with clients, researchers are increasingly beginning to explore and examine these topics. For example, Pinto et al. (2010) examined the influence of various factors (i.e., demographics, attitudes, and research involvement) on substance abuse treatment providers' willingness to use research findings in practice. More specifically, Pinto and colleagues completed their study using a sample of practitioners, including medical staff, social workers, psychologists, and substance abuse counselors, engaged in community-based participatory research (CBPR) in their practice settings. According to Pinto et al., CBPR encourages collaboration among researchers and practitioners in all phases of research

and has previously been used to strengthen providers' use of research findings in practice by bridging the gap between research and practice. The authors of this study found that those practitioners involved as clinical staff or research assistants in CBPR studies were more willing to use research than those practitioners who were not involved in research. Moreover, providers who endorsed working at agencies that were supportive of their professional development endorsed more willingness to use research in their practice than those who did not. Interestingly, according to the results of this study, substance abuse counselors, who comprised 22% of the total sample, exhibited a moderate degree of willingness to use research in counseling ( $M = 3.40$ , based on a 5-point Likert scale measure); however, substance abuse counselors' degree of willingness to use research in practice did not differ significantly from that of other types of providers.

In their study, Pinto and colleagues (2010) used a definition of research use in practice that emphasized practitioners' application of research findings (i.e., empirically-supported information) to their practice with clients in order to capture clinicians' willingness to use research in practice. Thus, while informative, this study focuses on practitioners' application of research in practice, thereby omitting their potential use of research in terms of consumption and engagement (Wester et al., 2006; Wester et al., 2018). Accordingly, more research that uses a holistic definition of *research use in practice* to encompass the various ways in which practitioners may use research in their work with clients is needed to examine the factors that influence this. Moreover, while Pinto and colleagues' study did shed some light on substance use counselors' willingness to use of research in practice, more research is needed to further understand (1) research

use in practice among counselors in different settings (i.e., mental health, school) and (2) the factors that influence counselors' use of research in practice. Two particular areas of influence requiring more study include research training in counselor preparation programs and its impact on counselors' use of research in practice, as well as counselors' perceived supports and barriers to their use of research in practice. These two areas of influence are discussed later in this chapter.

The literature discussed in this section highlighted the apparent gaps in counselors' use of research in practice. More specifically, despite their ethical and professional responsibilities to consume, apply, and engage in research, many counselors in the field appear not to do this. One proposed reason for this is the research-practice gap that is present in the counseling field and has been discussed extensively by various scholars (e.g., Anderson & Heppner, 1986; Heppner & Anderson, 1985; Martin & Martin, 1989; Murray, 2009; Sexton, 2000; Lenz, 2015). The following section provides an overview of this gap, as well as reasons for and solutions to the gap proposed in the literature.

### **The Research-to-Practice Gap in Counseling**

Despite the critical role of research in the counseling field and profession and the growing demand for a research-informed evidence base to guide clinical practice (Martin & Martin, 1989; Moran, 2011), a salient gap between counseling practice and research persists. This gap has been identified by researchers as the *research-to-practice gap* (Lee, Dewell, & Holmes, 2014, p. 303) and describes the "chasm between the knowledge developed by researchers and the practices used by clinicians" (Murray, 2009, p. 108).



More specifically, according to Murray, this gap is illustrated by the propensity for research findings to go unused or even unnoticed by counselors. On the other hand, scholars also have struggled with how to make counseling research relevant to practice (e.g., Anderson & Heppner, 1986; Heppner et al., 1992). Thus, research and practice are conducted by counselor educators and counselors as “separate, unrelated entities” (Murray, 2009, p. 109). Proctor (2004) argued that the research-practice gap “compromises the quality of care and threatens professionals’ abilities to achieve their goals of reducing disparities in health, family well-being, and individual functioning...” (p. 227). Clearly, the research-practice gap in counseling is problematic in light of the need for counselors to use research to ensure effective practice.

The research-practice gap in counseling has been discussed extensively by scholars in the field for several decades (e.g., Heppner & Anderson, 1985; Martin & Martin, 1989; Murray, 2009; Lee et al., 2014). Accordingly, various reasons for the research-to-practice gap in counseling, including philosophical differences, research practices, deficiencies in counselor training, counselor attitudes, and relationships between researchers and counselors (Murray, 2009), have been suggested. Lenz (2015), for example, noted that counselors faced with calls for accountability often find themselves hindered by the belief that “research is for people wearing lab coats” (p. 387). In addition, certain research practices, such as using sophisticated statistical analyses (Bangert & Baumberger, 2005) that are unfamiliar or irrelevant to practitioners and use of samples that clinicians do not encounter in practice (Lebow, 1988), have been named as factors perpetuating the gap. Similarly, counselor educators have been criticized for not

providing adequate training to produce counselors who are able to use research findings in practice (Lebow, 1988; Martin & Martin, 1989). Anderson and Heppner (1986) similarly contended that many counseling students do not receive the methodological training necessary to understand research studies. Finally, one of the most prominent reasons for the research-practice gap discussed by scholars includes tenuous relationships between counselors and researchers (Murray, 2009). According to Froehle and Rominger (1993), practitioners and researchers tend not to value relationships with one another. In fact, some scholars have contended that researchers belittle clinical practice and avoid the issues most relevant to clinicians (Martin & Martin, 1989). Thus, it appears that many factors have instigated and continue to influence the research-practice gap in counseling.

Alternatively, several researchers have proposed solutions to bridge the gap between research and practice in counseling in response to the ever-growing emphasis on this issue. First, some researchers have called for more “practitioner-friendly” research methodologies, such as single-case research designs (Bangert & Baumberger, 2005; Lenz, 2015; Neilson, 2015), and more publications that are relevant to practice (Anderson & Heppner, 1986). Murray (2009) proposed a framework for using diffusion of innovation theory as a means of reducing the gap between research and counseling practice. Similarly, Rowell (2006) argued for the use of action research as a way to strengthen the link between research and practice in school counseling. Interestingly, several scholars have discussed counselor training as a basis for reducing the research-practice gap. For example, researchers have argued for enhanced training in research and statistics in counseling programs, including hands-on opportunities for research

experience in clinical practice (Anderson & Heppner, 1986; Heppner et al., 1992). Lee et al. (2014) presented a model, titled the Master's-Doctoral Collaborative Research Group, providing a means of engaging master's- and doctoral-level students and faculty members together in the research process. Lee et al. noted that the master's-level students who took part in this experience became aware of a clear link between their research experiences in the group and their counseling practice.

Despite the ongoing discussion of the research-practice gap in counseling, it continues to be demonstrated by counselors and graduate students in counseling who question the necessary relationship between research and practice in their careers as counselors (Benishek & Gordon, 1998) or hold negative attitudes toward research (Steele & Rawls, 2015). Relatedly, master's-level counselors in the field often struggle to recognize the relevance of research to their clinical practice (Ruby, 2013) and resist calls for accountability and assessment of counseling outcomes in practice due to fear that their efforts will be ineffective, their desire to spend time doing therapy as opposed to evaluation, and their belief that the clinical profession is unquantifiable (Burlingame et al., 1995; Plante, Couchman, & Diaz 1995). These factors may help explain why many counselors in various settings continue not to use research in practice despite ethical and professional obligations to do so. The following section provides an overview of the scientist-practitioner model of training, which has been used by counselor educators to bridge the existing gap between research and practice.

## **The Scientist-Practitioner Model of Counselor Training**

Traditionally, the scientist-practitioner paradigm has been embraced by counselor education and other applied and social science disciplines (e.g., psychology, social work) to bridge the gap between research and practice and influence effective evidence-based practice (Haring-Hidore & Vacc, 1988; Herman, 1997; Lee, Dewell, & Holmes, 2014; O'Brien, 1995). This model, also known as the Boulder Model (Chiszar & Wertheimer, 1988), rests on the ideology that mental health clinicians should be knowledgeable in both clinical practice and research, use existing research to select evidence-based practices, and collect and analyze data to evaluate their effectiveness (Jones & Mehr, 2007; Peterson, Hall, & Buser, 2016). However, many researchers have noted that counselor educators struggle to effectively apply this concept in counselor training (e.g., Benishek & Gordon, 1998; Borders, Bloss, Cashwell, & Rainey, 1994; Heppner & Anderson, 1985; Lee et al., 2014).

According to Jones and Mehr (2007), “a scientist-practitioner is 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. 796). Importantly, this definition reflects the activities indicated in the literature as tasks that counselors are responsible for fulfilling in their practice in order to provide effective services to clients (i.e., research consumption, application, and engagement). Nonetheless, as previously noted, a gap between research and practice remains prominent in counseling despite the adoption of the scientist-practitioner model. Thus, it may be that, currently, the scientist-practitioner model does not adequately address this gap

because counselor educators are not clearly delineating how to engage in the research process in ways that are relevant to counseling practice. In other words, it may be that, although counselor educators are teaching research to counselor trainees, they are failing to adequately focus on research as it applies and relates specifically to counseling practice. Gelso (1993) reiterated this concern by noting that one of the main criticisms of the scientist-practitioner model of training is that it may not be viable to teach students to be both scientists generally as well as psychological researchers. According to Gelso, this is due to the fact that the majority students of enter graduate training with the intention to be practitioners, not researchers. Similarly, it is necessary for counselor educators to clarify the research knowledge and skills that are most relevant to counseling practice and thus are necessary for counselors-in-training to learn. Ultimately, this clarification may serve to enhance counselor training and, in turn, counseling practice by differentiating the research skills needed for practice from those used by academic or scientific researchers, thereby making research more accessible and attainable for practitioners. However, as discussed in this chapter, there is little empirical research to guide counselor educators in understanding fully how counselors use research in practice.

Some researchers have pointed to a lack of clarity regarding what exactly students in master's counseling programs should be learning with regards to research (Sexton, 2000). Hoshmand (1991) identified a key problem inherent in the scientist-practitioner model of training as "a lack of a shared definition of...what it means to be scientific" (p. 432). Additionally, others have argued that counselors are engaging in research activities, such as presenting their own case studies or serving as research advocates, that may be

discounted because they do not fit with tradition conceptualizations of research (Benishek & Gordon, 1998; Marten & Heimberg, 1995). This distinction is significant, as it highlights the disparity between what is *valued* as research in counseling and what is *valuable* with regards to research in counseling. Counselor educators may lessen this disparity by effectively demonstrating to master's students the range of ways research may be used within counseling practice. Doing so might create a shift in the field that enables counselors and researchers to more readily recognize the reciprocal relationship between research and practice, thereby lessening the gap between these two domains. However, as more consensus is needed to determine the knowledge related to research counseling students should receive in their training, there is also a need for more research illuminating the ways in which research is used among counselors in practice.

Despite the use of the scientist-practitioner model in counselor training, many counseling students and practitioners continue not to see the relevance of research to counseling practice, resulting in gaps in research use in practice. In response to this, researchers have called attention to deficiencies in research training in counseling (e.g., Anderson & Heppner, 1986; Heppner, Gelso, & Dolliver, 1987; Granello & Granello, 1998; Huber & Savage, 2009; Jorgensen & Duncan, 2015a, b). Heppner et al., for example, noted that the lack of attention paid to research training in counseling contrasts significantly with the abundance of literature addressing practitioner training in counseling. As some researchers have cited insufficient research training as a reason for the research-practice gap in counseling (e.g., Lebow, 1988; Martin & Martin, 1989), it is

critical to empirically examine research training in counseling and its influence on counselors' use of research in practice.

### **Research Training in Counseling**

The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2016) designates *Research and Program Evaluation* as one of the eight common core areas representing foundational knowledge for all entry-level trainees enrolled in accredited counseling graduate programs. Specifically, within this core area, CACREP specifies 10 standards related to research and program evaluation that counselors-in-training. These standards include the following: (a) the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice; (b) identification of evidence-based counseling practices; (c) needs assessments; (d) development of outcome measures for counseling programs; (e) evaluation of counseling interventions and programs; (f) qualitative, quantitative, and mixed research methods; (g) designs used in research and program evaluation; (h) statistical methods used in conducting research and program evaluation; (i) analysis and use of data in counseling; (j) ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation. Importantly, these 10 standards include knowledge and skills related to research that are relevant to counseling practice and are reflective of research consumption, application, and engagement.

To date, the existing empirical and conceptual literature pertaining to research training in counseling predominantly examines this domain of training for doctoral level

counseling students (e.g., Borders, Wester, Fickling, Adamson, 2014; Gelso, 2006; Kahn, 2001; Lambie & Vaccaro, 2011). Accordingly, research attending to research training in master's-level counseling programs is lacking despite numerous calls for improvement in this area among scholars in the field (e.g., Benishek & Gordon, 1998; Heppner, Gelso, & Dolliver, 1987; Letourneau, 2015; Lloyd-Hazlett, 2018; Sexton, 2000). One starting place for this addressing this gap in the literature may involve using existing models of research training. Below, one theory of research training and its applicability to master's research training in counseling is described.

### **Research Training Environment (RTE) Theory**

Gelso (1979, 1993, 2006) proposed a theory of the research training environment (RTE), describing the “forces in graduate training programs...that reflect attitudes toward research and science” (1993, p. 470). Although this theory was originally developed to describe the RTE of doctoral counseling psychology programs, it has also been influential within counselor education (e.g., Borders, Wester, & Driscoll, 2018; Lambie & Vaccaro, 2011). According to Geslo, Bauman, Chui, and Savela (2013), attitudes toward research exist on a continuum from highly positive to highly negative, and all parts of the academic environment contribute to the RTE. Gelso posited that training program faculty have the greatest power and control over the RTE and that their power is reflected in activities such as teaching courses, arranging the curriculum, and providing research mentorship. Gelso argued further that, because of this power, faculty are responsible for arranging the RTE so that it positively impacts students' scientific attitudes, self-efficacy as scientists, competence, and productivity.



According to RTE theory, there are 10 key ingredients of the training environment that have a major impact on students' research attitudes, research self-efficacy, competence, and eventual productivity (Gelso, 1979). According to Gelso, the effect of the RTE on students is either positive or negative, depending on the degree to which these ingredients are present. Kahn and Scott (1997) later identified two overarching factors to capture the main foci of the 10 ingredients: *Instructional* and *Interpersonal*. Importantly, the *Instructional* factor includes two ingredients that reiterate the importance of the relationship between research and practice. More specifically, the eighth ingredient states that “[s]tudents are shown how science and practice are wedded,” and the tenth ingredient states that “[s]tudents are taught during the latter part of their program how research may be done in practice” (p. Gelso et al., 2013, p. 141). According to Gelso et al., the eighth ingredient aims to communicate the synergistic link between research and practice – that research is vital to practice, and practice is essential to research. With regard to this ingredient, Gelso et al. wrote the following:

Indeed, we would offer that research is rarely directly relevant to practice... We would suggest that the expectation that research be directly relevant to practice, without being filtered through theory and the individual case that is treated, is one of the great impediments to our appreciating how important research is to practice. (p. 143)

Further, with regard to his tenth ingredient, Gelso et al. (2013) argued that it is useful to help students learn how to conduct research in practice settings, particularly during the latter part of their doctoral training while they are in internship. However, Gelso et al. emphasized that it is insufficient to send graduate students into practice settings with

knowledge of research design and statistics; instead, there is far more to getting research done in practice than simply knowledge of research.

However, Gelso's (1979) final ingredient is not assessed in Gelso, Mallinckrodt, and Judge's (1996) measure of RTE because it does not become relevant for counseling psychology trainees until they are in internship. Although this measure includes the eighth ingredient of RTE theory (e.g., students in this program are rarely taught to use research findings to inform their work with clients), Gelso et al. did not include the tenth ingredient in their measure due to its focus on the latter part of clinical training. In the context of counselor training, this is a significant gap, as some researchers have emphasized the importance of the infusion of research across counselor training (e.g., Huber & Savage, 2009). Thus, while Gelso et al.'s argument perhaps makes sense in light of the requirements for psychology graduate students, counselor educators need to consider how to ensure that students are being exposed to how research may be used in practice via consumption, application, and engagement throughout training, including courses, practica, and internship. Moreover, given that Gelso et al. chose not to measure this final ingredient of RTE, there is a lack of methods by which counselor educators can begin to study how trainees' and graduates' use of research in practice is influenced by their research training.

### **Research Training in Master's-Level Counseling Programs**

Researchers in counselor education increasingly are beginning to explore research training and related factors at the master's level in counseling through conceptual and

empirical work. This section provides an overview of the extant literature related to master's-level research training.

**Conceptual Literature.** Several scholars have offered suggestions for enhancing research training in master's-level curricula through conceptual works. Huber and Savage (2009), for example, asserted that research must be directly associated with theory and practice in order for students to see it as a concurrent value. Accordingly, these authors presented a framework describing how counselor educators can infuse action research, seen as a practice-based method, across master's counseling curricula to promote research as a value. These authors suggested that making action research a component of the majority of counseling courses provides a pragmatic way to promote research in counseling and move students toward the belief that research and practice go hand-in-hand.

Additionally, Granello and Granello (1998) presented a conceptual model for teaching counseling trainees how to use outcome research in clinical work and conduct their own outcome assessments. More specifically, these authors described an infusion model for integrating counseling outcome research throughout master's counseling curricula (e.g., in multiple courses) as opposed to a single research course. Granello and Granello noted that, while some of their proposed practices may already be implemented in counselor training programs, there are little to no data providing evidence of this. Accordingly, the authors called for more empirical research showing the degree to which counselor educators are infusing research topics – specifically, outcome research – into various counseling courses.

Importantly, Granello and Granello (1998) argued that reserving the topic of outcome research for only one course (e.g., a research course) marginalizes it, thereby communicating to students that it is a separate set of skills unrelated to their clinical work. Similarly, Murray (2009) suggested counselors-in-training may receive the implicit message that research and practice are “separate and unrelated entities” (p. 109). This perspective echoes the reflections of Sexton (2000), who argued that by failing to integrate research into training curricula, counselor educators may be inadvertently widening the research-practice gap by communicating to students that research is not a part of counseling nor what counselors do in their professional roles. Consequently, entry-level counselors may enter into practice with a sense of research as a “necessary evil that is part of ‘managed care’ rather than a cherished clinical ally” (Sexton, p. 222). Accordingly, it is important for counselor educators to consider how the current models of counselor training and master’s RTEs impact counselors’ perceptions of research as being a critical and integral part of counseling practice, and consequently, their use of research in practice.

Benishek and Gordon (1998) provided a framework for highlighting the similarities between research and practice, thereby illustrating the “intrinsic relationship” (p. 9) between them. More specifically, they presented a template for counselor educators to use to challenge students’ perceptions of the incompatible nature between research and practice in counseling. Importantly, these authors noted that the differences between the two domains primarily lies in the language they use to describe different aspects of their roles. That is, this framework for counselor research training calls attention to the fact

that counselors and researchers engage in many similar activities (e.g., generating hypotheses); however, they often label these activities differently (e.g., conceptualizing clients). It is this bridging of language between practice and research activities that is critical to illustrating to counseling trainees and practitioners how they are engaging in the research process through their counseling practice.

More recently, Letourneau (2015) explored conceptually how to infuse learning opportunities in qualitative inquiry across CACREP core curriculum courses at the master's level. This author described the major qualitative methodologies and how they may be applied to each core counseling course (e.g., human growth and development, helping relationships, counseling theories) in master's programs. For example, Letourneau posited that students in human growth and development courses may use grounded theory to investigate a developmental process of interest to them. For each core course, Letourneau offered a thorough description of how students might apply certain qualitative methodologies via class assignments in order to gain experience with qualitative research. Letourneau posited that by infusing qualitative research into these courses, students would become more readily exposed to research thinking in general and potentially reconceptualize their ideas of research. Although Letourneau presented an innovative approach to exposing counseling students to qualitative research, empirical research is needed to support her claims.

Finally, Gerig (2012) discussed obstacles counselor educators must address in order to increase graduate students' interest in research (e.g., characteristics of students, academic environments, and training models), as well as suggestions for promoting

master's students' interest in research and research productivity. Specifically, Gerig's recommendations for encouraging master's counseling student participation in research included creating a culture that values research, developing an institutional context that supports research, and building a community of learners that embraces research.

Although Gerig's reflections and recommendations are valuable, they are based solely on observations from students in his program. Thus, this limitation speaks to the need for more empirical research describing (1) best practices for effective research training in master's counseling programs and (2) student and program characteristics and barriers that influence counselors' use of research.

**Empirical Literature.** Some counseling researchers have begun to empirically examine research training at the master's level and related constructs in order to better understand this domain of training in master's students. Jorgenson and Duncan (2015a, 2015b), for example, explored the development of research identity (RI) among master's-level mental health and school counselors and trainees through two qualitative studies. Using grounded theory methods, Jorgenson and Duncan (2015a) developed an emergent theory of RI development in counselors and trainees describing how their RI is facilitated through the negotiation of internal facilitators (e.g., research self-efficacy), external facilitators (e.g., research courses), faculty impacts (e.g., messages received from faculty), and beliefs about research, enhanced by the adoption of fluid conceptualizations of research and professional identity, and manifested through research behaviors, attitudes toward research, and level of RI. Importantly, according to Jorgensen and Duncan (2015a), participants' "conceptualization of research influenced how much [they]

viewed and honored research within their professional identity” (p. 28). This finding is critical as it reflects the need for counselor educators to help counseling trainees (and thus, practitioners) develop a clear understanding of research as a necessary and integral part of both their counseling practice and counselor identity. Moreover, research behaviors emerged as a consequence, or outcome, of all previous components of the RI process (i.e., causal conditions; intervening conditions; contextual conditions; and actions, interactions, and routines). Participants’ research behaviors included reading journal articles, participating in scholarly studies, constructing literature reviews, and presenting and publishing research. However, because Jorgensen and Duncan’s (2015a) sample included both counseling trainees and practitioners, it is difficult to distinguish which of these research behaviors practitioners engaged in as part their work with clients.

In a subsequent phenomenological study of RI in master’s-level mental health and school counseling students, Jorgensen and Duncan (2015b) established three stages of RI development, providing more depth to the levels of RI described in their grounded theory study (Jorgensen & Duncan, 2015a). Importantly, Jorgensen and Duncan (2015b) found that students with higher levels of RI identified as both consumers and producers of research, believed research to be a core part of counseling practice, and experienced research self-efficacy. The researchers also found that external factors that facilitated higher levels of RI in the stagnation stage included more infusion of research across courses, open and frequent communication about research, teaching more critical thinking skills, more direction from supervisors to engage in research activities such as reading articles, and challenging existing views of research and working to help students

establish new conceptualizations. Collectively, these findings reflect the importance of the influence of factors related to research training on students' levels of RI. That is, it seems effective research training from faculty, supervisors, and program curricula in general facilitated trainees' abilities to integrate research and practice in counseling, appreciate the utility of the relationship between the two, and experience a stronger sense of self as a practitioner-researcher. This study has significant implications for counselor education as it demonstrates the need for counselor educators to focus research training efforts on helping trainees identify more strongly as counselor-researchers. Importantly, however, this process first requires an understanding of what in terms of research is relevant to counselors in practice. In addition, because this study sampled counseling students as opposed to counselors in practice, it is still unclear how counselors' research training experiences influence their RI and the consequences of this (e.g., ability to integrate research and practice).

Steele and Rawls (2015) explored master's-level counseling students' perceptions of their research training and the relationship between training perceptions and students' attitudes toward quantitative research. To do this, Steele and Rawls created a measure of training perceptions based on the 2009 CACREP standards related to research and program evaluation. Participants in this study consisted of 847 counseling students across specialties, including clinical mental health, community, school, and marriage, couple, and family counseling. Respondents in this sample reported that, overall, they moderately agreed that their programs had prepared them to understand the standards related to research and program evaluation ( $M = 4.29$  out of 6). Additionally, the results of this



study revealed a moderate positive correlation between perceptions of training and attitudes toward quantitative research, suggesting that more positive attitudes toward research were associated with more positive perceptions of research training. Importantly, this study shed some light on counseling students' perceptions of their research training and attitudes toward research. However, because this study focused on master's-level students' perceptions of their research training, more empirical literature regarding master's-level counselors' perceptions of their research training is needed.

Currently, there is a lack of empirical evidence demonstrating the types of research training master's students are receiving in their programs. Although CACREP (2016) has defined the content that must be covered related to research and program evaluation, it did not delineate how programs must fulfill these standards. Thus, there likely is variability across master's programs with regard to how these standards are being incorporated into training program curricula. In a content analysis of master's CACREP program research and program evaluation course syllabi, Umstead (2018) sought to explore how CACREP-accredited programs fulfill accreditation standards related to this domain of training. More specifically, Umstead examined what counselor education programs teach in research and program evaluation courses (i.e., topics) and how students are asked to apply what they learn (i.e., assignments, activities). Interestingly, in her preliminary results, Umstead found that 70% of the course syllabi sampled mentioned research as it specifically pertains to counseling, suggesting that students in many counseling programs (30% in this sample) still may not receive research instruction that overtly connects research to the counseling profession and practice.

However, because the mention of research in relation to counseling was brief or minimal in some syllabi (e.g., sometimes one mention in only one class), it is unclear what instructors communicated to students about the connection between counseling and research. Additionally, research classes appeared to cover a wide range of topics with varying degrees of consistency (e.g., dissemination of research [80% of syllabi], critiquing/evaluating research [45%], research methods and designs [80%], statistics and data analysis [55%], EBPs [15%]). Within these main themes describing course topics being taught, Umstead found that several subthemes emerged, thereby illuminating more specifically the content related to research and program evaluation counseling preparation programs emphasize. Some of these subthemes included scholarly writing (80% of syllabi), critiquing research in terms of its rigor (45%), quantitative research methods (80%), and literature reviews (40%) and searches (50%). Umstead concluded from her findings that much of the content being covered in research and program evaluation classes appears to reflect topics frequently covered in doctoral-level research courses – that is, topics that support academic-oriented research as opposed to practice-based research.

With regards to assignments being required of students, Umstead (2018) found that the most common assignments required of students included article critiques (55% of syllabi), quizzes and exams (70%), and comprehensive research projects (75%). Emergent subthemes revealed that students were most often asked to critique both qualitative and quantitative research articles in terms of their rigor (35%), though not in terms of their clinical significance. In addition, the most common required

comprehensive research project included research proposals (60%). Umstead noted that these findings illustrate a potential lack of emphasis on teaching counseling trainees how to evaluate counseling literature in terms of its applicability to practice. Moreover, Umstead contended that, given that most research projects entailed proposing a research study, many students appeared not to have experienced hands-on opportunities to conduct research (e.g., collect and analyze data) in a practice-relevant manner. Thus, counselor educators may be missing opportunities to provide students with mastery experiences that support the development of their self-efficacy related to using research in counseling practice. Finally, according to Umstead, 60% of courses were taught in external departments, illustrating the high number of research classes that are not being taught by counselor educators themselves.

The preliminary results of Umstead's (2018) study must be considered in the context of several limitations, including a relatively small sample size ( $n = 20$ ), missing data in some syllabi, and the reality that course syllabi provide a limited amount of information about what and how students learn in their courses. Nonetheless, this study offers a first look at what counselor training programs appear to prioritize with regard to research and program evaluation training. Notably, Umstead's findings reflect previous discussions in the existing literature asserting that there is a lack of clarity regarding what counselor educators need to teach to students related to research. Moreover, these findings suggest that, currently, many entry-level counselor trainees appear not to receive research training that (1) connects research and program evaluation to counseling practice nor that (2) prepares them to use research in their future clinical work with clients and

students. However, more research is needed to further clarify the content related to research that is most relevant to entry-level counselors and how they perceive their research training as preparing them for what is necessary to use in practice in practice.

### **Summary**

Despite increased attention to research training at the master's level in counseling, researchers in counseling have not explored this domain of training in depth.

Collectively, the conceptual ideas and empirical findings put forth by some researchers demonstrate the growing need for more consideration of what constitutes effective research training at the master's level in counseling programs. Moreover, given the growing demand for counselors to demonstrate their effectiveness and utilize research in practice, counselor educators need to consider how research training influences master's-level counselors' use of research in counseling practice. Accordingly, the present study aims to explore qualitatively how master's-level counselors perceive their research training experiences as influencing their use of research in practice.

### **Research Training Needs of Practicing Counselors**

Some researchers are beginning to examine the research training needs of counselors in practice in order to shed light on how to improve research training in counselor preparation programs. Ruby (2013), for example, explored master's-level counselors' perceptions of their master's research training to better understand what constrains them from being involved in research in practice. Specifically, this researcher sampled 99 master's-level counselors from community, private practice, and school settings and asked them to provide narrative responses to questions via a written survey.

Using a qualitative analysis of participants' responses, Ruby identified several emergent themes capturing counselors' perceptions of how their master's research training constrained them from being involved in research in practice. Within these themes, counselors indicated several related to their research training. These needs included improved quality and clarity of research instruction, more research classes, more hands-on opportunities for research involvement, more efforts by faculty to convince master's students that research activity is relevant to practice, and increased exposure to research literature. Importantly, these themes reflect apparent gaps in research training at that master's-level that may hinder counselors' research use in practice.

Although Ruby (2013) sought to understand the factors related to research training that constrains counselors from doing research in practice, this study provides a limited understanding of how they perceived their graduate research training as influencing their use of research in practice. First, the sample in this study was pulled from a single state and thus not representative of mental health and school counselors. Moreover, Ruby did not identify a specific qualitative methodology that was used to analyze responses; thus, the credibility of these findings is questionable. To address this limitation in the literature, the current study uses a rigorous qualitative methodology to explore master's-level counselors' perceptions of how their research training influences their use of research in practice.

Other researchers have asked counselors in practice about their current research training needs. Peterson, Hall, and Buser (2016) explored research skills needed by mental health, school, and other types of counselors in practice. More specifically, these

researchers sought to identify (1) the research skills counselors reported needing in their clinical practice, (2) the research skills for which counselors reported needing additional training, and (3) the research software and tools used by and available to counselors in the field. Peterson et al. recruited counselors from 27 counseling associations nationwide (i.e., state counseling, mental health counselor, and school counselor associations) and attained a final sample of 911 doctoral and master's-level counselors consisting of primarily school counselors (65.8%) along with mental health counselors (18.2%) and other counselors (15.9%). Participants completed a survey developed by Peterson et al. to indicate the extent to which they needed to know specific skills related to research for their jobs and whether they had a training need for each skill. Specifically, the researchers' survey included a list of 43 quantitative research skills created using 10 existing research methods textbooks and interviews with seven practicing counselors to identify research skills they used in the field. Eleven categories of skills were developed: focus groups, survey design, study design, defining and measuring client outcomes, single-case research design (SCRD), descriptive statistics, inferential statistics, qualitative analysis, reporting results, and reviewing literature.

Peterson et al. (2016) found that, in general, all types of counselors reported a high need for research skills, and more than 50% of counselors indicated that 41 of the 43 research skills were necessary for practice. Importantly, these findings suggest that quantitative research skills are common to part of counseling practice. More specifically, school counselors indicated that the skills they most needed in practice included setting up/organizing databases and interpreting and explaining results to self and others. For

mental health counselors, the skills they indicated needing most in practice included counting the number of respondents at individual score points and calculating change in a single client over time. The top three skills reported by all counselors as being necessary for practice included (1) “combining outcome data for clients with different symptoms into an overall measure of outcomes,” (2) using “survey software to collect responses over the internet,” and (3) developing and testing “my own measure of outcomes” (p. 85). With regard to training needs, Peterson et al. found that all types of counselors reported training needs related to SCRD and defining and measuring client outcomes. Additionally, school counselors indicated significantly higher training needs related to focus groups, survey design, and defining and measuring client outcomes than did mental health counselors.

Although this study shed light on the research skills counselors perceive as being necessary for practice and counselors’ training needs related to specific research skills, there are some critical gaps that require further study. First, Peterson et al. (2016) only examined counselors’ quantitative research skills and training needs; thus, it is unclear what qualitative research skills counselors use in practice and which require training. In addition, given that Peterson et al.’s sample primarily consisted of school counselors, more research is needed to capture more fully the research skills used in practice by mental health counselors. Finally, this study’s results did not capture whether and how counselors actually are using the research skills they indicated as being necessary in practice. Accordingly, further study is warranted to understand the ways counselors use research in their work with clients.

**Summary.** Using research in practice, including via consumption, application, and engagement, as well as other forms unnamed by researchers to date, requires counselors to have the knowledge, skills, and experience related to research that are most relevant to counseling practice (Nielson, 2015). This notion highlights the importance of effective research training that prepares counselors to fulfill their professional and ethical responsibilities related to research. However, there is limited research examining counselors' experiences of research training and how that training influences their use of research in practice. In addition, based on the results of Peterson et al.'s (2016) study, it is clear that more research is needed to understand counselors' current needs related to research use in practice. To address this gap, this study will explore counselors' perceptions of how their master's research training, as well as current supports and barriers, influence their use of research in practice. An overview of the extant literature pertaining to supports and barriers to research in counseling practice is provided below.

### **Supports and Barriers to Research Use in Practice**

In an effort to further understand the research-practice gap in counseling, some researchers have begun to explore factors that hinder and support clinicians' use of research in practice in terms of consumption, application, and engagement. However, to date, most of the literature pertaining to the barriers and supports to clinicians' use of research in practice has discussed these factors in terms of EBP use (e.g., Aarons, Wells, Zagursky, Fettes, & Palinkas, 2009; Chan, Bezyak, Ramirez, Chiu, Sung, & Fujikawa, 2010; Nelson & Steele, 2007), thereby reflecting how researchers have primarily



explored research use in practice among mental health providers in terms of EBPs (e.g., Bauman et al., 2002; Bezyak et al., 2010; Wester et al., 2006; Wester et al., 2018).

For example, in their study of rehabilitation counselors' attitudes about EBPs and use of literature in practice, Bezyak et al. (2010) also explored counselors' perceived barriers to using evidence-based research in practice. According to the results, insufficient time was cited by 54% of respondents as one of the top three barriers to using evidence-based research in practice. Another significant barrier named by more than half (52.7%) of respondents included a lack of generalizability of research findings. The third highest barrier identified by 33.8% of counselors included the inability to apply research findings to individual clients. To obtain information about counselors' perceived barriers, Bezyak et al. asked participants to provide a rating of the three most substantial barriers to using EBP. Because counselors were only able to identify three barriers, this study provided limited information about barriers that hinder counselors' use of research in practice. Furthermore, because these researchers asked both master's- and doctoral-level counselors about their perceived barriers, more research is needed to understand more comprehensively the current barriers that master's-level counselors view as inhibiting their use of research in practice.

Similarly, Maras et al.'s (2014) case study of school personnel's (i.e., school counselors, social workers, administrators, and special education administrators), experiences of planning, implementing, and evaluating EBPs in their schools explored the barriers that exist during this process. Participants named several barriers, including *obstacles to data use* (i.e., difficulty using data to make decisions), *financial constraints*

(i.e., lack of financial support and funding), *time constraints* (i.e., lack of time to complete or evaluate job related tasks), *overwhelming responsibilities* (i.e., excessive amount of job responsibilities), *role misconception* (i.e., misconceptions of school counselors' roles and responsibilities), *frustration with administration* (i.e., frustration with how upper-level personnel handle decisions and/or support school personnel/programs), and *capacity-building issues* (i.e., systems-level challenges). One barrier in particular – role misconceptions – was specifically identified by school counselors in this sample. However, because this sample included other types of school personnel, it is unclear how many of these barriers were salient to school counselors in terms of using research in practice. In addition, Maras et al.'s participants identified some needs that might support their planning, implementation, and evaluation of programs (e.g., collaboration in promoting awareness of school district needs, parental involvement, administrative support); however, supports were not overtly explored in this study. Thus, more research is needed to understand what school counselors perceive to be supports to research use in practice.

More recently, Wester et al. (2018) asked practitioners (e.g., counselors, social workers, psychologists) about what keeps them from answering research questions they have about their practice. Participants identified a range of obstacles, including lack of time (25.93%), resources (17.28%), evaluation skill (9.88%), knowledge (8.64%), training in how to evaluate practice (8.64%), confidence in one's ability to evaluate one's practice (7.41%), support from others (6.17%), and support from supervisors and/or administration (4.94%). Additionally, 6.17% of practitioners noted that a fear of what

data may reveal hindered them from answering research questions they had about clients. However, because this sample included both master's- and doctoral-level counselors, as well as other types of providers, the extent to which each of these barriers are relevant to master's-level mental health and school counselors is unclear. Similar to Bezyak et al. (2010) and Maras et al. (2014), Wester and colleagues did not explore clinicians' perceptions of the factors that facilitate their use of research in practice. Thus, more study of supporting factors in addition to barriers is needed.

Alternatively, Nelson and Steele (2007) sought to examine predictors of EBP use among mental health practitioners in response to other researchers' focus on barriers. To identify these predictors, the perceptions of 214 doctoral and master's-level mental health practitioners, including psychiatrists, psychologists, social workers, and other types of clinicians working in various settings (e.g., private practice, clinical mental health centers, hospitals, schools, universities) were examined. The results revealed several significant predictors of self-reported EBP use in practice, including practitioner training (i.e., taking an EBP class), culture of clinical setting (i.e., perceived openness to EBPs), practitioners' attitudes toward EBP (i.e., positive and negative), practitioner self-identified theoretical orientation, and clinical setting. Nelson and Steele found that their predictive model containing each of these variables accounted for 44.3% of the variance in EBP use among practitioners in their study. Importantly, these results provide some understanding of the factors that appear to positively influence practitioners' use of EBPs and therefore, research, in practice. However, it is unclear whether counselors were

included in this study's sample, supporting the need for more research that focuses specifically on counselors' perceptions of supports to research use in practice.

Although much of the existing research focuses on either supports *or* barriers to research (i.e., EBPs) use in practice, some researchers in the field of rehabilitation counseling have investigated both barriers and supports of research use as it relates to practitioners' use of EBPs. In their study of community-based rehabilitation practitioners' (CBRP) readiness to use EBPs, Pfaller et al. (2016) explored participants' perceived barriers and supports to utilizing EBPs in practice using a quantitative assessment. Participants were asked to rate the degree to which they agreed with 10 statements pertaining to perceived supports using a 10-point Likert scale. The results of this study revealed that CBRPs moderately agreed that a lack of sufficient training and a lack of empirically validated programs and practice that work with their client populations acted as barriers to their use of EBPs in practice. Contrary to previous research findings (e.g., Bezyak et al., 2018; Wester et al., 2018), CBRPs endorsed the least agreement that time inhibited their use of EBPs in practice. Interestingly, CBRPs with five or more years of training in EBPs identified significantly fewer barriers to EBP utilization than CBRPs with no EBP training, suggesting that training in EBPs may play an important role in clinicians use of such practices.

Additionally, CBRPs in Pfaller et al.'s (2016) study moderately agreed that employer interest and infrastructure to support and encourage EBP and senior management support and encouragement for EBP acted as supports to EBP use in practice. In contrast, CBRPs endorsed the least agreement that being able to consult with

other counselors or supervisors who were experienced in EBPs served as a support. Finally, those CBRPs with five or more years of training in EBPs reported greater support than CBRPs with no training, further suggesting the importance of training in these practices. Importantly, the measure used to assess barriers and supports was created by the authors for the purposes of this study and thus, not previously empirically validated. Furthermore, due to the limited nature of this measure, it may not provide an understanding the full scope of what practitioners perceive to be barriers and supports to using EBPs in practice. Accordingly, it may be vital to investigate barriers and supports to research use in practice using qualitative means in order to more broadly understand clinicians' experiences of these factors.

In other clinically-focused fields, researchers have begun to qualitatively explore the factors that influence practitioners' use of research (i.e., EBPs) in practice. For instance, Udo, Forsman, Jensfelt, and Flink (2018) conducted a qualitative content analysis of medical social workers' research use in practice and perceptions of EBP, including the factors necessary for successful use of these practices. These researchers interviewed 27 participants (i.e., 24 women, 3 men) across eight semi-structured focus groups and six hospital settings. Twenty-five participants held bachelor's degrees in social work and the remaining two indicated having master's-level training in social work. Udo et al.'s analysis yielded two main categories: (1) *Knowledge in Practice* and (2) *Challenges in Relation to the Implementation of EBP*. Four subcategories emerged across these main categories. More specifically, *Barriers and Facilitating Factors* emerged as a subcategory of the second larger category. This subcategory described

several barriers to implementing EBPs in practice. These barriers included a lack of opportunities for recurring discussions involving an exchange of knowledge between colleagues, lack of knowledge of how to evaluate new knowledge or integrate new research evidence into clinical practice, the time-consuming nature of search for and reading empirical studies, and influence of managers to influence or inhibit the implementation of research evidence in practice. With regards to their perceived facilitators of EBP implementation, participants indicated a need for more support from managers, a more positive environment, time to reflect on how to integrate new research evidence into practice, and access to knowledgeable individuals who can provide and assist in the application of research.

Although Udo and colleagues' (2018) study yielded findings that illustrate the perceptions of barriers and facilitators of EBP implementation practice for social workers in a medical setting, it is unclear whether these factors are relevant to master's-level mental health and school counselors (vs. social workers). Additionally, Udo and colleagues explored practitioners' research use in terms of EBP implementation; thus, it is unclear whether the supports and barriers identified by participants in this study also reflect those that facilitate and hinder research use in practice more broadly. Accordingly, a qualitative investigation of counselors' perceptions of supports and barriers to research use in practice is needed.

### **Summary**

Despite the growing amount of research illuminating the factors that facilitate and impede clinicians' use of research in practice, there are no studies to date that explore

these factors specifically as they relate to master's-level mental health and school counselors. Moreover, the majority of the extant literature in this area has approached understanding barriers and/or supports to research use in practice in terms of EBP use. Although informative, this approach may not be sufficient to capture the full extent of supports and barriers that influence counselors' research use in practice. Relatedly, as discussed above, most of the studies pertaining to this topic have been quantitative, thereby limiting respondents' abilities to (1) endorse all relevant supports and barriers and (2) clarify *how* these factors facilitate or hinder their use of research in practice. Accordingly, the current study will employ a qualitative approach to exploring the current supports and barriers that master's-level mental health and school counselors perceive as influencing their use of research in practice. This approach will offer a deeper understanding of the range of supports and barriers to research use in practice according to counselors and how they are experienced.

### **Summary of the Chapter**

As evidenced by the literature reviewed in this chapter, more research is needed to develop a deeper understanding of how counselors at the master's-level use research in their practice with clients. To date, researchers have approached this topic by focusing primarily on clinicians' use of EBPs, thereby providing a potentially limited understanding of how research is used and thus, relevant, to their practice. Moreover, although research has been discussed as a vital component of effective and ethical counseling practice, many counselors appear not to use it in their practice. Although several scholars have called for improvements in research training - particularly at the

master's level - to address the gap between research and practice in counseling, little is known about how research training may influence counselors' use - or or lack thereof - of research in practice. Furthermore, there is limited empirical evidence to provide clarity of what facilitates and hinders counselors' use of research in practice. Accordingly, this study aims to address these gaps by qualitatively exploring master's-level mental health and school counselors' experiences of using research in practice, their perceptions of how their graduate research training influences their research use, and current supports and barriers to research use. The following chapter will thoroughly describe the methodology to be used in this study.



## CHAPTER III

### METHODOLOGY

#### **Introduction**

As specified in Chapter I, the purpose of this study is to explore master's-level counselors' experiences of using research in their counseling practice and the factors that influence their use of research in practice. Chapter II provided an in-depth review of the literature related to research use in counseling, as well as research instruction and training in master's-level training programs, to provide context for this study. In this chapter, I will describe in detail the research methods that will be used to conduct the study, including an overview of consensual qualitative research (CQR), instrumentation, participants, and results from the pilot study.

#### **Consensual Qualitative Research (CQR)**

To answer the proposed research questions, this study will utilize Consensual Qualitative Research (CQR; Hill, 2012; Hill et al., 1997) methodology. CQR was selected as the methodology for this study because it allows individuals to provide rich, in-depth descriptions of their experiences of a phenomenon – in this case, research use in counseling practice. Moreover, this methodology entails a rigorous examination of such experiences through the use of the consensus process followed by the research team. This process allows the research team to analyze the data and identify key themes that emerge from the participants' experiences. According to Hill (2012), CQR is a useful

methodology for studying topics that have not yet been explored and thus lack appropriate measures for quantitative inquiry.

The results of this study will offer a deeper understanding of how counselors across various settings do, and do not, use research in their work with clients. Importantly, identifying how counselors currently use research in practice will help to establish a basis for determining how research is relevant to counseling, specifically for master's-level clinicians. Moreover, these results will shed light on how counselors' training experiences and current supports and barriers impact counselors' use of research in their professional roles; thus, the results of this study will provide direction for future research related to counselors' use of research in practice, training practices in counselor education programs, and practices used by clinical settings to encourage counselors' use of research. Implications for future research, training programs, and counseling practice will be discussed in more depth in Chapter V.

### **Theoretical Foundations of CQR**

Consensual Qualitative Research (CQR) was initially introduced by Hill, Thompson, and Williams (1997) as an exploratory qualitative methodology that would provide a rigorous process for exploring phenomena in the counseling field. Key features of CQR include its use of a small, homogenous sample; semi-structured interviews involving open-ended questions; a research team; and a rigorous data analysis process requiring consensus among research team members to identify domains and categories that capture participants' experiences. CQR draws upon various other qualitative methodologies, including grounded theory, comprehensive process analysis (CPA),

phenomenology, and feminist theories. Hill et al. contended that grounded theory (Glaser & Strauss, 1967; Rennie, Phillips, & Quartaro, 1988; Strauss & Corbin, 1990) was the most influential qualitative theory in the development of CQR due to its focus on developing a conceptual network of related constructs about a phenomenon. From CPA (Elliott, 1989), CQR draws upon a sequential framework to analyze events and interpret implicit meanings. In addition, CQR is influenced by phenomenology's (Giorgi, 1970) emphasis on developing knowledge through deep exploration of individuals' experiences. Finally, CQR is underscored by feminist theories' value on working collaboratively to construct a shared understanding of a phenomenon. Together, these theoretical foundations merge in CQR to yield a deeper understanding of individuals' experiences of a phenomenon through a collaborative data analysis process that seeks to reduce bias and share influence of the research process among members of the research team.

### **CQR Process**

According to Hill et al. (1997), CQR methodology is underscored by the notion that participants are the experts of their experiences of a phenomenon. Further, CQR utilizes a research team comprised of three to five members who work together to analyze and interpret data gathered from participants through semi-structured interviews. CQR emphasizes the relationships developed between participants and members of the research team, positing that this relationship allows participants to share their experiences more deeply and openly (Hill, 2012).

Hill (2012) provided some recommendations for whom to include on a CQR research team. Specifically, CQR research team members might include individuals who

have a basic knowledge of the subject under study, some training in CQR, and a commitment to the project. Following the development of the research team, Hill (2012) recommended that all research team members, including auditors, be trained in the methodology (e.g., reading book chapters and articles about CQR, practicing walking through steps of the research process and reaching consensus); however, the degree of training in CQR the research team receives depends on members' prior experience with the methodology. Furthermore, Hill et al. (1997) advised that research team members participate in a bracketing process prior to analyzing data. Specifically, bracketing requires research team members to discuss and record their personal experiences and perceptions related to the phenomenon under study and their expectations for what might emerge. According to Hill et al. (1997), this process allows the research team to better set aside their subjective biases throughout the data collection and coding processes. Hill (2012) contended that using an external auditor is a critical part of a successful CQR process. Importantly, the external auditor serves as a "check for the team" at various points throughout data analysis (Hill et al., 1997, p. 548), beginning with construction of the interview questions; the likelihood of groupthink impacting the results of the study is reduced through the inclusion of an outside perspective (Hill et al., 2005).

The process for data analysis in CQR entails three primary steps: 1) identifying and coding of domains, 2) developing core ideas by summarizing data from each domain, and 3) identifying key themes across each case through cross-analysis. The research team reviews each case individually at first, and the team must reach consensus about how the data are coded at each of the three steps of the data analysis process. According to Hill et

al. (2005), it is also advised that the external auditor review the research team's findings during each step of the data analysis process. These steps are described in more detail below (see Data Analysis).

### **Research Questions**

The purpose of the current study is to explore counselors' experiences of using research in practice and the factors, including those related to training, current supports, and current barriers, that influence their experiences. Three primary research questions will guide this exploration:

1. What are counselors' experiences of using research in their clinical practice?
2. How do master's-level counselors describe their research training experiences as influencing their current use of research in their practice?
3. What do counselors identify as current *supports* and *barriers* to their use of research in their practice?

### **Full Study**

#### **Participants**

According to CQR, it is necessary for participants to have depth of experience in the phenomenon under exploration (Hill et al., 1997). As noted above, Hill et al. recommended that researchers select participants randomly from those individuals who are available to participate; however, they also noted that random selection presents challenges for researchers seeking to study a specific phenomenon via qualitative methodology. Accordingly, participants in the present study will be recruited via email

and using convenience and snowball sampling strategies to ensure that a homogenous but representative sample is acquired.

**Inclusion Criteria.** Participants will be screened according to the following criteria:

1. Identify as a mental health counselor and/or school counselor and hold state-appropriate counseling and/or school counseling licensure credentials (e.g., LPC, LPCA).
2. Are a master's-level counselor and do not hold additional graduate degrees (e.g., PhD, MPH).
3. Graduated from a CACREP-accredited counselor training program within the last five years (i.e., no earlier than December 2013).
4. Have been working with clients and/or students in a counseling setting as a fully- or provisionally-licensed counselor for a minimum of one year but no more than five years.
5. Are currently working with clients and/or students in a counseling setting.

For this study, mental health and school counselors were selected as the focus because most of the extant literature regarding clinicians' use research in practice examines this construct in mental health clinicians and school professionals (e.g., counselors, personnel). Additionally, currently, there are no guidelines in the counseling literature for how long following graduation from their training programs that counselors should be interviewed or surveyed. Thus, this principle researcher selected five years as the

maximum amount of time for counselors to have been working in the field in order to ensure that they could remember elements of their master's training.

**Sample Size.** For CQR studies entailing a one- to two-hour interview, Hill et al. (1997; 2005) recommended a sample consisting of 8 to 15 participants to achieve consistency of results in a relatively homogenous sample. Accordingly, a total sample of 8 to 15 mental health and school counselors will be interviewed for this study. To ensure that sample size requirements are met, a balanced sample consisting of both mental health and school counselors will be purposively selected. Accordingly, a minimum of eight total participants will be sampled with a goal of the overall sample consisting of at least four mental health counselors and four school counselors. The participant recruitment strategy discussed below further describes the researcher's plan for ensuring that a sample representative of various mental health and school counseling settings.

Hill (2012) contended that subgroups of participants may emerge during data analysis and therefore, it is sometimes necessary to acquire a larger sample size to account for this possibility. However, the current literature does not suggest that differences exist between these two types of counselors in terms of how they use research in counseling (Wester et al., 2018). Thus, for the purposes of this study, the researcher has concluded that obtaining subgroups of mental health and school counselors is not necessary to explore how counselors use research in practice.

**Incentives.** Participants in this study will receive a gift card to Amazon.com worth \$20 for their time and assistance.

## **Procedures**

The following sections discuss the procedures that will be used in this study.

**Research Team.** Hill (2012) suggested that the CQR research team consist of three to five members who have basic knowledge of the research topic and training in CQR. The research team for the present study will consist of four primary members - three coders and one auditor – who will work together as a “set team” (Hill, 2012, p. 51). The three coders will include the researcher, who is a doctoral student in counselor education, and two doctoral-level counselor education professionals, each of whom have some training and experience in CQR. Previously, the researcher has been a member of three CQR research teams. The other two coders are a faculty member in a counselor education program and a post-doctoral research scholar in counselor education. Both of these individuals have served as either a coder or auditor on previous CQR teams. One auditor will be included as an external member of the research team. The auditor is the researcher’s dissertation chair and has been a member of multiple CQR teams as either a principle investigator, coder, or auditor. All members of the research team will review Hill et al.’s (1997) first article describing the CQR methodology as well as chapters related to bracketing and coding from Hill (2012) as needed before and throughout the data analysis process.

**Bracketing of Biases and Expectations.** According to Hill et al. (2005), *bracketing* involves being aware of and setting aside biases and expectations. Thus, in CQR, bracketing is a critical process through which members of the research team discuss their personal experiences, perspectives, opinions, and expectations about the



phenomenon under study. Hill et al. (1997) defined biases as “personal issues that make it difficult for researchers to respond objectively to the data” (p. 539) and expectations as “beliefs that researchers have formed based on reading the literature and thinking about and developing the research questions” (p. 538). Addressing biases and expectations allows researchers to enhance the quality of qualitative research in several ways, such as by increasing methodological rigor, enriching the research process, and enhancing the audience’s understanding of research findings within the context of the researchers themselves (Hill, 2012). Importantly, members of the research team should engage in bracketing prior to data collection and throughout the data analysis and post-analyses processes (Hill, 2012). For the present study, this process will be led by the researcher. Per Hill et al.’s (2005) recommendations, the biases and expectations that emerge for all members of the research team (i.e., coders and auditor) will be recorded and reported in the final write up for this study.

Prior to data collection, the research team met virtually to share, discuss, and record their biases and expectations related to the study under investigation. This procedural step was completed in an effort to gain awareness of and set aside assumptions that may influence the data collection and analysis processes. Each team member individually recorded their biases and expectations about counselors’ research use in practice and master’s research training using a shared Word document prior to the meeting. During the meeting, each team member discussed their reflections in more detail and added any new biases and expectations that emerged during the conversation. Themes that emerged through the research team’s bracketing conversation included the

following: personal research training experiences; beliefs about research in counseling; assumptions about counselors' use of research in practice; and cultural considerations for the study based on the cultural identities of each research team member. Finally, during this initial meeting, the research team reviewed their experiences conducting research using CQR, CQR procedures, and a tentative timeline for the study.

**Participant Recruitment.** Given the qualitative nature of this study, participants will be recruited electronically using a combination of convenience, snowball, and purposive sampling strategies to ensure representation of counselors in a variety of settings (e.g., inpatient, outpatient, K-12 schools, college). More specifically, the main researcher will recruit potential participants using multiple methods. First, counselors known by the researcher will be contacted via email and be invited to (1) participate in the study and (2) forward the recruitment email to other counselors they know (see Appendix D). Additionally, counselor educators known by the researcher who are teaching at CACREP-accredited programs in various regions of the United States will be personally emailed and asked for their assistance with the study. Specifically, these counselor educators will be invited to forward the researcher's recruitment email to their master's program alumni who may hold jobs as mental health or school counselors. The recruitment email (see Appendix E) will include a description of the study, inclusion criteria, and participant tasks, incentives, and instructions, an attached PDF copy of the informed consent (see Appendix F), and a link to an initial screening and demographic questionnaire.

***Initial Screening Questionnaire.*** Individuals (i.e., counselors) who are interested in participating in the study will be asked to complete a screening and demographic questionnaire prior to being contacted to participate in a semi-structured interview. This questionnaire was designed by the researcher and will be used to identify potential participants who meet the inclusion criteria and thus qualify to participate in the semi-structured interviews. Additionally, this questionnaire contains 22 total items and can be found in Appendix C. At the beginning of the survey, participants will be asked to review and indicate their consent to participate on an electronic version of an IRB-approved copy of the informed consent for the study (see Appendix F). At the end of the survey, participants who are interested in participating in the semi-structured interview will be asked to record their name, email address, and phone number for the researcher to use.

***Sample Selection.*** Once a sufficient number of responses to the screening survey has been received, the researcher will review the responses to screen survey respondents for their eligibility to participate in the semi-structured interviews. First, the researcher will determine how many individuals have volunteered to participate in the semi-structured interviews. Then, the researcher will identify all individuals who meet the five inclusion criteria for the study from this group of volunteer participants. Following this, a minimum of four participants will be randomly selected among all available and eligible volunteers to participate in the study. The researcher will contact these individuals to confirm their willingness to be interviewed and schedule an interview time.

Once four to six randomly selected participants have been identified and confirmed, the researcher will use purposive sampling to identify at least four more

participants to complete the final sample for the study. Purposively sampling the remaining participants will allow the researcher to obtain a final sample that is both homogenous with regard to the inclusion criteria and heterogenous with regard to participants' specialty (i.e., mental health versus school counseling), practice settings, training programs, demographic factors (e.g., race, gender), and use of research in practice (e.g., consumption, application, engagement). The researcher will review participants' responses and select a minimum of four more participants who will add diversity to the total sample. These individuals will be contacted by the researcher and asked to confirm their willingness to participate in an interview, and an interview time will be scheduled. A final sample of at least 8 participants including both mental health counselors and school counselors will be selected.

**Data Collection/Interviews.** Data collection for this study will occur via semi-structured interviews conducted by the researcher. The semi-structured nature of the interviews will include the pre-developed interview questions (Appendix C; see also below) as well as follow-up questions and probes that become relevant throughout the interview. Interviews will be conducted in person for those participants who are within driving distance of the researcher and digitally via Regroup for those who are not within driving distance of the researcher. All interviews will be recorded using a digital tape recorder and will last approximately one hour.

***Semi-Structured Interviews.*** According to Hayes and Singh (2012), the researcher in qualitative research is the primary instrument for collecting the data to be analyzed. Thus, in CQR, the researcher(s) conducting the interviews acts as the primary

data collection instrument. In the current study, the researcher will conduct all interviews to ensure consistency across interviews.

*Interview Questions.* The interview questions used in this study were constructed based on a thorough review of the literature related to research use in practice and research training in counselor preparation programs. Additionally, the experiences of the researcher and faculty advisor informed the construction of the interview questions. Specifically, the lead researcher, who is grounded in the existing literature as well as other research studies related to research use in practice and research training, served as the primary author of the interview questions. Moreover, the faculty advisor is a counselor educator who is grounded in literature related to research training and has extensive experience with qualitative research.

According to Hill (2012), six to 10 open-ended interview questions is recommended to achieve a one-hour interview. In the current study, 14 open-ended questions will be included in the interview. These questions can be found in Appendix X. All participants will receive the list of interview questions prior to their scheduled interview time. According to Hill et al. (1997), reviewing the questions ahead of the interview provides participants with time to reflect on their experiences and prepare their responses. This procedure may be beneficial when researchers are asking about difficult topics for which answers are not readily available. In the context of this study, allowing participants to reflect on their experiences of research use in practice may lead to richer responses by giving them more time to identify how they use research in their work.

**Transcription.** Due to the number of cases to be analyzed in this study, interviews will be transcribed using multiple methods. First, the researcher will transcribe some of the interviews manually. The remainder of the interviews will be transcribed using a transcription service (i.e., Verbal Ink), funded by the researcher. Additionally, to ensure participant anonymity, the researcher will redact all identifying information from all interview transcripts and assign each interview an identification number that will correspond with their screening questionnaire. Interview transcripts will be stored by the researcher using a secure, password protected storage system on the researcher's computer (i.e., Box). Data transmission among all members of the research team will occur via this storage system.

### **Data Analysis**

The following sections describe the CQR data analysis process that will be used in the present study, including the data coding and auditing processes.

**Domains.** The first step in the CQR data analysis process entails developing a list of domains, or the broad, meaningful topic areas examined in the interview (Hill, 2012). Hill et al. (2005; 2012) have recommended two strategies for coding domains. The first approach entails a deductive process through which the research team uses a pre-developed list of domains based on a review of the literature and primary interview questions. This initial list of domains is then applied to several transcripts and is revised as the researchers become more familiar with the data. The second approach for identifying domains is more inductive in nature and begins with reviewing the interview transcripts to observe which topic areas emerge from the data. Each member of the

research team independently reviews several transcripts and identifies broad topic areas that reflect both the data and the topics under study. Once all research team members create individual lists of potential domains, they come together to consensually create a single list of domains that best fit the data. According to Hill, this list often evolves as more interviews are coded for domains.

The number of domains agreed upon by the research team will ultimately depend on the complexity of the data being coded (Hill, 2012); however, Hill recommended that researchers use “fairly broad discrete domains” (p. 105), as more detailed categories for the data are developed later during the cross-analysis. The final list of domains agreed upon by the research team will be sent to the auditor, along with all interview transcripts, for feedback. The research team will then make any necessary modifications to the list of domains prior to moving to the next stage of data analysis.

**Core Ideas.** The second data analysis step requires constructing core ideas within the domains that have been agreed upon by the research team. Hill (2012) defined core ideas as “summaries of the data that capture the essence of the participant’s statement in fewer words” (p. 111). The purpose of constructing core ideas from the raw data is to distill participants’ narratives into clear, concise summations that allow the research team to make sense of the data. Importantly, when constructing core ideas, researchers should remain as close as possible to the raw data and avoid developing interpretations of meanings (Hill et al., 2005). Similar to the process for developing domains, members of the research team may construct core ideas for each case together, or they may work independently and later compare ideas and arrive at consensus. Hill (2012) recommended

that the research team work together on at least a few cases to ensure that members understand how to arrive at core ideas. Finally, a consensus version of each case coded for both domains and core ideas is sent to the auditor for review. The research team then meets to review auditor feedback and reach consensus regarding modifications to codes for the data.

**Cross-Analysis.** The final step of CQR entails conducting a cross analysis of all cases under study (Hill, 2012). Specifically, cross-analyzing the data requires the research team to establish common themes, or categories, across cases “one domain at a time” (Ladany, Thompson, & Hill, 2012, p. 118). These authors recommended that the research team begin the cross-analysis process with a small and relatively simple domain so that members can gain competence with this task. To identify categories, research team members review all of the core ideas for a single domain and cluster similar core ideas according to similar elements or themes across each case. According to Hill (2012), the goal is to construct a category structure that captures all, or most, of the data within a domain. Importantly, categories and their labels should emerge from the data via a discovery-oriented process rather than being influenced by the researchers’ preconceived ideas or previously existing literature (Hill et al., 1997).

Once each member of the research team identifies preliminary categories, the team meets to discuss their derived lists and work toward consensus of the category structure for the domain (Hill, 2012). According to Hill, there is no set recommendation for the number of categories to include in a domain. Moreover, the research team may identify subcategories within broader categories as a means of more effectively



describing the data. Hill (2012) recommended that the auditor review the cross-analysis for each domain as the research team completes the category structure, followed by a final examination of all domains at once to observe how well they fit together. The research team then meets to review the auditor's feedback and adjust the cross-analysis accordingly.

***Frequency Labels.*** Following consensus of the cross-analysis, Hill et al. (1997) suggested that the research team apply frequency labels to each category based on the number of cases (i.e., participants) in which the category appears. This frequency information is used to determine the representativeness of the categories to the sample under study (Hill, 2012). Hill et al. (2005) provided a revised list of category frequency labels, which will be used in the present study:

***Stability Checks.*** Originally, Hill et al. (1997) recommended that CQR research teams conduct a stability check following the cross-analysis to determine how well new data fit into the domain and category structures. Specifically, stability checks entailed withholding one or two cases from the original cross-analysis and later coding them using the final domain and category structures agreed upon by the research team. Later, however, Hill et al. (2005) contended that stability checks were perhaps unrealistic and unhelpful to the overall process. Thus, Hill (2012) argued that a stability check is unnecessary due to the intensity of the data analysis process, consensus process, and use of external auditors, all of which produce a sufficient level of validity in CQR results.

Table 1

Frequency Labels for Cross Analysis

Frequency Label	Theme Prevalence
General	Category appears in all, or all but one, of the cases
Typical	Category appears in at least half of the cases up to cut-off for General
Variant	Category appears in at least two cases, but less than half of the cases
Rare	Category appears in only one case

**Auditing.** According to Hill et al. (1997), the auditor of a CQR study “serves as check for the [research] team” (p. 548). More specifically, the auditor plays the roles of editor, consultant, and critic across the CQR process and provides the coding team with an important system of checks and balances aimed at enhancing the quality and trustworthiness of the study’s findings (Hill, 2012). Within a CQR study, the auditor performs various tasks, including reviewing the interview protocol; bracketing biases and expectations; and reviewing the coding team’s decisions related to domains, core ideas, and cross analysis.

In this study, the auditor will review the coding team’s work at each major step of the data analysis process. During the domain development step, the auditor will examine the labels given to each domain as well as whether the domains fit the data, overlap with one another, and appear too large or complicated. Upon reviewing the core ideas, the

auditor will “review all raw data, read the core ideas...and determine if (a) anything is missing and (b) the core ideas could be stated a better way” (Schlosser, Dewey, & Hill, 2012, p. 140). Finally, during the cross-analysis stage, the auditor will review each domain individually as they are completed by the coding team in addition to examining the entire cross-analysis. Specifically, the auditor will determine whether (a) the categories fit the data, (b) the core ideas are categorized according to the best fit for the data, and (c) the hierarchical structure of the data is concise. The auditor will also review data coded as “Other” (i.e., domains and categories) and determine whether these data belong elsewhere.

### **CQR Results Evaluation**

Hill et al. (1997) identified the following six criteria for evaluating research conducted using CQR methodology: 1) trustworthiness of the method, 2) coherence of the results, 3) representativeness of the sample, 4) testimonial validity, 5) applicability of the results, 6) replication across samples. Importantly, Hill et al. advised that all CQR studies should report information regarding the first three criteria. Alternatively, while the latter three criteria are not necessary to meet in every study (Hill et al., 1997), it was still recommended that researchers discuss the limitations of not meeting them.

**Trustworthiness of the Method.** According to Hill et al. (1997), trustworthiness of the method describes the extent to which the findings of a qualitative study can be trusted given the strong reliance on subjectivity. In CQR, trustworthiness is established by carefully monitoring the data collection and analysis processes. More specifically, Hill et al. noted that it is critical that the research team ask themselves questions related to the

steps that require monitoring. These questions should concern the adequacy of the interview questions, composition of the sample, consensus process, functioning of the research team, the auditing process, and the consistency of rules that are applied throughout the process.

**Coherence of the Results.** Hill et al. (1997) contended that CQR findings “need to be logical, account for all the data, answer the research questions, and make sense to the outside reader” (p. 558). Further, Hill et al. noted that while triangulation may be a common method used to strengthen qualitative research and increase its coherence, it is not necessary for researchers using CQR methodology to triangulate data sources or methods; however, researchers should still report the limitations of using only one data source or analytic method.

**Representativeness of the Results to the Sample.** Although researchers using qualitative methodology aim to choose a homogenous sample, they also attempt to select participants as randomly as possible to avoid a biased sample (Hill et al., 1997). Qualitative researchers, however, cannot assert that their data are representative of the target population. Accordingly, Hill et al. contended that CQR researchers’ use of the frequency labels described in this chapter is one method for establishing the representativeness of their results to the sample under study. Results that only apply to one case are typically excluded from researchers’ overall conclusions as they are viewed as being unrepresentative to the larger sample; however, salient outliers may be kept and discussed.

**Additional Evaluation Criteria.** Hill et al. (1997) discussed three additional criteria as being valuable, though not essential, in researchers' evaluations of CQR results. The fourth criterion, *testimonial validity*, also known as member checking, entails asking participants to review the final data analysis and provide feedback about the extent to which the researchers' interpretations describe their experiences. Hill et al. contended that receiving participant input can assist researchers in feeling more confident about the adequacy of their conclusions. The fifth criterion, *applicability of the results*, involves demonstrating the usefulness of researchers' findings for practice. However, Hill et al. asserted that not all CQR findings must necessarily be applicable practice. Finally, the sixth criterion, *replication of results across studies*, emphasizes the importance of establishing stronger and more believable research results via replication. Hill et al. discussed two approaches for replicating CQR findings. In the first approach, a new research team with different biases and expectations reanalyzes the data set. The second approach entails acquiring a new data set using similar interview protocols, and the subsequent data analysis would be conducted by the same or a new research team. Both approaches aim to determine whether similar findings can be obtained. However, Hill et al. discussed barriers of replicating a CQR study, including the time-intensive nature of doing so, difficulty of concisely presenting all results in a single report, and a lack of methods for comparing results across studies.

### **Pilot Study**

According to Hill (2012), piloting the interview protocol provides an opportunity for assessing whether the interview questions elicit the data sought by the researcher.

Further, Hill recommended piloting interviews with at least two participants who meet the inclusion criteria. In CQR, pilot interviews allow researchers to establish whether 1) participants can understand the research questions, 2) the interview questions lead to data about the topic being investigated, and 3) the interview questions flow logically.

Participants also are asked for feedback about the protocol to determine what modifications should be made prior to conducting the main study. Collectively, these piloting practices facilitate the development of effective protocols.

Accordingly, a pilot study was conducted prior to the main study to assess the effectiveness of the protocol to be utilized. The pilot study was conducted via three individual semi-structured interviews with participants who met participation criteria for the full study, thereby reflecting the population of interest (Hill et al., 1997). Pilot study participants responded to the interview questions and provided feedback on the study protocol.

### **Research Questions**

The following research questions were explored via the pilot study:

1. Are the interview questions explored in this study appropriate (i.e., clear, relevant, and succinct) for the full study?
2. For participants, what levels of training (i.e., master's-only, master's and doctoral) need be included in the full study?

### **Sample**

Convenience sampling was used to obtain the participants who comprised the sample for the pilot study. Three individuals who identified as counselors and had

backgrounds in either clinical mental health or school counseling were included in this sample. Specifically, this sample consisted of one doctoral-level school counselor, one master's-level clinical mental health counselor, and one master's-level school counselor, all of whom identified as women; two participants identified as white and one identified as Latina. All participants were trained in different CACREP-accredited master's and/or doctoral programs and were working with clients or students in their settings at the time of the interview. These three individuals met the initial participation criteria for the full study that were identified at the time of the pilot study (e.g., currently practicing, counselor credentials, CACREP-trained); thus, the sample used in the pilot study was congruent with CQR methodology to use participants who reflect the population of interest (Hill et al., 1997).

At the time of the interview, the doctoral-level school counselor reported working in a grant-funded school counselor position. Additionally, the master's-level school counselor reported working at an elementary school. Finally, the master's-level clinical mental health counselor reported working with clients in both a private practice setting and an outpatient medical clinic setting.

### **Procedures**

Consultation with the Institutional Review Board (IRB) at the researcher's University prior to the pilot study determined that IRB review and approval was not necessary prior to conducting the pilot study. The researcher contacted each participant individually via email to request their participation in the pilot study. The researcher and each participant then identified and scheduled a mutual time for an interview lasting

approximately one hour. Two interviews occurred via telephone, and one interview occurred face-to-face in the participant's office. All interviews were recorded in full using a digital recording device after the interviewer received verbal consent from participants to do so; the need for written, formal consent had been deemed unnecessary for the pilot study. Participants did not receive the list of interview questions prior to their interviews.

Following the interviews, the researcher reviewed the recordings and discussed important findings with the faculty advisor of her dissertation committee to identify necessary modifications for the main study.

### **Initial Interview Questions**

The list of interview questions to be used in the main study were piloted, per the recommendations of Hill et al. (1997). The list of questions was developed by the principle investigator in consultation with a faculty member in the Department of Counseling and Educational Development. This faculty member is an experienced researcher, has extensive experience with CQR, and serves on the researcher's dissertation committee. These questions reflect important elements and themes of research use in practice and research training in master's counseling programs that are present in the existing literature but require further exploration. These questions can be found in Appendix B.

### **Findings**

**Research Question 1.** The first research question sought to determine the extent to which the initial interview questions developed for the pilot study were appropriate for



the full study. Specifically, through this research question, the researcher aimed to determine whether these 14 interview questions would yield the data necessary to answer the research questions proposed in the full study. Across each of the three interviews, the interview questions used yielded appropriate data regarding participants' experiences of (1) their use research in practice, including ways they did and did not use research in their work with clients or students; (2) their research training and how this influenced their current use of research in practice; and (3) current supports and barriers to using research in practice with clients or students. Additionally, all participants were able to answer each of the questions during the time of the interview, further suggesting that the interview protocol was appropriate for the sample under study. Each pilot interview tested the full interview protocol (i.e., all 14 questions), resulting in interviews that lasted no longer than an hour in length. Accordingly, the researcher concluded that the interview questions used in the pilot were sufficient to provide the data needed to answer each of the three research questions proposed in the main study. All participants provided feedback that the research questions were clear, flowed well, and were not redundant in nature.

**Research Question 2.** The second research question sought to determine the level(s) of education within the sample under study. More specifically, the researcher aimed to identify whether the sample for the main study would include only master's-level counselors or both master's- and doctoral-level counselors. To answer this question, a doctoral-level counselor who met inclusion criteria was interviewed. Throughout her interview, this participant referred to her doctoral research training and how this influenced her use of research in her work with students. This participant also noted that

her responses to the interview questions likely would have been different if she had participated in this study as a master's-level school counselor. This finding was critical, as it highlighted the potential differences in perspective between master's- and doctoral-level counselors with regards to how they view research and its relevance to practice. Given that counseling practitioners enter the field as master's-level professionals, and due to the increasing attention to deficiencies in research training in master's-level counseling programs (e.g., Benishek & Gordon, 1998; Granello & Granello, 1998; Huber & Savage, 2009; Umstead, 2018), the researcher and her dissertation advisor concluded that the sample for the main study would contain only master's-level counselors.

### **Modifications**

Some modifications to the interview procedures were made as a result of the pilot study, particularly around the recruitment and the interview protocol. These modifications are discussed in more depth below.

**Recruitment and Procedures.** This pilot study provided clarity with regards to some of the recruitment strategies to be used in the full study. First, as discussed above, recruitment of participants for the main study will entail recruitment of master's-level counselors for the sample. Additionally, it was concluded by the researcher that contacting potential participants via email will be sufficient for recruiting the sample. Moreover, the researcher concluded that it will be necessary to include a screening survey as part of the recruitment procedures for the main study. Finally, the researcher noted that the phone interviews were sometimes challenging to conduct due to her inability to monitor participants' nonverbal cues. Accordingly, for the full study, the researcher

concluded that interviews that cannot be conducted face-to-face will be facilitated using a virtual medium (e.g., Regroup) to ensure that participants' responses are not interrupted by the interviewer.

**Interview Protocol.** The three pilot study participants did not provide specific feedback regarding modifications to the interview protocol; however, following the interviews, the researcher concluded that sending the interview protocol (i.e., core interview questions) to participants may benefit the main study by providing them with more time to reflect on the ways they use research in their practice. This conclusion was influenced by the researcher's observations that participants required time during the interview to reflect on the question(s) about their use of research and at times, were unsure that they captured everything relevant to this topic. Accordingly, the primary modification made to the full study includes sending each participant the list of main interview questions one week prior to their scheduled interview. In addition, a follow-up question was added to Question 6: "Are there other ways that you use research in your practice that do not fall into these three categories?" This question was added to capture any additional ways in which participants use research that do not fall within the three categories identified in the extant literature (i.e., consumption, application, engagement).

## CHAPTER IV

### RESULTS

#### **Modifications to the Method**

Prior to data collection, some modifications were made to the methods used in this study. First, several new probing questions were added to the semi-structured interview protocol in order to more thoroughly explore participants' use of research in practice and research training experiences. Moreover, an additional interview question was added to explore participants' motivations for using research in their counseling practice. Across the interview protocol, the phrasing of items was adjusted in order to remove bias and ensure that participants were not being asked leading questions. Similarly, a modification was made to the language used in the item 13 of the interview protocol to change "scientist-practitioner" to "practitioner-scientist" based on recommendations from the principal researcher's dissertation committee. Finally, the interview questions were rearranged to achieve a more natural discussion flow based on the research questions. Thus, a revised version of the final interview protocol was used in the main study (see Appendix G).

Some modifications were made to the demographic screening survey, including alterations to the phrasing of some items and the addition of two new items (13 and 16). The revised version of the screening survey used in the main study consisted of 25 total items (see Appendix H). Furthermore, prior to their interviews, all participants received

three broad reflection questions related to the interview questions they would be asked by the researcher (see Appendix I). Participants were told that there were no expectations for how much time, if any, they spent reflecting on these questions prior to the interview. Finally, an alternative transcription company (i.e., Rev.com) was used by the principal researcher to obtain interview transcripts at a more cost-effective rate. To ensure confidentiality of the raw data collected during the semi-structured interviews, a signed confidentiality agreement was obtained from the transcription company (see Appendix J).

Finally, some changes were made to the methods used to select the sample under study. Specifically, due to the low response rate from counselors who met all participation criteria, the principal researcher was unable to select a sample using both purposive and random sampling strategies. Instead, all participants who qualified for the main study were recruited in order to meet the sample size requirements outlined by CQR (Hill et al., 1997; Hill, 2005). This strategy is described in more detail in the following section.

### **Recruitment Procedures, Participants, and Data Collection**

The following sections describe the methods that were carried out during the main study following the completion of the modifications described above.

#### **Recruitment Procedures**

Following approval of the study by the Institutional Review Board, the principal researcher sent emails (see Appendices D and E) to 28 counselor educators and 39 counselors whom she knew personally to ask for their assistance with the study. These individuals were asked to forward the recruitment email to any counselors they knew

who might be interested in the study. These emails and subsequent snowball recruitment resulted in 40 completed screening surveys. Of these 40 survey participants, 12 respondents were eligible for participation in the main study based on the participation criteria outlined in Chapter III. The researcher individually emailed each of these 12 individuals to confirm their continued interest in the study and request their participation in a one-hour interview. Eight of these individuals responded to the researcher and scheduled a one-hour interview. These eight counselors received a list of three broad questions related to the interview protocol (see Appendix I) and were given at least one week to reflect on them, though they were not required to do so. The four remaining individuals, including two mental health counselors and two school counselors, did not respond to the researcher's email requests for a one-hour interview. Participants who completed an interview received a \$20 gift card to Amazon.com.

### **Participants**

A final sample size of eight clinical mental health and school counselors ( $N = 8$ ) was obtained for the main study. All eight participants identified as white females. Participants' ages ranged from 27 to 31 years old ( $M = 29.5$ ,  $SD = 1.51$ ). Most participants ( $n = 5$ ) lived in the Southeastern region of the United States, while two lived in the Southwest and one lived in the Midwest. At the time of their interviews, the amount of time that counselors had been working with clients post-graduation from their master's programs ranged from 18 months (1.5 years) to 56 months (4.67 years). On average, participants had worked with clients in the field for 34.63 months ( $SD = 14.41$ ), or 2.89 years. With regard to participants' counseling degrees, all participants reported

receiving their master's degrees from CACREP-accredited programs no earlier than December 2013 in the same geographic regions in which they worked at the time of their interviews. Specifically, four participants held Master of Arts degrees, two held Master of Education degrees, and two held Master of Science degrees. Additionally, one participant with a Master of Science degree in counseling also received her Education Specialist (Ed.S.) degree upon graduating from her counselor training program. Table 4 provides a breakdown of participants' demographic information according to the pseudonyms they have received for the purposes of this study (see Appendix K).

Of the eight participants, five individuals were clinical mental health counselors and three were school counselors. The mental health counselors worked full- and part-time in a range of settings, including private practice ( $n = 3$ ), inpatient and intensive outpatient treatment facilities ( $n = 2$ ), and non-profit community agencies ( $n = 2$ ). One clinical mental health counselor who worked for a non-profit community agency served as a high school-based counselor for her agency. Three clinical mental health counselors held full state-required counseling licenses, while two were provisionally licensed to practice counseling within their respective states. The three school counselors worked in elementary ( $n = 2$ ) and high ( $n = 1$ ) schools. All three school counselors held their state's required school counseling license. Additionally, the high school counselor held her state's provisional counseling license. Table 5 provides detailed information about participants' current and previous work settings by pseudonym (see Appendix L).

## **Data Collection and Transcription**

Data collection, including the screening survey and one-hour interviews, occurred between December 2018 and February 2019. All eight participants requested that the interviews be conducted online using a virtual meeting program (i.e., Regroup). Accordingly, all participants were interviewed virtually. The principal researcher conducted all of these interviews in the privacy of a locked office where others were not present. The length of the semi-structured interviews ranged between 35 and 90 minutes, with most interviews ( $n = 5$ ) lasting between 40 and 50 minutes, depending upon the natural flow of the interview. Participants were able to stop the interview at any point without consequences.

Interview transcriptions were obtained using multiple methods. First, six of the eight interviews were transcribed using the transcription service, Rev.com. These transcriptions were paid for by the principal researcher using grant funding provided by the Association for Assessment and Research in Counseling. Before transcriptions were ordered from this service, the principal researcher and a representative of the transcription company signed a confidentiality agreement indicating that confidentiality of the raw data would be maintained during the transcription process (see Appendix J). The remaining two transcriptions were completed by the principal researcher in her home office. All identifying information, including names and locations, was redacted from the transcriptions prior to data analysis. All interview transcriptions were saved to a secure, password protected online storage account available through the principal researcher's University.



## **Findings: Domains and Categories**

A review of eight individual cases produced five domains, each with one to seven categories. These domains and categories addressed the following research questions:

1. What are counselors' experiences of using research in their clinical practice?
2. How do master's-level counselors describe their research training experiences as influencing their current use of research in their practice?
3. What do counselors identify as current *supports* and *barriers* to their use of research in practice?

Five domains emerged as a result of the eight individual interviews conducted with master's-level clinical mental health and school counselors to describe their experiences related to research use in practice and research training: 1) research use in counseling practice, 2) research training experiences, 3) factors influencing research use in practice, 4) research as part of one's counselor identity, and 5) other. Table 2 below provides definitions of each domain. Each of these domains and their corresponding categories are described in detail below. Table 6 provides a list of all domains, categories, frequency labels, and corresponding participants (see Appendix M).

### **Research Question 1: What are Counselors' Experiences of Using Research in Their Clinical Practice?**

The first domain, research use in counseling practice, and its categories and subcategories emerged to provide insight into the first research question, including how counselors use research in practice and how their research use impacts their counseling practice.

Table 2

Domain Definitions

Domain	Definition
1. Research use in counseling practice	Captures how counselors conceptualize research as a part of counseling practice in addition to how counselors use research in practice, including through consumption, application, engagement, and dissemination. Also describes counselors' perceptions of how using research impacts their counseling practice.
2. Research training experiences	Describes counselors' experiences of research training at the undergraduate and master's levels and how these experiences have influenced their use of research in practice.
3. Factors influencing research use in practice	Describes factors participants perceive as currently impacting their use of research in practice, including supports, barriers, and motivations for using research in practice.
4. Research as a part of one's counselor identity	Describes how counselors perceive research as a part of their roles and identities as counselors.
5. Other	Includes participants' reactions to the study that are not relevant to other domains.

**Domain 1: Research Use in Counseling Practice.** Within this first domain, counselors described how they conceptualized research as being a part of counseling and how they use research in their current practice in terms of consumption, application, engagement, and dissemination. Counselors also discussed the ways using research in practice impacts their work as counselors. The following six categories, each containing multiple subcategories, emerged in this domain: (a) conceptualizations of research use in practice, (b) consuming research in practice, (c) applying research in practice, (d)

engaging in research in practice, (e) disseminating one's own research, and (f) impacts of using research in practice.

*Conceptualizations of Research Use in Practice (General).* All eight participants discussed the ways they conceptualize research as being a part of counseling, both for themselves individually as clinicians and broadly within counseling practice and the profession. For example, one participant, Madison talked about how research is part of her practice as an eating disorder counselor:

I think that we are constantly doing research on a daily basis with just living life. We're always taking in information and doing research and I kind of view a lot of people as being experimenters. But especially in my work with eating disorders, unofficial research is incredibly important at every single step of the process...especially because treating something that is very behavior-based...trying to reduce the behavior to get to the underlying issue requires me to do a lot of...I would say nontraditional or unofficial research at all times. So, it feels like I'm always using very informal research at all times. And if I was going to answer what I think the role of research is, is that it's kind of the backbone of everything I do as somebody who treats eating disorders, because I can't really see how somebody's behaviors are doing if I'm not keeping track of what their behaviors are doing. And that's what research is, is just having something that you're tracking or getting data.

Similarly, one school counselor, Claire, discussed the role of research in her practice in an elementary school setting:

What I think when I think about research is working with different programs, these curricula, and figuring out if they are actually worth the money that we spend on using them in our schools... Because that's really the biggest thing in school, is you have to prove that your time is worth it because every minute counts because they need to be doing something every minute of the day.

Another school counselor, Poppy, discussed how research in practice involves using existing research her work with students:

So, using research in my practice, the way I view that is I kind of take and use some of the things that other researchers have done, to try to apply that to what I'm doing in my counseling sessions, my work.

When discussing their ideas about research in counseling, other participants emphasized informing their practice with research because it provides evidence for what is effective. For example, Julie, a clinical mental health counselor, said,

I would say that [research in practice] means to inform what we do in counseling...Research is the way we know if there's evidence that what we're practicing is helpful, and then in our profession that is a standard that we hold ourselves to. That's a defining, I think, part of our profession, that we're only going to do methods that we can stand by with research to support why we're doing them.

Likewise, a clinical mental health counselor, Jillian, stated the following:

So, I think about research in practice, I think a lot about evidence-supported proven methods. So, evidenced based. That's what we try and use with our clients. Also, you know, involve some of the special interventions that were put in place for clients, they're evidence based, but we'll still test them to make sure they're actually having an effective outcome for the patient, and then make changes accordingly.

Other clinical mental health counselors discussed evidence-based treatments as a basis for research in practice. For example, Amelia noted that her “brain automatically goes to evidence-based practice” when she thinks of research in practice. Similarly, Lucy said,

So, the first thing that comes to my mind is evidence-based treatment, that's the first thing I think of. Is just like figuring out when I'm working with a specific diagnosis or a specific group demographic, what has the research shown about "this will be effective" or "this thing will not be effective." That's the first thing I think of, is just what helps in actual practice.

*Consuming Research in Practice (General).* All eight counselors discussed how they consume research as a part of their use of research in practice. Participants described their consumption of research in terms of the following subcategories: (a) peer-reviewed journals and articles, (b) books, (c) magazines, (d) blogs, (e) podcasts, (f) other electronic resources, (g) professional development opportunities, (h) informal resources, (i) reasons for consuming research in practice, and (j) what some participants are not doing.

*Peer-Reviewed Journals and Articles (Typical).* Five counselors talked about consuming research in the form of peer-reviewed journals and articles. Importantly, some these participants specified how they access scholarly research. For example, Madison said,

When it comes to the formal peer-reviewed research, I am always on the lookout for articles that are helpful to the practice I'm doing. But it's not like I'm subscribing to journals. It's mainly online that I'm doing a lot of research. I might see an article that's sent through email on one of the email things I follow, like the ACA one or [my state's licensure board] type thing. I'll read those. The rest of the time it's researching or looking up something to find an article.

Similarly, Amelia noted that she "definitely use[s] [her] library card to get into EBSCOhost" to look up research articles. Another counselor, Julie, said the following about how she consumes peer-reviewed research:

The main way is in the *Journal of Play Therapy*. When I receive that, that's the main place that...I'm gonna read it. I do get the paper copy in the mail and that's generally where I'm reading it from.

Additionally, Jillian noted that she reads articles from a journal that is “put out by the American Counseling Association” and that she “participate[s] in DBT consultation team meetings” where she and her colleagues “bring articles and evidence to discuss” in relation to the treatment they provide children.

Finally, Poppy talked about how she and her colleagues consumed peer-reviewed research in order to assist a student presenting with needs with which she was unfamiliar:

So, at the beginning of the year, we had...a fourth-grade student express that they were feeling transgender. So that was a new thing that I'd never worked with...So we all, I mean, we spent weeks just looking at research articles and compiling things. And I did look at some scholarly journals for that, to kind of make sure that we were serving her the best way that we could.

*Books (Typical)*. Four clinical mental health counselors discussed using books as a method by which they consume research in practice. Madison said,

I love books. I read a lot of them constantly. I always have a list. So how I decide what to read and the research that comes from that is two ways. So, one is by referrals from other therapists in and outside of my field. My supervisor recommends books to me all the time and friends that are counselors, workers that are counselors. I might go to a talk and hear about resources. That's the most likely way I'll read a book. Or I might do research on my own and see a book that's really interesting and it's gotten good reviews from other professionals.

Similarly, Lucy stated, “I buy loads of books, like treatment books, treatment manuals, all kinds of things like that, which definitely has some research in them.” Finally, Jillian

noted that she and her colleagues share “some resources like workbooks” and “different books put out by professionals” in order to consume research.

*Magazines (Rare).* One school counselor, Poppy, indicated that she consumes research by reading magazines published by the professional organizations to which she belongs as a member. Specifically, she stated the following:

I am a member of the American Counseling Association, and the American School Counseling Association, and [state counseling organization], so I get all those magazines, and I usually flip through those, and, you know, if there's an article that sparks my interest that has to do with what I'm doing daily...I know at the beginning of the year over the summer, there was an article about supporting students that recently immigrated, which is a big part of my job. And then there's usually one or two articles that have to do with working with kids, those sorts of things.

*Blogs (Variant).* Three participants, including one clinical mental health counselor and two school counselors, talked about informing their counseling practice by reading blogs published by counselors and other types of professionals. Madison, for example, said,

I do...use as resource blogs by other parallel professionals, especially in eating disorders. So, the best example I can give, is there's a blog that I look at sometimes by an anti-diet dietitian who has some really cool blog posts about topics that overlap, so that helps to bring new ideas.

Likewise, Claire discussed how she uses one particular blog to inform her practice:

So, there's a blog, this woman counselor...and she is a school counselor...and I follow her a lot, and she just talks a lot about her experience as a counselor. She has a lot of different resources for, I mean, just different paperwork, different ways to track meetings with students, or talking to parents, how to track talking to

parents. And she just kind of blogs about her different experiences and gives out different resources. So, I follow her pretty closely because it seems like I can always find, she'll link different things and I can always find something that I'm looking for through her.

Finally, Kirsten indicated that she considers using a particular blog to inform her work as a school counselor as a type of research:

I do read a school counselor blog. So, I get ideas from them. She's an elementary school person so she's all about her crafts...so I get my bulletin boards from her...It helps me come up with ideas that are cute and different that...I can do at school.

*Podcasts (Variant).* Two clinical mental health counselors identified using podcasts as an important way by which they consume research in practice. For example, Julie noted that when she is learning things for her practice, she is "listening to podcasts." Similarly, Madison discussed how she uses podcasts to inform her work as an eating disorder counselor:

I listen to a lot of podcasts. So, there's one I listen to that is by an anti-diet dietitian and I feel like it helps me learn and do research into specific food- and dietetics-oriented stuff that's not my background but I need to be able to communicate with my clients. She has therapists on there sometimes, so it can give me a therapeutic view. Sometimes she has dietitians. She's had activists and cool other people on there, too. And they all look at eating disorders from a different perspective. So, I like listening to her podcasts. There are others that I listen to that are just like mental health podcasts. I do consume a lot of podcasts.

*Other Electronic Resources (Typical).* Four participants, including two clinical mental health counselors and two school counselors, identified other electronic resources that they use to consume research in practice. Amelia, for example, specified using Ted



Talks as something she “can get [her] hands on to inform practice.” Another participant, Madison, mentioned documentaries as a form of research that she consumes. Relatedly, Claire referred to herself as “a big Google person” and that she “will really just hit Google hard and kind of just go through different links.” Finally, Poppy discussed being encouraged by her co-counselor to follow social media accounts as a means of consuming information for practice:

So, my coworker, my co-counselor, is really into the school counselor blogs, and Twitter...So, it's cool to see what other school counselors are doing. Actually, she just got me to join this elementary school counselor Facebook group, and people are, I mean, every day, sharing ideas and things that they're doing. So, that's pretty cool!

*Professional Development Opportunities (General).* Seven participants discussed consuming research through professional development opportunities, such as conferences, workshops, trainings, and webinars, thus, making this format the most common means by which counselors consumed research in practice. Some counselors indicated that professional development opportunities that helped them complete continuing education requirements were the most salient means by which they consumed research in practice. When asked about how she consumes research in practice, Lucy stated the following:

I would say probably the first way is continuing education. I think that's a way that I do a lot of that, is just going to the programs that are presenting about this type of diagnosis and this treatment and these different things...I feel like the continuing education, those sorts of classes feel most helpful. I guess because usually you're working with, like there are a lot of other people there with you and

you're all kind of talking about the research and "How is this going to work in my practice? And does this apply to what I'm doing?"

One school counselor, Kirsten shared a similar sentiment:

I would say the majority of the research that I am gathering is through our professional development and trainings that I would go to... So we have trainings probably once a month that we go to with other school counselors in our county, so a lot of times it's like research-based interventions, or things with trauma or anxiety or depression, issues like that. And I go to the school counseling conference that I always go to in November, so that's really nice because we can go to different sessions we are interested in... I would say it's mostly through those professional development training things we go to, is how I consume research.

Other counselors discussed the various ways by which they consume research via continuing education opportunities. Madison, for example, said,

I prefer to listen to somebody actually teach to me. So, one of the things in eating disorders is, part of what they do is have these symposiums where you can get continuing [education] for going to see speakers talk. So that's how I get a chunk of it.... Or there's also an online resource where I can read research articles...and then take quizzes after and that also counts.

Similarly, Claire stated the following regarding professional development opportunities that have been available to her:

I just went to a conference, I guess it was in November, about working, or trying to have a volunteer program with college students and how to implement them into your school, and how to supervise them, 'cause that can be complicated... And the county is really great about providing different opportunities and different educational things. They do a lot of stuff online, through the local community college that I can constantly sign up for. And so, they provide a lot of opportunities.

Amelia also discussed how she consumes research through professional development opportunities:

My non-profit that I work for provides professional development. We have a clinical director who's been approved CEU provider, and she'll give us trainings or invite speakers. Then beyond that, it's whatever I want to pursue, so one-day workshops, things like that...usually the kind of stuff that I seek out is something that I hope will keep me up-to-date on the latest evidence-based practice, or just what we know about the brain since six months ago when we knew much less, things like that.

Finally, Julie talked about attending the conference hosted by her state's association for play therapy, where she "learned that there were new things in the research that [she] hadn't read the research on since [she] graduated."

*Informal Resources (Typical).* Four counselors, including three clinical mental health counselors and one school counselor, indicated consuming research via informal sources, such as colleagues, pop culture, and clients. For instance, Julie said, "I chat with colleagues here in my agency about what they're reading" as a means of consuming research in her practice. Likewise, Claire discussed how she informally consumed research to inform a resource she developed for colleagues at her school:

I spend a lot of time putting together different resources for trauma-informed care, so gathering all the research on that...I met with some people that do some trainings at [university] on trauma-informed care, so that I could put all of this together so that I could kind of come back to my faculty and staff and be like, "So this is why this is important because these are the kids that we're working with. They are traumatized, and it is important that we know how to work with them."

Two clinical mental health counselors indicated consuming research in other ways. When asked whether she consumes research from any additional sources, Amelia discussed listening to the students to understand the cultural knowledge of her school setting:

When you said that just then, what popped in my brain is I have so many opportunities to hear so many different kids. We have 3,000 kids in our school, so I'm constantly hearing things and, those aren't like a formal sort of research or whatever, but the common body, the cultural knowledge of our school... That sounds weird, but it's what popped in my head, just anecdotal, what I'm hearing from kids, that kind of thing.

Similarly, Madison discussed sometimes doing “pop culture” research in order to enhance her understanding of her clients with eating disorders:

Sometimes I'll do pop culture research to be able to understand my clients better... I watched that movie on Netflix, *To the Bone*, not because I want to, but because I knew my patients would watch it and would have strong reactions to it. I watched *13 Reasons Why* because a patient came in and said they were having a really strong traumatic reaction but couldn't talk about what they saw. So sometimes I do that.

*What Some Participants are Not Doing (Variant).* A few participants specified means by which they did not consume research. Two participants indicated that they did not consume research by reading empirical articles. Kirsten noted that she does not sit “around reading research articles from journals” even though she thinks she “probably should.” Similarly, another school counselor, Poppy, indicated that it has “been a while since [she] sat down and went through research articles like [she] did in grad school.”

Finally, Julie stated that she does not “read any specific blogs” because she does not “value blogs as adding a lot to [her] knowledge.”

*Reasons for Consuming Research in Practice (Variant).* Two participants, Claire and Madison, elaborated on their rationales for consuming research in their counseling practice. For instance, Claire indicated that consuming research is vital to proving the importance of her role as a school counselor:

I'm constantly looking for stuff, especially with school counseling. I mean, I think that we are constantly feeling like we have to prove our worth in the school. Especially in the county that I'm in. It's not a super progressive county. So, a lot of people are kind of like, "What do you do? What do you do all day if you're not teaching?" So, I'm constantly looking for different research that shows how important school counseling, counseling in general, is for kids.

Madison, on the other hand, shared that consuming research has “become such an integrated part of [her] practice” because “being an ethical practitioner is staying up-to-date.”

*Applying Research in Practice (General).* All eight counselors discussed the various ways they apply research in their work with clients as part of their overall use of research in practice. Participants talked about applying research in terms of the following nine subcategories: (a) using evidence-based practices, (b) talking about what the research says – with clients, (c) talking about what the research says – with colleagues, (d) informing treatment plans, sessions, and programming, (e) recalling research in sessions, (f) consulting with colleagues, supervisors, and other resources, (g) what some

participants are not doing, (h) needs and preferences for applying research in practice, (i) reasons for applying research in practice.

*Using Evidence-Based Practices (General).* All eight counselors identified using evidence-based practices as a means of applying research in their work with clients.

Several participants elaborated on the variety of evidence-based practices they used with clients, such as dialectical behavior therapy (DBT), cognitive behavioral therapy (CBT), and acceptance and commitment therapy (ACT). Madison, for example, talked about the various evidence-based practices she has used with different types of clients and across the different work settings in which she has worked:

I use DBT in every single check in...So, because I know DBT has been shown to be incredibly correlated with positive outcomes for both borderline patients who have a high correlation of having an eating disorder and eating disorder patients...Versus if I'm going to switch that a bit, what's actually been shown for those overcontrolled perfectionism patients is...radically open DBT. So, it's some form of DBT that I'm using in some way shape or form. Also, with...depression and anxiety being highly correlated, using things like CBT...But my practice also changes with my population...When I worked in domestic violence and sexual assault, I didn't use DBT anywhere close to the level I use it now...I was using psychological first aid. I was using motivational interviewing...

Other clinical mental health counselors discussed using similar evidence-based practices.

For example, Lucy said,

I would say that, especially with dialectical behavior therapy...I've tried to find the most research about [it] and there's a lot out there, so that's helpful. But, I guess, just using that with those types of clients that need [DBT], maybe some of the borderline personality clients that come in and going back and seeing, "Okay, well DBT is definitely one of the top treatments, if not the top treatment." And seeing all that research and then saying, "Okay, I definitely need to apply these because this is what is showing to be effective for these clients."

Similarly, Jillian noted that she has “incorporated [techniques] from ACT and even several attached-focused frameworks [because she] gets a lot of reactive attachment kids.” Another counselor, Julie, indicated that she used “child-centered therapy and child-centered play therapy groups” because of the large research bases for these approaches. Finally, Amelia reported that she was “recently trained in...motivational interviewing” and that she had been integrating this into her practice.

All three school counselors also indicated using evidence-based practices with students. Kirsten, for example, talked about using CBT with her students:

...I use a lot of CBT, just talking about what their thoughts are and how those might be rational or irrational and how we can change those thoughts and how they can apply that in their everyday lives. I feel like I use that a lot with [students] who are depressed.

Likewise, Claire also stated, “...if I’m working one-on-one with a student, depending on what they need, I’ll definitely use different evidence-based practices.”

*Talking About What the Research Says – With Clients (General)*. Seven of the eight participants discussed applying research in their practice by talking about existing research findings with their clients. Some clinical mental health counselors talked about how they talk to clients about research. Amelia, for example, said the following:

...occasionally it is appropriate...I enjoy sort of “nerding out” with my clients. I will say, "Okay, nerd alert, but let me tell you about your brain and what it looks like right now and what's going on in there." So, in small doses, I enjoy doing that.

Similarly, when asked whether she talks with clients about research, Lucy said,

I would say that I've done that, actually with some trauma research and like kind of the relaxed muscle body stuff and teaching them about that and showing, "Hey, this is a research scientific thing about your body, if you do this, that will be beneficial for you and help you calm down."

Madison also discussed some ways she has talked with her clients about research regarding eating disorder recovery and treatment:

So, I can give an example. Research shows that ED patients tend to have a double the rate of staying in recovery if they reach 100% versus 90% of their expected body weight that we have set for them. So, I might filter that down and tell a client that to back up the things we're doing as part of their treatment and I tend to know that or tend to know that clients tend to hit their phobic threshold at 90% of their recovery weight...And I might say that to a client or justify what's going on, like, "Hey research has shown that this happens to your body when you're refeeding, or this is why we're doing this, or this is why you need to complete your meal plan."

Additionally, Julie provided an example of how she has talked about research with her clients' parents:

When I'm explaining play therapy to parents, or trying to help get the caregiver to buy in to therapy for their child, that's a time when I'm like, "Okay, how do I put this? How do I adjust what I know about this thing [that is] evidence-based and effective into something they're gonna understand and something that they can connect to the concern that they have for their kid?"

Similarly, one school counselor, Claire, provided an example of how she has shared research with her students and how they reacted:

So, just recently, because I had gone to a conference just about the importance of movement...It was trying to say that having yoga in the classroom was really important for kids. Any type of stretching and any type of movement in the classroom. And so, I did a lesson on how [students] can move in their seats



without getting up, and so I just shared with them the research of what your body needs and what it does for your body when you stretch and what that does for your brain and for your learning. And so, when I do things like that, when I share that information with them, they always get really excited. 'Cause I'll say things like, "A lot of super smart scientists are doing all this work and all this experimenting about how great this is." So, they think it's really important.

Finally, Poppy also offered an example of how she talked with students about research related to testing in a developmentally appropriate way:

...towards the end of the year, we have the big SOL testing, so we do a lot of study skills and testing anxiety. So, I try to explain a lot of the things, like, "This is science, when you eat breakfast it helps your brain work better. If you get a good night's sleep, you're more likely to focus." I do a lot of the...third through fifth graders, a lot of times their anxiety or their worries, it manifests physically. So, tummy aches and that sort of stuff. So, I try to explain, "Your body sometimes feels that you're worried before you realize you're worried, and that's science."

*Talking About What the Research Says – With Colleagues (Variant).* Three

counselors indicated that part of applying research in their practice entailed talking about what research suggests with their colleagues. Kirsten provided an example of sharing research about trauma-informed care with teachers at her school:

We did, at a staff meeting a couple of months ago, a little presentation about [trauma-informed care], because they want teachers to be informed. And we're trying, I mean I feel like most teachers are pretty good about what to do with the students in crisis, but we kind of want that to be more uniform across the board if somebody is really sad or if they are having a panic attack.

Claire discussed how she similarly shared research with staff at her school as a means of applying research in practice:

I do some in-service presentations in my school on, I've done trauma-informed care, and I have done some in-service about incarcerated parents and the effects that it has on our kids, 'cause it's a really big thing in our school. And so just kind of talking about the research behind what it does to a kid. And so, "here's what it does to a kid, now this kid is in your classroom, what can you do?"

Finally, Madison discussed the different ways that she has applied research in practice by sharing about what research says with colleagues:

I throw out research statistics at meetings all the time...I tend to do this so that my clients are being served to the best of their ability because sometimes in a facility that's not happening... There are times when I will throw out research to the higher-ups in my facility to say that "this is how a client should be treated and I'm not willing to take anything less than that"...I love sharing tidbits of research I've seen with other therapists...if we see articles, we'll email or text it to each other. If we see a really cool thing we might come into work and talk about it with each other.

*Informing Treatment Plans, Sessions, and Programming (General)*. Seven of the eight participants indicated that they applied research in practice by using research to inform their treatment plans, sessions, and programs ahead of time. Madison, for example, provided insight into how both formal and informal research has guided her treatment plans:

Without paying attention to what's going on with my clients, my treatment plan is not effective or helpful in any way shape or form. So, if I'm not even using that informal research then I could be doing something that has nothing to do with them. So maybe in Week 1, their problem wasn't excessive exercising but all of a sudden, a bunch of other symptoms have gone away and now [excessive exercise] is an issue. If I'm not doing that informal research every week, saying, "How are you doing with x, y, or z," I would never know that. So, [research] definitely guides both my initial treatment plans and then how that continues to evolve over time. I also would say that the formal research tends to guide it much more

initially, and then I'll add in things from week to week as that being my framework.

Another clinical mental health counselor, Lucy, also reported that she used research to inform her treatment plans, particularly with regard to “setting goals and trying to figure out what things are most beneficial for [clients].”

Kirsten discussed how, as a school counselor, she applied research in practice to inform how she intervenes with students. Specifically, Kirsten provided the following example:

So, we recently did [a training] a couple of months ago, it was self-care [training] for us but it was also about how we can use self-care with our students. So, they are big into the square breathing thing...But we were doing that in the training ourselves, and then I use that a lot with our kids who may be in the middle of an anxiety attack and trying to calm them down. And that seems to really help. And we ordered a bunch of, I have like little stress balls and fidgety toys that they can use and that's what came from that training as well.

One participant, Amelia, indicated that while research did inform the way she approached treating clients, it was not always in an overt way. Specifically, when discussing how she applied research to practice, Amelia stated,

It's usually not in an overt way, right? It's just informing my, the way that I perceive a client or their presenting issue, the way that I build a framework, the lens that I look at clients and their issues...But then again, I don't know how concrete I can get with you about it. Yeah, I think that my knowledge of what works and what we know about people, all the research that I've learned I think has to inform the way that I approach treatment. Maybe not always in a black and white, step one and step two, sort of way, but yeah.

*Recalling Research in Sessions (Variant)*. Relatedly, three participants reported that they applied research in practice by recalling it as they worked with clients *during* session. For example, Lucy discussed how she has recalled research in her sessions with suicidal clients:

I would say [research is] kind of in the background. If something comes up and I'm like, "Oh, okay, where do I need to go with this?" Especially with, I guess another example is like with suicidal clients and trying to figure out the best practice for measuring, are they a threat at this moment? And looking at all of the research on that of what to look for and red flags... So it's definitely in my mind during sessions.

Similarly, Claire provided insight into what recalling research has looked like for her in her school:

I'm constantly using different things that I am reading or that I learned at conferences... So, anything that I learn through an article that I read or, I just finished a really great book about trauma-informed care. If I can use any of those skills or practices when I'm working with a student, or with a class, I mean, I definitely will use some of those skills or if I'm able to recall any of that information, I definitely will use that.

*Consulting with Colleagues, Supervisors, and Other Resources (Variant)*. Three counselors indicated that consulting with others about whether and how to apply research was an important part of applying research in practice. Julie, for example, talked about the ways she has consulted with others, including her supervisor and colleagues, before applying research she consumes to her practice. Specifically, Julie stated,

Currently I'm under supervision for my LPC license, so usually I'm thinking if I need to apply something, I am probably gonna to talk to my LPC supervisor about

how the rubber meets the road, where that information really, am I already doing what they're getting in this article? Or do I need to change anything I'm doing? Do they bring up a good point? I'm very critical, so I check with her a lot about checking to see how or if I want to implement something different. But also, again, I'm very cautious when it comes to changing, so I'll definitely talk to my colleagues about it if I think there's something new, like a new. Something recently was almost like a closing ritual for every session, like a transitional object at the end of session, which is not something I had ever done before, but I talked to colleagues about that and when I implement it...it's very rare that I'll change what I'm doing. I would say it's rare that I'm gonna just immediately change what I'm doing based on something I read.

Similarly, Poppy reported that she talks with colleagues before “deciding that [she] is gonna try something out.” Alternatively, Claire indicated that she has consulted with the book, *Making Data Work*, by the American School Counseling Association to determine “how to deliver [research] in a fashion that makes sense.”

*What Some Participants are Not Doing (Variant).* Two school counselors specified ways that they have not applied research in their counseling practice and elaborated on the reasons for this. Poppy, for example, discussed why rarely recalls research in her work with clients:

Especially as a school counselor, a lot of times I just don't have a lot of time to prepare what I'm gonna do when I'm with a student, because I don't know what to expect. I don't know what they're going to say, I don't necessarily know what their problem is, what they want to talk to me about.

Additionally, Kirsten indicated that she did not use research to inform treatment plans because she did not develop them for students: “...I definitely have my frequent flyers, but there are people who I see one time and then I don't really ever see them again. You know what I mean? It's just like, averting whatever crisis they are going through.”

*Needs and Preferences for Applying Research in Practice (Variant).* Two counselors spoke to what they needed or preferred to do in terms of applying research in their practice. For example, Lucy discussed the importance of understanding thoroughly and feeling comfortable with the research she consumes before applying it in her practice:

I mean I guess once I see like, "Okay, this seems to be a helpful thing that would work for my clients," something that sounds really good that is effective, is definitely making sure that I'm fully aware of the whole thing and not just taking a piece and running with it, but researching it fully. And then, in that way just, I don't know, I guess maybe some, I'm not sure how to go into that part, just using it when I feel comfortable with it.

Another counselor, Julie, specified on her preferences for the types of research she applied in her practice:

I am maybe even more likely to apply information from conferences than from a written journal article...I don't know why...it seems like I when I connect with the presenter and...meet them in person, and it helps to view them as trustworthy and to have context for what they're saying, that sometimes...you can't [get] from a black and white, written words on a page.

*Reasons for Applying Research in Practice (Variant).* Three counselors reflected on the reasons why they applied research in their counseling practice. Madison, for example, indicated that she applied research in practice because "if [she is] not advocating for [her] clients then no one else is going to." Madison elaborated on this reason, stating,

I've had some really, really hard moments where, because something is a policy and because I don't think that policy is in line with the best interest of my client based on the statistics, based on the research, based on the knowledge I have...I don't always win when I go to bat for them, but I'm not going to not mention it to [higher-ups].

Madison also reported that she applied research in practice as a means of normalizing and validating what her clients experience:

If we're doing research on something, then that means this is a big worthy question, and that in and of itself is really validating. If we have an article on it, it means, "I'm not alone in the world and other people feel this way. If there is a book written on this then somebody might be able to understand where I'm coming from." I think in a way, part of the reason why I love research so much, whereas other people might think it's really cold and sterile, is that it has the ability to make people feel less alone.

Another clinical mental health counselor, Amelia, also indicated that applied research in her practice in order to advocate for her clients:

So, in my role at the school, I'm often in a place of advocating for students and their stuff with the teachers and the administrators. So, I have used research to help kind of prove a point, so to speak, about what students need or appropriate ways of communicating with students presenting with trauma, for example.

Amelia also stated that she applies research as a way to "strengthen [her] approach and lens." Similarly, one school counselor, Claire, reported that she used research in practice via application "as a stepping stone to prove the importance of different programs and what [she is] doing" in her work.

***Engaging in Research in Practice (General).*** All eight counselors talked about their experiences of engaging in research methods and procedures in their counseling

practice. Subcategories related to participants' research engagement that emerged included (a) using pre-existing measures of effectiveness, (b) creating one's own measures of effectiveness, (c) other methods of data collection, (d) informal data analysis, (e) how participants use data they collect and analyze, (f) informally developing and testing hypotheses, and (g) what some participants are not doing.

*Using Pre-Existing Measures (Typical).* Six of the eight participants indicated using pre-existing measures, including surveys, inventories, and questionnaires, to collect data and assess client progress and evaluate their own work. Amelia provided examples of her current and previous agency's measures that she used to collect data:

I administer...an assessment that we just sort of developed in-house, so it's not necessarily evidence-based. It hasn't been tested in the population at large or anything, but we use that as a pre- and post- for all of our students to show progress on behavioral outcomes. Then we also track academics, like grades in core classes, and their attendance, and how many referrals they're receiving and track that over time as well to show progress. Other than that, when I was at the treatment center, we did use a screening tool, something related to attachment and developmental trauma...It was used as more of an intake, sort of, to see where a kid is when they're starting.

Julie also described various measures that she used at her agency to collect data on clients for quarterly outcomes that are conducted:

As an agency, we conduct outcomes quarterly that are different for the different age levels of people, so for the youngest kids, it's just two questions with pictures for answers and words that go along. But illustrated answers, multiple choice, and then by age group we do a different outcome survey at ages four to seven, ages eight to 13 is a separate survey, and then 14 to 17 is another separate survey, so that covers things like who they feel like is on their side...But there's some open-ended questions, also about coping skills, "what are healthy ways you can handle feeling angry?" And there are also some just indicators of their functioning or



symptoms they might be experiencing, or just emotions they might be experiencing, like, "I feel like I'm all alone and there's no one there to help me." Then, for some of those, it's a Likert scale, it's from rarely to all the time, or never, rarely, sometimes, often, all the time. But that's more for the teenager version of the, well, all the older kid versions have some sort of scales. It's does give us some pre- and post-results of if the counseling is helping them.

Similarly, Lucy provided insight into how she collected data using pre-existing measures to assess client progress:

So as far as...evaluating, I would say...I guess I do that a lot in the way of client progress and is there, are the methods that I'm using making a difference? Do I need to change something? So, doing those types of measures for how their symptoms are and if it's improving or worsening and try something different...I definitely do structured inventories, like depression inventory or anxiety inventory and then kind of track it for them overtime, with "Are we doing what we need too? Is this making progress for you? This was your score a couple of months ago, what do you think now?"...it's definitely something I try to keep up with.

*Creating One's Own Measures of Effectiveness (Variant).* Two school counselors indicated that they created their own measures to assess client needs and progress and their own effectiveness. Poppy discussed different measures she and her colleagues have created:

At the beginning of the year, we do a needs assessment with our teachers and staff, and ask ... it's usually Likert scale questions, about how they think our school counseling program is doing, what needs they think our students need more assistance in, where we are meeting all the needs of our students...So there's that. We did a student survey at the beginning of the year, to kind of gauge, especially with our older students, the fourth and fifth grades, to see how much they really remember from our guidance lessons, to see if they stuck, if there's a unit that maybe we should've focused more on, could've done a better job of letting it retain with them.

Similarly, Claire provided an example of a measure she and two colleagues created and some of the challenges they experienced. Specifically, Claire shared the following:

Me and the other two counselors in the county that are elementary counselors, we had an assessment that we use that we made up at the beginning of the year, and it goes...with the Caring School Community curriculum on whether or not it's beneficial, and so we gave it to the kids at the beginning of the year and we'll give it to them at the end. And so, we don't really use any formal assessments as much as we just kind of make things up as we go. 'Cause again, depending on the age level and because the assessment that the curriculum came with was 10 questions, and while we're doing it with second grade and my second graders are pretty low. Ten questions was too much for them. So, I had to cut it down to five because the first group that I tried it on with 10 questions, took me almost 45 minutes. And I was like, "Yeah, we can't do this." So, we had to cut it down to five questions.

*Other Methods of Data Collection (Variant).* Three participants identified other means by which they collected data in their counseling practice that did not involve surveys or questionnaires. For example, Lucy described using an electronic app called *Pacifica* to collect data about clients' moods. Lucy reported,

...I do use, there's an app, I do some mood tracking kind of things with clients. It's called *Pacifica* and they can put stuff in daily and we can go back and kind of see their chart on there as well, of just general mood checking. I guess that's another form of kind of collecting data on how they're doing and factors that are contributing to how they're feeling and what makes it better and worse.

Another clinical mental health counselor, Jillian, discussed some different methods by which she collected data on her adolescent clients. Jillian noted that she keeps "15-minute check sheets, so [she] can go back and look at the data of what the child is doing every 15 minutes and identify central triggers." Jillian also discussed using adolescent and pre-adolescent DBT diary cards as a way of collecting data "to try and work on [the client's]

target behavior.” Finally, Madison talked about how she perceived herself as always collecting data in an informal manner:

I tend to think of myself as constantly taking in data and information at all times, and synthesizing that. So, I kind of think of everything I ask a patient as being data collection and collecting to see if I want a question from them answered...

*Informal Data Analysis (Typical)*. Six of the eight participants described informally analyzing data they collected as part of their research engagement in practice. One counselor, Amelia, indicated that with the qualitative data she collects, she “look[s] towards trends” in the information. Likewise, Lucy also described analyzing data in a similarly informal manner:

I guess it's more of like...kind of checking to see, is there anything that's happening consistently for the client? Is there anything that could make it different? I definitely don't have a specific process of analyzing, more of just looking at it and talking about it with the client and seeing if they feel like it's matching up to how they're experiencing things. Yeah, or if anything just looks really concerning.

Madison provided an in-depth explanation of how she analyzed data she collected from clients. When asked how she analyzed data, Madison said,

So, I think the clearest example of how I do this on the most regular basis would be a behavior chain...I like to think of that as a gold mine of data...So, a client uses a behavior, that gives me my initial data. But then to go back and to gather more data with them as, “What were you thinking? How were you feeling emotionally? What were your body sensations? What were the events?” and then go back even further throughout the day. “What were your contributing factors? When did you first start having an urge? When did you act on that urge? Were you able to use skills?” All of that, feels like the most common way that I analyze data. And I do it with a client to help them also be able to do that for themselves.

One school counselor, Poppy, talked about collaborating with her co-counselor to analyze data. Poppy stated,

My co-counselor is really into data. And I am too, I'm just not as math-oriented as she is. So, she's really good at crunching the numbers and showing our usage of time... We look at it together, she's the one, she's good at taking the Excel sheet and making the chart. And when I see the chart... I can analyze that.

*How Participants Use Data They Collect and Analyze (Typical).* Half of the participants elaborated on the other ways they used the data they collected and analyzed while engaging in research in practice. Amelia, for example, described using her own data “to inform when the new client comes in, how they fit in to sort of the culture of the school, or normalizing [what the client reports], or dealing with things that fall outside of the norm.”

Similarly, Claire discussed how she used her data as a part of her professional portfolio. Claire stated,

In the county, you have to do a portfolio that shows some type of professional growth, and they want numbers. They like data. And so, every year, I've done something different and collected data on my counseling program as a whole. And so usually the easiest way for me to do it is to focus on one grade because focusing on over 400 kids is just too much. So, I usually do about a 100 kids and we'll do a survey about my counseling program, and what they feel like it provides them and do a beginning of the year survey and I'll collect that data, put it in a spreadsheet, and then do it at the end of the year and kind of compare, and provide that information to my principal in my portfolio.

*Informally Developing and Testing Hypotheses (Typical).* Five of the eight participants indicated that they informally developed and tested hypotheses about their

clients and described what this looked like in their practice. Madison, for example, reported that she developed and tested hypotheses “all day every day.” Madison elaborated on this by providing the following example:

So, I had a particular client who had childhood sexual trauma. And I had this really interesting hypothesis that she, and she also had some childhood trauma related to being neglected...by her father. So, this repeated pattern of, “I can’t trust males.” But then I saw her constantly seeking male validation. And its connection to her eating disorder, and then I also saw this interesting pattern, that it seemed like her purging came late at night and it came around very specific times, where she was not doing things with other people, for example. So, I might have the hypothesis, so maybe a really large vulnerability factor for her was loneliness. So, I might ask about that. Or, I think if I might have a hypothesis that maybe this is linked to loneliness and then she provides this extra data and then this extra data is what brings up, “Okay so I’m hearing being alone is really hard for you.” So, to test whether that’s really a thing or not. So, for her it was interesting because some of that data that led me to think that is that when she would when the sun would go down she would start to drink really heavily. And that’s when she would start to binge and purge. Or, she seemed to binge and purge less and drink less when she had a significant other. Or, when she would, toward the end of treatment she would distract herself by signing up for these online apps, and she would have like data every single night. And her bingeing and purging would decrease when she had these things to do. And then when they didn’t work out, binge/purge. So, it’s these hypotheses, a lot with eating disorders, it’s kind of like, “I wonder if this is a specific vulnerability for you that we need to work around” Or, “I wonder if this is a contributing factor for you? Or, “I wonder if my patient is having a really hard time tolerating x, y, or z emotion or body sensation.” I was just thinking that sometimes that comes from a hypothesis that can’t necessarily, it takes a lot of insight to be confirmed...Or, they could prove me wrong and maybe they’re not lonely and that’s not their contributing factor.

One school counselor, Claire described how she used behavior plans as a means of developing and testing hypotheses in her practice. Specifically, Claire said,

Some of the behavior plans and stuff that we come up with, I’m hoping that providing them with a certain incentive will allow for a certain behavior to kind of

decrease...for instance, I have a student who just has a really, really hard time not calling out and he just makes noises. It's all attention seeking behavior and so for me, it was figuring out the function of the behavior...He's a really, really smart kid. He's in the gifted and talented program, and so getting with him and coming up with a behavior plan of, "Okay, so what you're doing in class is not working. You're getting kicked out of class so you're not being successful so we gotta do something." And so, working with him one-on-one, what can that be? And so, we came up with a check system where his teacher carries a timer around her neck and will, if they're doing individual work, she'll click on the timer and he does this for five minutes at a time. If he can go for five minutes at a time without calling out or without making disruptive noises, he'll get a check. So, he goes for a little, five-minute increments, and then at the end of the day, he counts how many checks he has and he can turn his checks in for prizes in my room. I have a little prize store. So, I kind of use that as a, "Is this gonna work? Is providing him these incentives, or, is five minutes gonna be too much time? Do we have to cut it back to two minutes? Do we have to cut it back to one minute? Because is asking for him for five minutes too much?"

*What Some Participants are Not Doing (Variant).* Three counselors specified what they did not do in terms of engaging in research in counseling practice. Madison, for instance, indicated that she was not currently collecting data to answer larger research questions in a more systematic manner because she believed that in her current facility, "there's not really a whole lot of formal data collection [she] can do." Similarly, Lucy also reported that she was not sure whether "researching something on [her] own" was something she "engage[d] in too much" because she focuses on treatment. Additionally, when asked whether she develops and tests hypotheses, Lucy stated, "I don't know that's something I do. I'm trying to think, I mean not that I'm aware of at least. I'm trying to think what that might look like, but I don't think so." Finally, a school counselor, Kirsten, stated, broadly, "So, I feel like I am really uninteresting when it comes to research. I

don't feel like I do a lot of research or peruse a lot of research" in addition to reporting that she did not collect data from case notes or other any other sources.

*Disseminating One's Own Research (General).* Seven of the eight participants described ways in which they did and did not disseminate the research they engaged in via data collection and analysis. Subcategories that emerged related to counselors' dissemination of research included (a) with clients, (b) with colleagues, (c) with trainees, (d) with others, and (e) what some participants are not doing.

*With Clients (Variant).* Three counselors reported that they disseminated findings from the research they engaged in to their own clients. Lucy, for example, described how she disseminated information to her clients based on previous clients' progress. Lucy said,

The only thing that I do is talk about it with the client and maybe just give like a general statement of like, "Oh, this is what other clients in your position, this is kind of how it progressed for them." ...But not like any formal reporting my notes or anything like that. But just, practice based.

Additionally, Jillian indicated that she "mainly...just shares the information [she collects] with [clients'] parents and their outside providers so they can continue working with them."

*With Colleagues (Typical).* Six of the eight participants indicated that they disseminated research they engaged in to other colleagues at their work settings. Participants identified a variety of individuals with whom they worked as people with

whom they shared their research results. All three school counselors described how they disseminated their results to various colleagues at their schools. For example, Poppy said,

We share it with our administrators, and we share it with all our staff. So last year, we did a mid-year and end-of-year, and this year we're doing every quarter. And we shared it with our superintendent, and he was pretty excited.

Similarly, Claire reported,

I share it with my principal, share it with my assistant principal, definitely school board office, 'cause they're the ones that are paying for the programs. A little bit with faculty and staff, just because I kind of implemented this program with them so I want them to kind of see if it's working or not. When I do different little behavior plans with students, I'll definitely share that with teachers of, "Hey, this is working. Let's keep doing what we're doing." Or, "No. Not working."

Kirsten also described how she disseminates the information she collects through her own research engagement in practice. Kirsten stated,

So, [it] is shared with our school improvement team. And I don't really know what exactly they use it for...I think it's just, "This is what our school counselors are doing this month and this is how many kids they've seen," and there's a big push, you know, for mental health right now, I feel like, in our county, just because of all the gun violence and the suicide rates are going up...and I think they really want to see us see a lot of kids.

Finally, a clinical mental health counselor, Jillian, described how she disseminated the research she engaged in as a part of her practice. Jillian noted, "As a team we share it...We do a multi-disciplinary approach, so I work with a psychiatrist and a social worker to make sure that we're ensuring the patient gets the best care."



*With Trainees (Rare).* One participant, Claire, indicated that she has shared her data and results with graduate students she has worked with. Claire stated,

I have a couple graduate students from [university] that come and do some volunteer work for me, so I'll chat with them about it because sometimes they'll come in and I'll be running around crazy. And they're like, "What's going on today?" And I'm like, papers everywhere and they'll be helping me organize things and put things together. So, with them, yeah, I'll talk about it sometimes. Especially at the beginning when I was putting all of my data into a spreadsheet, and they wanted it all in a Google spreadsheet and I was not really familiar with Google and so I'm like, "I don't know how any of this works." And one of my volunteers was like, "Oh, I'm great with Google. Let me show you." And so, with her, I shared a lot of the information and some of the findings just because she was looking at it and was like, "Oh, this is interesting. What's going on?"

*With Others (Variant).* Two participants described other ways by which their research from practice was disseminated. Amelia, for example, provided an example of how her results were disseminated to funders of her agency:

Yeah, so, I get [reports] on an individual student basis, like what the student's specific progress is, but I also get it as like a report about the general trend of my caseload and how they're doing. That report I send to the principal of my school every quarter or every end of the grading period. Then that whole, sort of, total also gets combined with the progress of every student of every school. [My agency is] on like 60 something campuses, and all of that gets compiled to show our funders how we, as a team, are, how effective we are at meeting our students' needs. So, like at a pretty macro scale it also gets compiled that we share with funders and things like that.

*What Some Participants are Not Doing (General).* Seven of the eight participants identified the ways that they did not disseminate the results from the research they engaged in as a part of practice. Additionally, some participants noted ways they hoped to disseminate their own research moving forward. Several counselors specified that they

had not presented their research at professional conferences or in graduate classes.

Amelia, for example, stated that she did not present at conferences or in graduate courses because she was “sort of like [a] boots on the ground” person and “less of a presenter.”

Similarly, Julie indicated that while she had not yet presented at any conferences, she planned to “one day.” Finally, a school counselor, Poppy, indicated two ways in which she had not disseminated her research. First, Poppy reported that she had not presented at conferences, but that “it would be cool” to do so. Additionally, when asked whether she disseminated her research via social media, Poppy stated, “I haven't, but I'm gonna try to stretch myself and get more into the school counseling social media world. Cause there's a lot of good things going on there.”

*Impacts of Using Research in Practice (General).* All eight counselors discussed how they perceived using research as impacting their counseling practice. More specifically, each counselor indicated that they believed using research positively impacted their work with clients. For example, Madison described how using research helped her to be an effective counselor. She stated,

I would say if I'm not doing research then I'm not doing my job...If I'm not doing or consuming or distributing research then I am not being ethical, I am not keeping up with what I need to be a practitioner who is informed, I am not educating my clients, I am not empowering them, I am not advocating, I am not being all the things that are guidelines for the job of a counselor.

Similarly, Julie reported that using research impacts her counseling practice by helping her to remain ethical and within the realm of her professional counselor identity. Julie said,

For me, personally, I think [using research] helps me to remain in the standards of what is ethical in counseling, of what is technically counseling and when it's something else, like life coaching, or I think it keeps getting that specific professional relationship with the professional boundaries, when I might tend toward more of a dual relationship of a friendship or a teacher or something else. I think that learning from research about how the professional relationship, how we do that and how it's one of the most important, I would say the most important, agent for change...Research helps me to know that everything that I'm doing to develop that professional relationship is critical and is the foundation of any of the other work that can happen, any of the other helpful things, first the relationship is there. I think without the research on that it might be hard to stand up and say, "No, me having a consistent playtime with your kid will help them." It gives me some confidence. Like I said, I think it keeps me in the bounds of what is helpful to the client and kind of guardrails...

Another counselor, Claire, talked about the positive effects using research in practice has had on her students and counseling program as a whole. Claire said,

If it wasn't for the research that I have or that I do, I don't think that the counseling program at my school, in particular, would be as successful as it is, and I think that it's really beneficial for the kids. I think it impacts them a lot, it provides them with a lot of different things and I think by using the data that I have found. For example, a lot of my kids weren't getting food on the weekends and so I was able to collect data on a number of kids that weren't getting food on the weekend and I was able to provide it out into the community and the community decided to provide them with weekend bags. And so, now on Friday, they get a bag to go home with and they have food on the weekend. So, without collecting that data and being able to prove, "Hey, I've got 120 kids that are going home on the weekend and saying they don't have food. What can we do?" I think it makes a big difference.

Finally, Jillian described how using research has influenced both her practice and her clients:

I think that using research with my clients allows me to be more effective with them and allows us to reach the goals that they need to reach, and it allows them

then to basically go back into society. 'Cause as I've said, the kids that come in, come in because they're at imminent risk to themselves or others.

## **Research Question 2: How Do Master's-Level Counselors Describe Their Research Training Experiences as Influencing Their Current Use of Research in Practice?**

The second domain, research training experiences, emerged to provide insight into the second research question about master's-level counselors' experiences of research training and the ways these experiences influence counselors' use of research.

**Domain 2: Research Training Experiences.** This domain describes participants' research training experiences as undergraduate and master's students. Participants also offered suggestions that they have for master's counseling programs and described their perceptions of how their master's research training impacted their current use of research in practice. Seven categories, each containing multiple subcategories, emerged within this domain. These categories included the following: (a) undergraduate research experiences, (b) master's research training experiences, (c) strengths of master's research training, (d) weaknesses of master's research training, (e) research-related expectations experienced by participants, (f) impact of master's research training on current counseling practice and (g) suggestions for counseling programs.

***Undergraduate Research Experiences (General).*** All eight participants discussed the experiences they had related to research as undergraduate students, including courses they completed. Some participants also discussed other research experiences in which they engaged and their perceptions about the influences of their undergraduate research experiences. Three subcategories emerged within this category: (a) research-specific

courses and assignments, (b) other research experiences, and (c) influence of undergraduate research experiences.

*Research-Specific Courses and Assignments (General).* All participants described courses and assignments related to research that they completed as undergraduate students. Each participant discussed taking a research-specific class at their undergraduate institutions. Additionally, some participants elaborated on memorable research assignments they were required to complete in these courses. Madison described taking an intensive undergraduate research class. She stated,

In undergrad, one of our requirements for graduation was to do a behavioral statistics and research course...So, it was a three-hour class and then an hour or two-hour lab. And then second semester, it was a three-hour class...it wasn't a one class thing. Because the lab met several times a week and what you did in the course was learn about statistics, you learned about research, you learned about methods...it was all psychological research and statistics. And so, in the lab you learned the basics of SPSS, and learned how to take those research methods and actually do them. So, you learned how to do the easy things, do you learned how to calculate mean, median, mode. And so, first semester it's very much heavy knowledge base, it's learning how to do basic statistics, and then more complicated statistics is learning how to use the statistical program. Second semester you go onto harder statistics, you learn how to do those, but during this whole time, so first semester you come up with a research concept and submit it to IRB...you gather data, you come up with a plan, you do a lit review. Second semester you continue on with that process. You design your measure if you're using your own measure. I did a Likert scale, so I didn't have to design my own measure, but I had to design my own questions and my own test...I distributed it, I got data, I got it back, I analyzed it, I wrote a final paper on it. So, like you would do with peer-reviewed research...and I had to present it to my classmates.

Other participants described engaging in similar courses and assignments. Some participants, however, described negative experiences. Claire, for example, shared the following:

In undergrad, I did two classes and it was a full year of a research methods class. And I'll be honest with you, I absolutely hated it. It was awful. It was a lot of computer work like SPSS work, and I just hated that. But I did a research project, collected data on campus, and then at the end of the two classes, presented my findings to my class...And I can't even remember what that was about either. I mean, it was a very intense class.

Additionally, Claire further noted, "I do remember my undergrad class being way, way more research intense than my graduate class...It was just difficult, it was hard. So yeah, my undergraduate research methods class was way more difficult than my graduate class."

Julie also described her undergraduate research course, which focused more on research consumption. Specifically, Julie said,

When I was in undergrad I studied communications disorders, so we did a course on research that was designed to help us read and consume emerging research. They had us do a...literature review on a topic, a really in-depth project, and I thought that that was my first real training in anything related to scholarly research...The literature review was a very involved process that we worked on for the entire semester.

Finally, Poppy described taking multiple research courses and completing several research papers due to her double major in sociology and human development and going to a research-intensive university. Poppy stated,

So, for both my majors, for sociology and for human development, especially my senior year and probably most of my junior year classes, which I was in those upper level courses, I think I had to do a research paper for every course. And then I had to take two research methods classes, and had to take the human development one and the sociology one...

*Other Research Experiences (Rare).* One participant, Amelia, gained research experience outside of the course she took as a psychology major. Amelia shared the following experience:

I had probably more exposure to [research] in my undergraduate degree...I kind of had the same courses as a part of [my master's] degree program, but I also had the opportunity to conduct research under the supervision of a professor and her graduate students. So, I was sort of hands-on with the research. At that point, we were doing a meta-analysis and then we were also conducting several human participant studies...

*Influence of Undergraduate Research Experiences (Variant).* Two counselors discussed how their undergraduate research experiences influenced their current interest in research. First, Madison indicated that her initial interests in chemistry and the experiences she had in this area of study influenced the value she placed on research. Madison said,

I started off in hard sciences, so I was a chemistry major. I actually, non-therapeutic research experience, I am actually very experienced in research when it comes to hard sciences. So, all of my electives in undergrad were filled up with chemistry and other hard sciences because I switched [majors] half-way through. I think maybe that's what gave me a little more passion, is that chemistry is like, you do experiments, you do the research, you collect the data. That's probably what makes me so, like, "Data is really important!"

Similarly, Amelia noted that she believes the hands-on research experience she acquired as an undergraduate student "belies [her] interest in [research]," that having just "dipped [her] toe in it for a bit" positively influenced her research interest.

*Master's Research Training Experiences (General).* All participants talked about their research training experiences from their master's programs in counseling. Most participants shared about research classes they took, including memorable assignments they completed, in addition to how research was infused throughout their training programs. Some participants also specified what they did not do related to research in their training programs. This category included the following three subcategories: (a) research-specific courses and assignments, (b) research infusion throughout the program, (c) what participants did not do.

*Research-Specific Courses and Assignments (General).* All eight participants indicated that they took at least one course dedicated to research in their master's programs. Participants' experiences of their research courses ranged from enjoyable and helpful to unmemorable. Additionally, some participants noted that their graduate-level research courses were less intensive than their undergraduate research classes. Madison commented on the positive experience she had in her master's research class:

...we took a research and statistics course, which I think I was the only person that was excited about it. And it was a basic review of the earlier research in the field, that type of thing, but it was not anywhere as intensive as what I did in undergrad. But because I did that during undergrad I just felt really prepared for grad school. And not only do I love research, I should have added that I love statistics. So, I actually found that enjoyable. But that was the extent in grad school, just that course.

Madison also described a memorable assignment she was required to complete for her class:



...we had to do lit review research kind of thing... that was actually a really extensive project...So, we did that and along with, we had to create a research poster and then present it to the faculty...I was super nervous the entire time, I did not want to do that at all. And it ended up being a really good experience because I remember going through and being like, "I've got this imposter syndrome, I don't know what I'm doing," and then someone came and asked me a question about my research and I was able to answer them, it was a moment of, "I'm not faking this. I know what I'm talking about and I did really hard work researching this..."

Similarly, Poppy described her one graduate research course, which was online and offered by a different department. Poppy noted that her master's research course was helpful because it allowed her to deepen the knowledge she gained from her undergraduate research classes. Poppy said,

...in grad school we did research methods as well, that one course...I think I had honestly gotten a lot of the training from my undergrad classes. I didn't feel like it was really ... at the time, I don't remember it feeling like I was learning something brand new. So, I think that was helpful, and then just kind of took a took it deeper and applied it more to the counseling education. I think it was research for education, I'm not sure if it was specifically counseling, now that I'm thinking about it... I think it was the only class actually...was outside of our department. And it was online...

Claire also reported on the research course she took as a master's student:

In graduate school, I did, I think it was one research class...And it focused mostly on informal research because of counseling, I mean, it's hard to kind of do formal research. It was kind of a really group driven class. We did a group research project.

One counselor, Jillian, indicated taking multiple research courses. Jillian said, "I had two [research courses] during my graduate program, so it...tried to be research focused."

Jillian also described one assignment that required her to “set up [her] own experiment” and “write a research paper on it.”

Alternatively, one counselor, Kirsten, expressed that the research course she took as a master’s student was not memorable to her. Regarding her master’s program, Kirsten stated, “I’m trying to think about what all I took...[I] went to [university]...But I don’t know if we took a research class...I feel bad that I don’t remember anything about [my] research class.”

*Research Infusion Throughout the Program (Typical).* Five of the eight participants experienced research as being infused in various ways throughout their master’s programs, including through other courses and assignments. Lucy, for example, described how research permeated her training program. Lucy said,

...we really only had like one or two courses that were specifically focused on research, but it definitely was something that was incorporated to everything else, as far as doing research projects, research papers, it was definitely a big part of all of the other courses, even though it was only like one class that was called research methods. But everything else was really incorporated. And I would say it was a really big factor in the program and our professors were all very focused on it.

Madison also felt that the faculty in her master’s program effectively integrated research throughout the curriculum, including via experiential activities. Madison elaborated on this, stating the following:

...that’s one thing that I think my graduate school is really skilled at, was weaving in these research studies and weaving in evidence-based practices into every single thing we did. So...not only did they present research...they just weaved it into everything we talked about. So, “why do we do it this way? What is research

about substance abuse?" I remember so many random statistics from grad school, it was just in everything. I remember marriage and divorce rates, I remember percentage of effectiveness, I remember lots of things. And they did this cool experiential research of, when we would talk about things like assessments they would have us take the assessments. So, I thought that's really cool...and I know that's a loose way to look at research, but I think part of research again, as part of collecting data, is if we're going to use something, we need to do the research behind it to see what that thing is like to do. So, for example, I had to take the Myers Briggs and the Enneagram and the MMPI and the SASSI. I had to do a lot of things that we ask our clients to do in order to know what that's like to do them, so I can inform clients.

Relatedly, Jillian described how research was part of the culture of her program. Jillian said that the faculty in her program "would go back to the research in all the other courses" and "talked about [research] frequently." Jillian also stated, "We actually had people in my cohort that did go to present at conferences."

*What Participants Did Not Do (Variant).* Two participants specified different ways they did not receive research training or experience during their master's programs. For example, Amelia described some experiential research opportunities that she did not pursue as a counseling graduate student. Amelia said,

I really wasn't super involved in any actual research happening on campus. I'm even trying to think of a time where I was involved in a study even as a student or anything, but I don't think that ever happened...We had a thesis option in our master's program, but it was not required. So, I chose the route without the thesis since it wasn't required, and it felt like at the time, "Well, why would I do more work? What's the point? I'm not interested in pursuing a doctorate." So, I didn't do that route, and probably if I had done it or if I had been required to do the thesis project, my exposure to research probably would have increased.

Another counselor, Kirsten, similarly noted that she "never did...individual research with a professor or anything like that."

***Strengths of Master's Research Training (General).*** Seven of the eight participants identified various strengths associated with the research training in their master's programs. These strengths were captured in the following three subcategories: (a) connecting research to practice, (b) teaching research consumption, and (c) other miscellaneous strengths.

*Connecting Research to Practice (Typical).* Five counselors believed that a major strength of their master's research training entailed their programs connecting the dots between research and practice for students. Madison, example, explained that a strength of her master's program included illustrating what research in practice looks like and that it does not have to be formal. Madison, stated,

One of the things that grad school helped teach me was that research doesn't have to be so formal...I remember a specific chapter where they were talking about ABA design research, and it was looking at how a therapist had made a chart of how much their client was smoking. So, I think I just extrapolated that into, "Research doesn't have to be what I did in undergrad where I sit down and get an IRB and I do all this formal research...it can be as easy as 'what is my client doing?'"

Similarly, Claire, indicated that one of her program's strengths related to research training was reframing for her what research in counseling entailed. Importantly, for Claire, this new approach to research in counseling decreased her fear of research and increased her efficacy. Claire stated,

I think when I first started graduate school and saw that I had to take a research class, I was like, "Oh my gosh I can't do this again." Because I had such a traumatic experience with my undergrad research methods class. And so, I went into the class thinking, "This is gonna be awful." The teacher was really big on,

"You can use research for what you want it to be. Research can be whatever you make it, you just have to figure that out." And so, I really appreciated that because my undergrad was really, it was almost like strict, like, "This is what research is. This is what it has to be. There's no in between." And so, I felt very confined and I always felt like I was doing something wrong, and I felt like if I didn't get certain numbers or certain outcomes, it was wrong. And I think in my graduate program, it was more of, "It is what it is. If your numbers are not significant, then they're not and that's okay to use it for what it is." And so, I think that was a big, big difference for me, and I appreciated that because then I was able to appreciate the actual research more. I was able to look at it more and understand it better 'cause I wasn't petrified of it...

For another participant, Poppy, her program's research training strength lied in encouraging students to pursue research topics that connected them to their clinical interests. Poppy explained,

One thing that was really helpful for us was...a lot of times when our professors assigned research papers or research projects, they encouraged us to apply it or look into something that we wanted to do when we graduated. So, a lot of the research I did in grad school for those papers and those projects, because I knew I...wanted to work with students in schools that there were a lot of non-English speakers, or English was their second language, that had recently moved to America, or were newcomers in that way. So, a lot of the research that I did back then was about immigrants in schools specifically, or about children or adolescents, because I kind of had an idea of what population and what setting I wanted to work in. So, I think that's a really helpful thing.

Finally, Lucy explained that her counseling program's research training strength entailed instilling in her an importance of research in all aspects of counseling. Specifically, Lucy stated,

I definitely appreciated that they incorporated [research] into, probably literally every course, whatever it was, we still had something in each course that was like, you need to stay focused on research and use that for this project and for this paper. I definitely appreciated that it was throughout everything, as opposed to

just being isolated to one or two courses. I think that was a really beneficial thing, really, I guess it instilled, “This is important, and this is going to be a significant part of what you're doing, no matter what you're doing with your counseling degree, this is involved somewhere.”

*Teaching Research Consumption (Variant).* Three participants, all clinical mental health counselors by training, felt that their counseling programs also excelled in teaching them and other students how to be effective consumers of research. When asked what she appreciated from her master’s research training, Amelia said,

In my master’s program, we had a research methods course and we also had a statistics course. So, I think taking both of those classes helped me to be more literate when I'm reviewing journal articles and things like that. I understand the physical analyses and things that they're talking about, and understand sampling, and all the factors that go into good research. So, I think that it made me literate...I think it makes me a better consumer of it.

Similarly, Julie discussed what she most appreciated from her master’s research training in terms of learning to critically consume research. Julie identified the following:

Learning to just understand what the sections of...the article are gonna look like, and...where to start, how to read it, how to interpret an article...I think it was helpful to focus on understanding the population that was considered and some of the issues with previous research, like why research from the past is limited. Maybe it was only studied on white males, or what some of the historically flaws in scientific research have been and how we need to read critically to see if new research that's coming out is more representative of either the population you're trying to serve...

Finally, Jillian spoke to her counseling program’s emphasis on teaching students to be effective consumers of research. Jillian said,

I think that the goal of [my program] was not just to train us how to do the research, but to be good consumers of the research. So, ensuring that we understand, you know, good study versus bad study, that we can really read and understand the information as it's presented to us...

*Other Miscellaneous Strengths (Typical).* Half of the participants named other various strengths regarding the research training they received in their counseling programs. Jillian, for example, identified having an opportunity to complete the research process from start to finish through her class assignment. Jillian said,

I appreciated, probably, the support of the instructors, and being able to have the resources on campus to do this, to gain kind of a better understanding [of research]...I think the biggest thing was just being able to see how the entire process works, and being engaged in that, probably one of the most, well the biggest thing I got out of that.

Another participant, Julie, spoke to learning about new types of research that she did not know about. Julie said that she appreciated “also learning about qualitative research...which was interesting because she “wasn't even aware of it before taking that class.”

*Weaknesses of Master's Research Training (Typical).* Six of the eight participants noted weaknesses regarding the research training in their counseling programs. These weaknesses were captured in the following two subcategories: (a) lack of hands-on research experiences and (b) other miscellaneous weaknesses.

*Lack of Hands-On Experiences (Typical).* Half of the participants felt that their programs lacked opportunities for hands-on research experience and that these opportunities in their training would have been beneficial to them. Lucy indicated that her

master's program did not require her to complete a hands-on research project through which she conducted her own research, which she had to do as an undergraduate student. Lucy elaborated on why she would have appreciated this being a part of her graduate research training:

So, I guess something like that would have been helpful, to choose a topic based on clinical practice and go from there. I think that's helpful just so that you fully understand the research process. Even if you're... not really interested in going and doing research on your own, but just to get that feel for like, "Okay, this is how it works, these are the steps, you start here."...I feel like just knowing that process can be helpful and just knowing how you get the research in the end...But I guess, to me, I think that's helpful just to know. Experience it and just say, "Oh, okay, well this is what this is like," so when I go and maybe read some of these research articles in the future, I have an idea of this is probably how they went through this.

Julie also discussed this limitation from her master's research training and indicated that it would have been helpful to collect and analyze her own data. Julie said,

I do think it would have been helpful to not just learn about the different methods of data collection, but to actually try to collect some data on something and analyze it. Whereas we were just, again, doing the literature review type of paper. We didn't practice the nuts and bolts of how hard it is to try and collect new data...What does a review board require before you can do research? I don't feel remotely capable of starting up a research project right now because I feel I wouldn't know those beginning steps, it was all about digesting research and there was no, "Here's where you start if you want to do it." Maybe that wasn't appropriate for the level, but at least now I'm curious. I feel that was missing.

One school counselor, Claire, felt that a limitation of her master's research training included not receiving hands-on research experiences in her field placements (i.e.,



practicum and internship). Claire expressed that she wished her practicum and internship sites had provided her with experiences to engage in research. Claire stated,

...I think when I got out into being on my own, and they said, "Oh, you have to collect data, you have to do this." I was like, "Wait, what? For what? Why?" And I didn't feel comfortable doing it on my own, so I kind of felt cheated because I did have practicum, I did have an internship, but I didn't have those experiences and I'm like, "Well, why? Did they? Were they doing that?" And I just didn't know. And so yeah, I wish I would have known a little bit more about what they were doing.

*Other Miscellaneous Weaknesses (Typical).* Half of the participants discussed other various weaknesses pertaining to their master's research training. These weaknesses ranged from specific limitations about participants' research courses to more general limitations about participants' research training as a whole.

For example, Poppy reported that her research course "probably would have been better as a not-online class, especially for grad school" because she was "just not a great online student, so it probably wasn't as engaging as it could've been." Claire also spoke to a specific aspect of training she did not receive that would have been helpful to her now. Claire said,

...I just wish I had had more training on using different software and different programs for keeping track of my data. I'm not a strong Excel user. I'm not a strong Google Docs user. And so, I wish in graduate program that they kind of would have emphasized the importance of keeping up to date with different technology programs.

Julie expressed that she did not have enough support around using research in practice as a graduate student and that it was unclear how to use research in practice after learning initial counseling methods. Julie said,

It was unclear, it's still unclear, how to incorporate research into practice after you've learned our initial methods...Other than knowing what type of counseling method am I gonna choose to use for starting out with, then what impact does research have on how I work? It was unclear...how to redefine, or if you decided to change to using a different theory or different setting, how would you bring research into that choice? Would research even be part of that choice?

Finally, Kirsten indicated that a limitation of her counseling program's research training was taking the research course with trainees in other counseling tracks/specialties.

Kirsten said, "...maybe it would have been helpful to gear...it towards school [counseling]. Maybe that would have helped it stick in my brain a little bit more."

***Research-Related Expectations Experienced by Counselors (General).*** All participants described the expectations related to research and research use in practice that they experienced in their programs and field placements. Three subcategories emerged, including (a) expectations in field experiences, (b) faculty members' expectations, and (c) unclear expectations.

*Expectations in Field Experiences (General).* Seven of the eight participants described the expectations related to research in practice they experienced from staff and supervisors in their counseling practica and internships. Most participants indicated experiencing low expectations related to research from staff at these sites. For example, Madison noted,

My practicum and internship site was the same place...at [previous work setting]...I was really lucky to have a supervisor who had a Ph.D., and she was amazing. Just wonderful. And so, me and her would talk about research, back and forth, but it was never expected that I necessarily needed to consume my own research...That being said, to work at this...site, I had to go through a 20-hour training based on best practices and evidence based research...about domestic violence and sexual assault, the court system, the different forms, all of that stuff. So, it required, probably, extra stuff than other people's internship sites required from them.

Another clinical mental health counselor, Lucy, noted that she did not observe specific expectations related to research at her practicum and internship sites. Lucy said,

I don't know that [research] was something that was specifically discussed. Maybe somewhat like when doing supervision, if we ran into something during one of the sessions and then talked about it in a supervision group, they would definitely bring up some things, like, "Hey, maybe about this, how about trying this, or maybe you should do this instead, this might be more beneficial." I guess it came up more in the way of supervision as opposed to upfront like, "Here's the guidelines, we would love for you to do these things."

One school counselor, Claire, expressed that she did not experience heavy expectations to use research in practicum and internship, though she did gain some practice doing so.

Claire stated the following:

In practicum and internship, there wasn't a heavy expectation of using research. I can't recall any time that I really, well, I guess, I did an internship at a high school with a senior counselor, and I did a survey. I worked with the seniors and I did a survey about after high school plans, about who was going to college, military, working, so that I could put together a presentation based on that information. And so, I mean, I used that a little bit there.

Similarly, Amelia reported observing some expectations related to research in practice, though these were not the primary emphasis of her field experiences. Amelia stated,

I definitely got the impression and experience of understanding how research impacts client progress. That was always a present piece and, depending on the supervisor and their approach in the way they approached supervision, for example, the way that played out in my actual work with clients was different. But I think the emphasis, which I guess is a good emphasis, was basically just on building your relationship-building skills and your trust-building skills, like, definitely that was the primary emphasis, even throughout my internship.

One counselor felt that their field placements sites communicated more prominent expectations related to research in practice. Jillian described the expectations about research she experienced at the facility where she completed her practicum and internship. Regarding what was expected of her, Jillian said, “I guess, again, it's that best practice is to use the evidence base to make sure that you're understanding why you're doing what you're doing, and not just using anecdotal evidence.”

*Faculty Members' Expectations (Typical).* Five of the eight participants described the different expectations about research that they experienced from faculty in their training programs. Most participants indicated experiencing clear expectations regarding research as an important part of counseling. Lucy, for example, reported that the faculty in her program emphasized the importance of using research. Lucy said,

I would say that it was probably one of the most important parts. So, of course, they would talk about relationships with clients...and the research aspect being pretty closely related to that, of just wanting to use that and make sure that you're on the right track of what the client needs and is best...a lot of our professors

were just really adamant that we use [research] and continue using [it] and not be like, "Oh, well this is just something we need to have in our program just for writing a paper," and then, "Oh we don't need that," later...and it didn't feel like, we just want you to do research and then write a paper and then just go from there. They really wanted us to even research things that we were wanting to try to put into practice once we graduated...

Similarly, when asked about her faculty's expectations related to research, Claire said, "...my professors were pretty, they expected it a lot. For almost anything it was, 'Where did you get this from?'" Jillian also identified what was expected of her in terms of using research. Jillian stated,

I know a big expectation with the University was sort of just the volume of information that we needed to be reading and working on...but just making sure that you're keeping up with kind of what's going on in the world in terms of research and what's working now.

Alternatively, one school counselor, Poppy, explained that while she did not experience overt expectations regarding research use in practice, she was aware of what was expected in terms of research. Poppy stated,

Nobody ever said out loud, "You should only use evidence-based strategies." I think it was just kind of understood that good counselors use things that have been proven to work. Or more so, not doing things that have been proven to not work. Like, don't do the things that have been researched to have no impact, or more harmful.

*Unclear Expectations (Rare).* One participant, Julie, reported that she experienced the expectations pertaining to research from both faculty and at her field placement sites as unclear. Julie said, "I'm sure someone said we're also gonna do evidence-based

counseling methods...but [research] was never mentioned at my offsite internship that I can remember...[It was] definitely unclear.”

***Impact of Master’s Research Training on Current Use of Research in Counseling Practice (General).*** All participants described how they perceived their master’s research training as influencing their current use of research in their work with clients. Participants discussed both (a) positive impacts and (b) negative impacts of their master’s research training.

***Positive Impacts (Typical).*** Six counselors endorsed that their master’s research training positively impacted how they currently used research in counseling practice. Participants discussed different positive impacts. For example, Madison talked about how her master’s research training positively impacted her integration of research in practice, particularly compared with other providers. Madison said,

I think the ease with which I integrate [research] is probably really due to the fact that I was expected to consume and be able to use it in both my writing and my work in grad school...I’m thinking that in comparison to people I see, not only that are just not in the counseling field, so maybe like social workers, that don’t have that same background or went to a generalist program that wasn’t clinically based, or even people that did not go to my particular program, I do not see that same ease of, “This is what’s expected from you both as a practitioner and ethics standpoint, and from a keeping-up-with-the-knowledge-base standpoint”... [research] almost feels like what is expected and second nature and part of my practice as a counselor. And I don’t see that ease of integration in other people.

Similarly, Claire confirmed that her research training positively impacted her ability to use research in practice by increasing her comfort with research. Claire said,

I think they did a really good job of preparing me to be on my own, to be working on my own, especially with research. If anything, my professor made me feel comfortable, at least using it. Maybe not collecting my own and doing it on my own, but at least being able to use it properly and not be so petrified of research. So, I think, yeah, my program did a good job of at least making me familiar enough with the research that I can use up.

Jillian discussed how her research training positively influenced the way she interacts with research she uses in practice. Jillian stated that her research training impacted her research use in the following way:

Just in the way that I am able to look at the research, the way that I'm able to implement it with my patients, I think that it's had an impact on how I kind of look at the information presented to me, and to gauge whether or not it is a best practice, or it's just something that somebody's kind of thrown together with anecdotal evidence that's not really supported.

Finally, along a similar vein, Poppy expressed that her master's research training positively impacted her ability to critique research in practice. Poppy said,

I think it helps to look at from a, if I do read articles, to kind of have a subjective look at it, in some ways. And to not just kind of blindly trust, based off one article that's like the cure, or the fix to a certain situation. To kind of realize that, just because this researcher found this, doesn't mean that there's not somebody saying the exact opposite.

*Negative Impacts (Variant).* Three counselors talked about the negative impacts that their master's research training had on their use of research in practice. One counselor, Julie, felt that the unclear research training she received as a student made her unclear on how to use research in her current practice. Regarding the impact of her research training, Julie said,

Because I didn't really know how to use research while I was still a student, I guess that probably makes me of unsure of how to use it now. I mean, it makes me feel like I do have a lot of questions and still talk things out with my supervisor before I know what to do with it.

Similarly, another participant, Amelia, indicated that her research training did not help her to feel confident to conduct research in practice. Amelia said, "I wouldn't go far as to think that, 'Oh, from that class I feel confident in conducting my own research.' That's definitely not how I feel."

***Suggestions for Counseling Programs (General).*** Seven participants made suggestions for how master's counseling programs could improve their research training for master's students. Participants suggestions included (a) clearly connect the dots between research and practice, (b) clarify and emphasize how to consume research, and (c) encourage curiosity.

***Clearly Connect the Dots Between Research and Practice (Typical).*** The most common suggestions made by five participants pertained to the need for programs to clearly communicate the relevance of research to counseling practice. In other words, participants described the importance of programs connecting the dots between counseling research and counseling practice for students. When reflecting on what she would recommend to master's programs, Lucy identified the need for more opportunities that helped counselors apply research in practice. Lucy said,

I'm thinking just about my experience. So, it was a lot of papers, research papers, lit review papers, which I think those are beneficial, but I feel like there could be something more, as far as translating it into practice a little more. I guess, we do write about it and we go through it in that way...but I feel like if there was



something that helped that to be practiced more. And I guess maybe that's where it comes in, with the internship type thing, of applying research in that way, but I guess it wasn't a structured thing in the...way of, "Here, do the research and now let's go apply it right now." So, I feel like that could be helpful.

Another participant, Julie, indicated that counseling faculty should provide more clarity on when counselors and trainees should seek out research in practice. Julie stated the following about what training programs should do differently:

[Provide] more clarity on maybe how our professors used research when they were starting out. Examples of different ways that it might, times when you might really need to go scouring the research. When you have a question about billing you're not gonna go reading research article, but when you have a question about boundaries, that might be a good time to go. I don't know, just some common times when you should really check the research.

Finally, one school counselor, Kirsten, noted that it would be helpful for programs to clarify how research is relevant to school counselors and their work with students.

Kirsten said,

So, I guess just maybe, especially with maybe the school people...because we do wear so many hats. So, figuring out what is the best way to consume research when you're practicing in a school. And maybe how that looks, just like, in everyday life...Yeah, just maybe gearing it more towards what you can do when you're a school counselor.

*Clarify and Emphasize How to Consume Research (Variant).* Two clinical mental health counselors indicated that master's students should be taught how to effectively consume research in practice. For example, Amelia indicated that master's students should know "how to consume research and [be] literate in the ways that it's presented in

journals and things like that, that way [they] can search for it and understand what [they're] looking at when [they] find it.” Jillian also discussed what she believed to be important for master’s students to learn in terms of consuming research in practice. Jillian said,

I think if master's students are planning not to go on into academia...it's going to be understanding how the research can relate to real world applications. So, understanding how to use this research to better help your clients... I think something that helps me with doing that was just learning how to condense what you're reading and turn it into real world language. Most research is written in a very technical language, which makes it very hard to digest, and so learning how to take that from the academic world and move it to the real world.

*Encourage Curiosity (Rare).* One counselor, Amelia, spoke to the need for counseling programs to encourage students to be curious and inquisitive “students for life.” Amelia said,

I would feel comfortable knowing that master’s programs are putting out counselors who were curious and inquisitive, interested in understanding human nature and brain development. People who want to be students for life, that sort of mentality, and the skills needed to be that way I think are the skills that I was taught.

### **Research Question 3: What Do Counselors Identify as Current Supports and Barriers to Their Use of Research in Practice?**

The third domain, factors influencing research use in practice, emerged to capture the various factors participants identified as presently influencing their use of research in counseling practice, including current supports, barriers, and motivations.

**Domain 3: Factors Influencing Research Use in Practice.** In this domain, participants described the factors that they perceived to be currently impacting their use of research in counseling practice. Three categories, each with multiple subcategories, emerged. These categories included (a) supports, (b) barriers, and (c) motivating factors.

*Supports (General).* Seven of the eight participants identified current supports that they perceived as influencing their use of research in their counseling practice. Four subcategories emerged within this category, including (a) work-related supports, (b) personal traits, (c) funding, and (d) support from one's counseling program.

*Work-Related Supports (Typical).* Six participants described factors specific to their work settings that supported their use of research in counseling practice. Participants named various types of work-related supports. For example, Madison indicated that for her, working at facilities that primarily utilize certain evidence-based practices supports her use of research in practice. Madison said,

I would say, at the facility where I work, they tend to push a lot more of the evidence-based practices. Things like DBT, ACT...when I was working with children, they pushed the Maudsley method...So, when I tend to work for specific mental health treatment centers, so the eating disorder facilities I've work for, really specific evidence-based methods were pushed...When I worked at the non-profit, the evidence-based stuff we had was more of me knowing my background in trauma and psychological first aid...

Another clinical mental health counselor, Amelia specified having a "data department [within her agency] that provides tools for [her] to track students and their progress" because they have to report student outcomes to the state.

One school counselor, Claire, indicated that her principal supports her use of research in her school counseling practice due to his expectations for data-driven work.

Claire said,

I'm just thinking about my principal. He's very data driven, and he really is a big research person and so, I mean, if I ever bring any type of idea to him that, especially if it's gonna cost money, he will say, "Well, do you have any data that backs this up? Do you have anything that proves this is valid other than you saying that?" And I'll be like, "No." And he's like, "Come back to me when you do." And so...I know that he's doing it from a place of, "You need this data to prove that you're using this money the way that you're supposed to or that this is gonna make a difference." He's really supportive of it, sometimes too much support, because with everything, he wants data with it to show any type of growth professionally, personally.

Poppy also specified her school district as a support of her use of research in practice by listening to her professional development needs. Poppy elaborated on this, stating,

My district is pretty good at providing opportunities for us. So, it's a very, very small district, especially where I work...our district has the two elementary schools, the middle school, and the high school. So, it's only four schools. So...there are nine counselors total in our district, so, historically when there's professional development days, or they bring in people from outside to kind of give training, it hasn't really been relevant to what we do. But last year, they kind of reached out to us and said, "We hear your feedback," so this year they were a lot better at bringing out, like, we went to a talk about trauma at the beginning of the year. Last week they had [location] Family Services talking about the immigrant story, so the triple trauma paradigm that's happening to students that are immigrating. So, that was really interesting. So, they've listened to us, so they're providing those sorts of programs.

*Personal Traits (Variant)*. Three participants specified some of their own personal characteristics that support their use of research in practice. Madison elaborated on her personal traits that support her use of research in practice. She said,

I have talked about how incredibly reason- and logic-minded I am, and that's how my brain works, so it helps me to know how to help people to be able to organize that information. I will also say that...with the four tendencies by Gretchen Rubin...So out of those I happen to be what's called a "Questioner." So, I care about internal expectations and don't care about external expectations. But that tends to manifest as a personality trait of I want to know the answers and I want to know why, instead of people telling me how to do something. So, research gives me a reason why and I don't like arbitrary answers or people telling me, "You need to do x, y, and z this way." I think the best way to serve and honor myself as a person and to serve my clients is to understand why I'm doing that. And I will always continue to question, and research is a really good way to answer some questions.

Another counselor, Julie, talked about her natural curiosity and desire to learn and grow as a counselor support her use of research in practice. Julie stated,

I'm also just curious. I'm also just can't turn off my student brain, I still want to learn and I want to grow as a counselor. So, I don't expect to be the same counselor in 10 years that I am today, and I think a bit part of that will be because I'm learning from what other people are finding out in the field.

*Funding (Variant).* Two counselors received funding from their employers to attend professional development opportunities, which they described as being a support for their research use in practice. For example, Jillian noted that her facility "provide[s] funding for [her] to be trained further" in the treatments they use with clients. Similarly, Julie reported that her agency provides her with an annual "training budget...that supports [her] by [paying] for [her] to get to conferences."

*Support From One's Counseling Program (Variant).* Two counselors, including one school and one clinical mental health counselor, specified how they receive support from their master's counseling programs in different forms. Both participants indicated

that this support facilitates their research use in practice. Claire, for example, discussed how she reached out to professors from her master's program for direction on research to consume. Claire said,

I still depend pretty heavily on my professors from my master's program. So, I'll email them from time to time and be like, "Hey, I'm looking for information on this, can you point me in the right direction?" And they've been awesome. They always have different advice and different ways to point me so that I can find information and things like that. So that's usually the way that I do it.

Likewise, Julie noted that receiving emails from her graduate program's listserv had been a helpful support. Julie said, "...having that counseling program Listserv, there's always thing on there that make me aware of new research, or I don't know, make me aware of organizations, associations that publish journals that I didn't know existed."

**Barriers (General).** All eight counselors identified barriers that impacted their current use of research in practice. Five subcategories emerged to describe these barriers, including (a) time, (b) miscellaneous work-related barriers, (c) lack of access to research, (d) clients, and (e) navigating research articles.

*Time (Typical).* Five of the eight participants specified time as a barrier to their use of research in practice. Specifically, all of these participants specified not having enough time to use research in different ways. Most participants talked about not having enough time to consume research in their counseling practice. Kirsten, for example, said,

I don't really have time to look up research articles, and I probably could do that on my own at home, but I don't want to do that. But yeah when I'm at school I'm always busy and getting pulled somewhere. I would definitely say time is the main issue.

Julie also reported that not having enough time to consume research was a barrier for her.

Julie said,

But time to sit in a focused way and read and digest an article, that's hard, because it still takes me much longer to research article than it does for me to read anything else, an email, a book. It's because of the focus that it takes, I feel like I need a larger block of time to really sit and consume it well, but I don't necessarily have that while at work. It gets interrupted by seeing clients, or meetings or something. We do some crisis intervention here, so maybe taking a crisis call or ... So just the time to sit down and consume an article is not always there.

Time, or lack thereof, was the only barrier noted by Jillian. She said, "I think the only thing would be time. In a facility like [mine], I'm spending six to eight hours a day in client contact, and so there's not a lot of time to look at journals and do more reading into the research."

Madison discussed time as a barrier to engaging in research to answer research questions about client outcomes. When asked about barriers, Madison stated the following:

I was thinking of a specific conversation where a patient asked me about, where she asked, "Do you guys have any specific data on patient outcomes for this treatment center?" And my answer to that would be "no" because there's nobody there that has time to do that because in order to work at the last two treatment centers that I worked at, in order to see all of the patients who were required to be seen, in order to do the groups you need to do, in order to complete the documentation and all of the extra things you need to do every week, I don't know that it is probable for anybody to do that in 40 hours or less. And so being able to add on research and be able to answer questions into that, and to still have the actual patient stuff happen, just timewise, it's...not supportive enough to where that could happen.

*Miscellaneous Work-Related Barriers (Typical)*. Half of the participants discussed various work-related barriers that impede their use of research in practice. Some participants discussed the lack of specific resources at their work sites as a barrier. Madison provided the following example of a barrier that impacts her engagement in research:

...at the adult facility that I am at right now...they don't provide...diary cards. But when I actually looked at them they were not the DBT style that was traditional or what I thought was most effective. So, I ended up having to make my own DBT diary cards, which doesn't sound super time consuming, but was super time consuming...but not having that particular resource be standardized is something that it does take more time...or the behavior chains we use, I use at the facility right now, I don't like. They're very poorly designed.

Two counselors discussed co-workers as barriers to using research in practice.

Claire, for example, provided the following example involving teachers at her school:

The population of teachers that I work with is, they're really set in their ways. They've been teaching for 20, 25 years, they've never left the county, so they know better than I do. So, sometimes if I come at them with too much research, it's almost like, "Okay, yeah, that's great you have research, but I've been doing this for 20 years, so I know what I'm talking about." And so sometimes that can be, I know that I need to tone it back a little bit because I don't ever wanna offend or dismiss the fact that they have been teaching for 20, 30 years. But, I also wanna make sure that we are being progressive and staying up to date with how we're teaching and the technology that we're using and the techniques that we're using because these are the kids that we have, and this is where we are. So, it's not 20 years ago. This is not a kid from 20 years ago. Things are way different. And so, I wanna make sure that we understand that. So that can be kind of difficult because sometimes they don't wanna hear that. It's really easy for them to get on these tangents of, "Well, they just need to listen and do what I say." And I'm like, "I'm with you! But that's not where we're at."



Similarly, Julie discussed the leadership at her agency as a barrier. Specifically, Julie said,

I think, to be honest, that the fact that this agency has been around for a long time and the leadership is really not clinical. There may be, I just feel they are less open to doing anything in a different way, and that maybe the barrier there is I have to be the one to explain, to find the words or to find the way to explain why we would change something, even for the client's benefit, which is where they're hardest... But that burden for making changes comes from the direct service person's level and has to go upwards. It's challenging sometimes.

*Lack of Access to Research (Variant).* Three clinical mental health counselors described not having access to research as a barrier to using research in practice. Each of these three participants talked about how this contrasted from the access to reach they had during the training program. Jillian said,

...at the University, we had access to the database and were able to look at numerous articles from different journals. However, in the facility that I work, we don't have access to that, so any information like that that we would want to gain, we would need to subscribe to that journal... Or pay for, like, a database access.

Similarly, Lucy said,

I think one of the barriers is in finding the research, like not having a go to database. That's something... I really miss that from when I was in school, because it was like, "here's this wonderful database that you can go to and find everything." So, I think that can be a little bit more challenging, of just not knowing exactly where to go and maybe having to dig around a little bit more. I think sometimes that can be a little bit of a barrier.

*Clients (Variant).* Two participants felt that sometimes their clients acted as barriers to using research in practice. For example, Lucy said,

I mean sometimes I guess just clients, how they're feeling and sometimes they can be a barrier to treatment themselves. Using the evidence-based treatment, even if you tell them, "Hey this is great, and at its base, it's going to be beneficial," and they still might just be like, "I don't want to." So, that's another thing that could come up.

Likewise, Claire talked about the population she worked with at her school as being a barrier. She stated, "The population I work with is hard, like I said. Kids are hard to sometimes use research with, just because they're kids..."

*Navigating Research Articles (Rare).* One counselor, Amelia, specified navigating research articles as a barrier to using research in her practice. Amelia said,

It can definitely sometimes be hard to wade through what's helpful and not helpful, especially when you're talking about journal articles and things like that. There's definitely some time needed to wade through them. For example, I was, just the other day, hoping to find some research about school climate and how it impacts students. There's just a lot out there about it, and so it can definitely feel hindering to sort of slowly wade through what's helpful and what's not helpful.

*Motivating Factors (General).* All counselors described factors that motivated them to use research in their counseling practice. Motivating factors included (a) doing what is best for clients, (b) being an effective counselor, and (c) being reason-oriented.

*Doing What is Best for Clients (Typical).* Six counselors described being motivated to use research in their practice because it enabled them to do what was best for their clients. Counselors described this common motivator in different ways. Madison indicated being motivated to use research because it allowed her to provide her clients with skills they can use beyond therapy. Madison said,

...[my] ability to educate...to be supportive to my clients, all of those are my therapeutic values that I go into session with, is, "How I can empower and support and educate you?" And research is something I can do to offer them to take with them...Okay, so I can teach somebody how to validate, right? Or to feel validated themselves. But I can't go with them and validate every decision they make. I can't literally listen to every word they say during the day. But can I teach them research and the skills based in research that can help them? Yeah! I can teach them that. That they can take with them. It's great to be a therapist and to have people...you know...to listen and [provide] that unconditional positive regard. And that's a huge part of therapy...But people will also want stuff to take with them. And that's what research does is that it gives us the skills, the statistics, the education to take with them.

Another clinical mental health counselor, Lucy, spoke to being motivated to avoid doing harm to her clients. Lucy stated the following:

I feel like, really it just feels like something that is necessary. To me I feel like it shouldn't be...optional, because I feel like if we just grab a random theory from here and there and don't know if it will work with this specific client diagnosis or this client's history, then I feel like that could be dangerous to clients, just throwing random things at them. So, I definitely think that's a big part, is I don't want to do any harm to the clients, I have to really figure out what's going to be best for them. And I think their experiences also really important, because I have a lot of clients that have come and report a negative experience in the past in therapy, so then you don't want to further that and make it worse for them by just really doing something damaging. I like to really figure out, "Okay, this is what is shown to help for this diagnosis, this is what we're going to work on, there's plenty of research that this is a good thing and would be beneficial."

Similarly, Julie described being motivated to do an excellent job for her clients. She said,

I want to know that I'm doing an excellent job for the client. I take it very seriously that families would trust me to be part of these, their personal relationships and their just, very individual experiences. I think it demands...that we respect the courage that they are having in coming and being vulnerable with us. That's why I have this very high value on excellence, so if there's new information out there that we need to be learning from, I think that's the best

practice we can be doing. The clients deserve that...

Finally, Claire talked about being motivated by her students to use research in practice.

Claire stated,

My kids. I mean, I love my kids. They're a handful. It's a challenging group of kids to work with. It really is, but anything new that I can get my hands on that I can learn that can help them, I just want because I just feel like they deserve it. They don't have a lot of adults that want what's best for them or believe that they can do anything or believe that they're gonna be anybody. So, if I can find different research or do anything that provides them just a little bit of an opportunity, I think that's kind of what motivates me because I just want to provide them that adult that they're kind like, "Oh, at least there was one adult at school that cared about me and did whatever she could."

*Being an Effective Counselor (General)*. Seven of the eight participants were motivated to use research in practice in order to be effective counselors. One participant, Amelia, said the following:

I think one of the things that I love most about the counseling field is that it is changing all the time. There's all sorts of new research about how the brain works and just different phenomena and whatnot, so I'm excited about that. I like learning new things. So, I think, and that's I guess what really motivates me...is trying to be the best counselor for my clients. If I know enough about what I can do to help them, I'm more likely to actually help them.

Similarly, Poppy indicated being motivated to use research because "[it] probably reflects good on [her] and makes [her] look good, to do a good job at my job, and to have something to back it up with, and not just, 'I think this would be a good idea.'"

A school counselor, Kirsten, described being motivated to stay current as a means of being an effective counselor. When asked about what motivates her to use research in practice, Kirsten said,

I guess just staying on top of things and keeping current...I know that, you know, things change and adapt all the time. So, it's important to keep abreast of what's working and what's not and using those things to help the kids. That's really the main thing.

For Claire, being motivated to be an effective counselor entailed using research to support what she recommended to others. Claire elaborated on this by saying,

I think it's important because it's not just coming from me. I think it's important because a lot of the stuff that I do and say sometimes people can be like, "Oh, okay." You know? And especially at the school I work at, I'm one of the only people that has a master's, and so they're kind like, "Is this just your master's talk?" So, being able to use research and say, "No, this isn't just me. This is a thing, this is out there. There's research on it. Other people are saying this, other people are doing this." I think it puts some validity in what I'm doing and what I'm saying.

Finally, Madison described how, for her, using research in practice allowed her to be an ethical and therefore, effective, counselor. Madison stated.

If I don't use the informal research to see if my client is getting better or not, then I'm not really being an effective therapist. And getting better is relative but, eating disorders context, using [fewer] behaviors...that's, it's not very ethical if my client is using behaviors every day and needs to be in residential, for me not to do that informal research enough to see it...I even look at, think about every time I do a suicide assessment. That's research, I'm gathering data, so if I'm not doing that, I'm being really unethical.

*Being Reason-Oriented (Rare).* One counselor, Madison, described being motivated to use research in practice due to being reason-oriented. For this participant, using research provided her with an anchor for what she did in practice. When asked what motivated her to use research, Madison said, “I tend, because I think I am a very reason-oriented...I tend to provide a lot of reason for my clients, just because I feel like it’s a really good anchor to help fact check or do other things with them.”

### **Additional Findings**

Some additional findings emerged during the course of the study, illuminating counselors’ views about the role of research in their identities as counselors. Specifically, participants discussed their ideas about the label “practitioner-scientist” and other research-related labels they connected with instead. The corresponding domain consisted of two categories: (a) absence of practitioner-scientist label and (b) alternative research-related labels.

**Domain 4: Research as a Part of One’s Counselor Identity.** Within this domain, participants described their perceptions of how research fits into their identities as counselors. The two categories that emerged within this domain include (a) absence of practitioner-scientist label and (b) alternative research-related labels.

*Absence of Practitioner-Scientist Label (General).* All eight counselors indicated that they did not identify as “practitioner-scientists” and discussed their reasons for the absence of this label in their professional counselor identities. One participant, Amelia, stated the following:

I definitely would not label myself as a “practitioner-scientist” just because the word “scientist” to me implies some sort of active part in the forming of new knowledge. I’m not doing that in a systematic, scientific method sort of way.

Another participant, Julie, indicated that she does not think of herself as a practitioner-scientist because she is “not formally collecting and analyzing the data of the outcome or issues of the client.” Julie also added that her use of research in practice “does not feel methodical,” further distancing her from the identity of practitioner-scientist. Similarly, Lucy described not viewing herself as a practitioner-scientist, stating,

I guess I don’t really think of [using research in practice] as me doing anything to further the research or anything like that even though I do client check-ins with inventories, but I guess I feel like that’s just necessary part of client wellbeing.

Two counselors, Madison and Poppy, indicated that while they do not identify as practitioner-scientist themselves, they could see this label’s applicability when considering their own use of research in practice. Madison, for example, stated the following:

I think after talking to you I would be more likely to use that term. I don’t actually give myself a label that would be something we would talk about in the context of research like this... When I think of practitioner-scientist, to be honest, I think about grad school and how grad schools are organized. That’s the only time I use those words together. I could see where the term would be appropriate, but would I use that term myself? Probably not.

Likewise, Poppy noted,

I never think of myself as a practitioner or scientist. I guess when I hear ‘practitioner,’ I really think of medical people. But if that [term] means somebody

who is practicing counseling research things, then I could see it applying to me...But, yeah, I'm not sold.

*Alternative Research-Related Labels (General).* Seven counselors discussed the different ways they described themselves in relation to research in practice other than “practitioner-scientist.” Three participants gave themselves alternative labels related to research consumption. For example, Amelia indicated that she gave herself the label of “informed counselor who stays up to state” in relation to research. Likewise, Lucy stated, “I guess I feel more like a consumer of research, of many, find what I need, go out there and find what I need to do in my practice.” Finally, Jillian stated,

I consider myself a practitioner who consumes scientific information. So, I'm not necessarily conducting all of the scientific information, but I'm trying to translate it and apply it...It's important to have people conduct it, and it's also important to have somebody be able to translate it so we can actually use it.

Other participants offered different labels that indirectly captured how research related to their roles as counselors. For instance, Kirsten indicated that while research was not an overarching part of her identity as a counselor, she viewed it as a relevant part of the alternate label she gave herself. Specifically, Kirsten said,

I mean, this has nothing to do with research, but I consider myself to be a helper and solver of many problems...Research can help me figure out how to best solve problems or how to best be a helper to students.

Similarly, Claire stated,



I always say this to teachers and really to anybody that I'm working with, is, "We're kind of in this together." And I think that especially with research and anything that I do and read and try out, I don't expect it to work. And so, I say, "Hey, this might really blow up in our faces. And if it does, it does, and then we'll try something else...we have thousands of different journals and books. We're in this together, we're figuring this out as we go." So, I'm really a "figure-it-out-as-we-go person."

Finally, one impassioned participant, Madison, described herself in the following way:

I'll be honest, the things I think of as myself as a therapist, I think I'm a therapist who gives a fuck. And if that means I research the hell out of something, that means I research the hell out of something. I resonate with the knowledge base and knowing that stuff, but the important part is helping my clients understand that stuff. I think it's, maybe, 'scientist' comes up as a bit of, like, "Yeah, that's cool and I want to know that knowledge base," but it doesn't mean jack shit as a therapist if my clients don't understand it.

**Domain 5: Other.** This final domain serves as an "other" domain for data that are relevant to the study but do not fit in any of the other existing domains (Hill, 2012). This domain included one category: (a) reactions to the study.

***Reactions to the Study (Typical).*** Four participants made statements suggesting that their participation in the study sparked new realizations or interests for them. For example, during their interviews, two participants noted briefly that reflecting on their research use in practice made them realize just how much they use research in their counseling practice. Madison indicated, "Man, I'm thinking now, but I guess I liked research, but I didn't realize how much I was doing, even formally and informally, until now." Another participant, Lucy, said, "I feel like research is more a part of [my practice] than I even realize until I'm actually thinking about it." Likewise, Julie said, "It's

funny...my definition of research definitely changes...when I think about it just in terms of how I learn.”

Separately, at the end of her interview, Amelia expressed curiosity in the study by inquiring about the principal researcher’s recruitment strategy and the number of participants needed. Specifically, Amelia asked the researcher, “How many people are you hoping to interview?” and inquired as to whether the researcher “disseminate[d] information [about the study] to every CACREP program.” This participant indicated that she would distribute the survey to other counselors from her training program to help with recruitment.

## CHAPTER V

### DISCUSSION

Research is considered to be vital to the counseling profession, including in terms of its role in counseling practice (Kaplan & Gladding, 2011; Kaplan, Tardyvas, & Gladding, 2014). Clinical mental health counselors and school counselors in the field face ethical and professional expectations to use research in their work with clients and students to ensure that their practice is founded in rigorous, evidence-based counseling practices and to demonstrate their effectiveness and accountability for client and agency outcomes (e.g., ACA, 2014; AMHCA, 2015; ASCA, 2016; Cook et al., 2017; Lloyd-Hazlett, 2018). However, current research suggests that many counselors fail to see research as a relevant or necessary part of clinical practice (e.g., Ruby, 2013; Sexton et al., 1997). Moreover, few research studies exist to demonstrate whether and how counselors use research in their practice, and studies that have addressed this topic (1) demonstrate inconsistency in the degree to which counselors use research in practice, (2) are dated, and (3) explore this construct in mental health clinicians in various professions (e.g., counseling, social work) and with varying levels of training (e.g., Bauman et al., 2002; Bezyak et al., 2010; Wester et al., 2006, 2018; Young & Kaffenberger, 2011). Moreover, to date, researchers examining clinicians' research use in practice have done so using a limited definition of this construct. Specifically, researchers primarily have

quantitatively measured research use in practice based on clinicians' use of evidence-based practice (i.e., consumption, application, engagement). Thus, it is unclear whether researchers have holistically and accurately captured how master's-level counselors, specifically, engage in research use in counseling practice.

Given this gap in the counseling literature, the purpose of this study was to use Consensual Qualitative Research methodology (CQR; Hill et al., 1997) to explore master's-level clinical mental health and school counselors' experiences of using research in practice with their clients and students. Additionally, this study explored how counselors' research training experiences in their master's programs, as well as current supports and barriers, influenced their current use of research in practice. Thus, the goal of this qualitative exploration was to develop an in-depth, holistic understanding of how counselors use research in practice in ways that are relevant to their professional roles and the factors that impact their research use. Importantly, this study may serve as a critical step in expanding counselors' and counselor educators' perceptions of the role of research in counseling practice. Accordingly, the results of this study, which are discussed below, may have important implications for how counselor practice and training may be modified to enhance counselors' use of research in practice. In this chapter, findings pertaining to each of the three research questions, additional findings, study limitations, and implications for practice, training, and future research are discussed.

## Summary of Findings

For the current study, eight individual interviews were conducted to collect data about currently-practicing master's-level mental health and school counselors' experiences of using research in practice, master's research training, and support and barriers to research use in counseling practice. As a result of these interviews, five domains emerged to describe counselors' experiences. The fifth domain (Other) captured participant responses that did not fall into the other four domains. Each domain contained between one and seven categories. Categories within each domain consisted of two to ten subcategories. One of four frequency labels was applied to each category or subcategory to indicate the number of participants to which it applied. *General* was applied as a frequency label to categories and subcategories that applied to all participants or all but one participant. *Typical* was applied as a frequency label to categories and subcategories that applied to at least half of participants and up to six participants. *Variant* was applied to categories and subcategories that applied to two or three participants. Finally, *rare* categories and subcategories included those that only applied to one participant. Table 3 below provides a count of categories and subcategories by frequency label. Table 6 in Appendix M provides a list of all categories and subcategories, their frequency labels, and the participants to which they applied.

### Findings by Research Question

Three research questions were addressed through eight individual interviews with each counselor who participated in this study. The results of the study based on the context of each research question are discussed below.

Table 3

Number of Categories and Subcategories

Frequency Label	Number of Categories	Number of Subcategories
General	16	8
Typical	0	22
Variant	1	24
Rare	0	7
Total	17	61

**Research Question 1: What are Counselors’ Experiences of Using Research in Their Clinical Practice?** Overall, the results of the analysis conducted in this study revealed that master’s-level mental health and school counselors used research in several different ways in their practice. Through their discussions of their experiences of using research in practice, all participants described at least one way they each consumed, applied, and engaged in research in their work with clients and students. Notably, these forms of research use align with the extant literature describing research use in counseling practice as consisting of clinicians’ consumption of, application, and engagement in research in practice (e.g., Bauman et al., 2002; Bezyak et al., 2010; Pinto et al., 2010; Wester et al., 2006; Wester et al., 2018). However, this study expanded upon the previous research by exploring more deeply counselors’ experiences of *how* they partake in these forms of research use in counseling practice. Thus, this study is the first to shed light on the nuances of how counselors may consume, apply, and engage in research in order to clarify the ways in which research is relevant to counseling practice. Interestingly, an additional form of research use in counseling practice that has not yet

been identified in the extant literature emerged through participants' interviews: dissemination of one's own research in practice. Accordingly, the findings of this study suggest that *research use in counseling practice* encompasses *consumption* of research, *application* of research, *engagement* in research, and *dissemination* of one's own research. Counselors experiences of each of these forms of research use are discussed in more detail below.

***Consumption of Research in Practice.*** All master's-level counselors in this study ( $n = 8$ ) described consuming research in their work with clients. More specifically, participants identified a number of different ways that they consumed research in their clinical practice, including through peer-reviewed articles, books, magazines, blogs, podcasts, various electronic sources (e.g., TED Talks, social media, documentaries), and through discussions with colleagues. Importantly, this finding highlights the variety of resources that counselors may use to consume research-based information for their practice. Thus, it is possible that researchers previously may not have captured accurately the degree to which counselors *do* consume research in practice due to primarily focusing on clinicians' consumption of empirical articles (e.g., Bauman et al., 2002; Bezyak et al., 2010).

Notably, the most common means by which counselors in this study reported consuming research was through professional development opportunities such as conferences, workshops, trainings, and webinars. Moreover, some participants in this study indicated that professional development opportunities they pursued as part of their continuing education requirements were, in fact, the most salient ways they consumed

research in practice. Lucy, for example, noted that professional development opportunities were “most helpful” to her because they allowed her to both consume research and discuss how to apply it to practice. Another participant, Madison, indicated that she prefers professional development opportunities because she “prefers to listen to someone actually teach” her. As discussed above, the current literature on this topic does not capture counselors’ consumption of research through professional development opportunities; thus, it may be that counselors are consuming research at higher rates than what has been found previously by researchers (e.g., Bauman et al., 2002; Bezyak et al., 2010; Wester et al., 2018) thus far. Because researchers have not focused on counselors’ consumption of research via opportunities for professional development and continuing education to date, a new gap in the literature that warrants further study appears to exist.

Overall, the findings in this study demonstrating counselors’ consumption of research are significant, as they expand upon the extant literature’s emphasis on consuming empirical journal articles alone. Specifically, some new and unique forms of research consumption emerged through participants’ interviews, including the following: magazines published by counseling organizations; blog posts and podcasts published by counselors and parallel professionals; electronic resources such as TED talks, documentaries, and social media posts; and informal resources, including colleagues (e.g., via discussions at work or in meetings), pop culture, and clients. Participants who named consuming research from pop culture (e.g., television shows) and clients themselves discussed doing so in order to better understand their clients’ experiences and worldviews, suggesting that their conceptualizations of “research” extend beyond



empirical, evidence-based forms of information. Importantly, however, there was variability in the degree to which counselors reported using these resources in their research consumption, as noted by the frequency labels for this category ranging from *rare* to *variant* to *typical*. Thus, while counselors in this study identified a variety of different ways that research may be consumed in practice, it is unclear whether these forms of research consumption represent the experiences of all counselors. Moreover, there may be more ways by which counselors in the field consume research in practice that were not captured in this study.

***Application of Research in Practice.*** All eight participants described at least one means by which they applied research to their counseling practice. The most frequently cited ways of applying research to practice included (1) using evidence-based practices, (2) talking about what the research says with clients, and (3) informing treatment plans, sessions, and programming. Additionally, other forms of research application emerged less frequently among participants. Importantly, these findings expand upon previous research literature pertaining to counselors' application of research in practice (e.g., Wester et al., 2006; Wester et al., 2018) by providing a deeper understanding of what application of research may look like for practicing mental health and school counselors.

All counselors in this study indicated that they use evidence-based practices in some capacity with their clients and students. Clinical mental health counselors identified using DBT, ACT, motivational interviewing, and child-centered play therapy with adults and children. Both school counselors and some clinical mental health counselors described using CBT with clients and students. Participants also indicated using these

particular evidence-based practices because of the large research bases underlying them and because they were shown to be effective forms of treatment for their client populations. Given this subcategory's *general* label, this finding may indicate that, in general, mental health and school counselors in the field pull from evidence-based practices as one way of applying research to their practice.

Additionally, almost all participants ( $n = 7$ ) described talking with their clients about what existing research said about certain topics as another way of applying research in practice. Counselors provided a variety of examples of the research they have discussed with clients, such as research about the brain, trauma and the body, eating disorder recovery, play therapy, testing, and yoga in the classroom. Interestingly, participants described adjusting how they talked about research findings in developmentally appropriate ways so that clients could understand and connect with them. Some counselors indicated applying research in their practice in this particular way in order to help clients buy into treatment, explain and/or normalize clients' experiences, and teach clients new skills. A few participants ( $n = 3$ ) also talked about discussing research findings with colleagues, including co-counselors, teachers and school staff, and the leadership in their work settings. For these participants, applying research in this way allowed them to advocate for clients' and students' needs and ensure that their coworkers (e.g., teachers) were able to effectively address students' needs as well.

Finally, seven of the eight participants described applying research to their practice by using research to inform their treatment plans, plans for session, and programs they developed and implemented. Interestingly, participants described applying

“formal” and “informal” research in order to inform their treatment plans or session. Madison, for example, described using “formal” research (e.g., empirical research) as a framework when initially developing clients’ treatment plans, followed by using “informal” research (e.g., collecting clients’ self-reports) to inform how to modify treatment plans when necessary. One school counselor, Kirsten, also discussed applying research in practice by using research she learned at a workshop to shape the way she intervened with clients in session. Another counselor, Amelia, indicated that she applied research in practice to inform her approach to working with clients, but it was not always in an “overt” or clear “black-and-white” way. Interestingly, these findings reflect those of Maras et al. (2014), who also described school personnel’s reliance on both informal and formal research to inform decisions regarding the implementation of programs. The current study, however, adds to this previous literature by providing more clarity specifically about counselors’ use of research to inform clinical decision making.

The findings in this study related to counselors’ application of research are interesting in light of Bezyak et al.’s (2011) results showing that the majority of master’s-level counselors in their study indicated using one or fewer research articles per month in their case decision making. More specifically, the findings in this study suggest that counselors may apply research from sources other than empirical articles to inform their approaches to working with clients. That is, counselors may be applying research to their work with clients more frequently than what has been documented in the literature to date; however, in order to establish this, it is important to understand the various ways by which counselors apply research to practice.

*Engagement in Research in Practice.* All eight counselors indicated that they engaged in research in their counseling practice in at least one way. Within this category, there was more variability in the ways counselors engaged in research in practice. That is, because no *general* subcategories emerged within this category, it is unclear whether the forms of research engagement counselors described in this study fully capture, in general, the experiences of counselors in the field. However, some noteworthy forms of research engagement were discussed by participants, including using pre-existing measures to collect client data, informal data analysis, and informally developing and testing hypotheses.

Six of the eight counselors interviewed in this study described engaging in research in practice by using pre-existing measures to collect data about client outcomes to assess client progress and evaluate their work. Examples of measures that counselors used included in-house assessments and questionnaires created by agencies, evidence-based depression and anxiety inventories, and school-specific surveys to track students' reasons for seeking counseling. Additionally, two counselors also talked about creating their own measures to assess clients' needs or progress and their own effectiveness. Other counselors ( $n = 4$ ) indicated using other forms of data collection, such as electronic mood tracking apps, patient check sheets used by one's facility, DBT behavior chain analyses, and informally collecting qualitative data from clients at all times. Thus, this study illustrates a variety of ways in which counselors engaged in research by collecting client data to assess outcomes and effectiveness. Importantly, these findings expand upon Young and Kaffenberger's (2011) study of school counselors by providing more insight

into how mental health and school counselors collected and used data in practice to inform the services they provide to clients.

Additionally, six counselors indicated that they engaged in research in practice by analyzing the data they collected in practice. Importantly, these counselors described *informally* analyzing their data to make sense of what it meant as opposed to formally conducted analyses or engaging in specific processes. For example, participants described analyzing their clients' data by checking for trends in the data they collected, working with clients to analyze DBT behavior chain analyses, working with co-workers to analyze data, and reading charts of their data. One counselor, Lucy, indicated that she did not have a "specific process" for analyzing data, but that she generally looked at it with her clients and explored with them whether and how the data captured their experiences. Importantly, these findings contribute to the existing literature by providing more clarity about how counselors may analyze data as a part of using research in counseling practice.

Finally, some counselors ( $n = 5$ ) described engaging in research in practice by informally developing and testing hypotheses about their clients. For one counselor, Madison, developing and testing hypotheses about clients was a regular part of her counseling practice, as doing so allowed her to develop accurate conceptualizations of clients and determine how to best intervene. Similarly, for one school counselor, Claire, developing and testing hypotheses provided her with direction for helping students change problematic classroom behaviors. Interestingly, this form of research engagement has not been described in the literature to date. Thus, this study offers an important first

look at what it means for counselors to develop and test hypotheses as a part of counseling practice.

Overall, the increased variability in research engagement among counselors in this study perhaps reflects previous research findings suggesting that fewer clinicians report engaging in research in practice, such as through data collection or analysis (Wester et al., 2006; Wester et al., 2018). Nonetheless, all of the counselors who participated in this study reported engaging in research in practice in some way, shape, or form. It may be, then, that counselors at the master's level engage in research in practice in ways that have previously gone unrecognized. Accordingly, the findings of this study may provide more clarity about relevant methods of research engagement in which master's-level counselors participate that should be considered by researchers.

***Dissemination of Research in Practice.*** As mentioned above, a new form of research use in counseling practice emerged during the course of this study. Specifically, seven of the eight counselors in this study discussed disseminating the research they engaged in through their data collection and/or analysis. Most participants talked about disseminating their own research to colleagues ( $n = 6$ ). The three school counselors in this study noted that they shared their research findings with administrators, faculty and staff, individuals at their local school boards, and superintendents. One clinical mental health counselor discussed disseminating their research findings to coworkers in their work settings, such as other members of treatment teams. Additionally, some counselors ( $n = 3$ ) indicated that they also disseminated their research to clients and clients' caretakers to provide examples of how previous clients might have progressed through

treatment and to demonstrate whether and how current clients were improving through treatment. One school counselor described disseminating her research findings with graduate student trainees to provide examples of student data she collected and analyzed. Notably, several counselors indicated that they had not disseminated their own research via presentations at conferences or in graduate classes ( $n = 6$ ).

The emergence of this new form of research use is noteworthy because it has not yet been emphasized by previous researchers who have sought to understand clinicians' use of research in practice (e.g., Bauman et al., 2002; Bezyak et al., 2010; Wester et al., 2006; Young & Kaffenberger, 2011). Thus, this study's findings suggest that *research use in counseling practice* consists of four components that are relevant to counselors: research consumption, application, engagement, and dissemination.

***Impacts of Using Research in Practice.*** When describing their experiences of using research in practice, all counselors in this study agreed that using research in practice positively impacted their work with clients and students. Counselors described various ways in which using research influenced their practice. Some counselors noted that using research in practice increased their effectiveness, allowed them to remain ethical as clinicians, and enabled them to advocate for and empower clients. One counselor, Julie, indicated that using research in practice helped her to maintain her professional identity as a counselor, which in turn helps her be an ethical and effective practitioner. Other counselors described how using research in counseling practice led to positive outcomes for their clients and students. Claire, for example, noted that using research in her school counseling practice positively impacted the success of the school

counseling program at her school and ultimately benefited her students by providing them with services they needed. Importantly, the extant literature pertaining to research use in practice has not documented counselors' perceptions of the impacts of using research in practice. Thus, this study offers a vital first look at how mental health and school counselors experience using research in practice as positively impacting their work with clients.

**Research Question 2: How Do Master's-Level Counselors Describe Their Research Training Experiences as Influencing Their Current Use of Research in Practice?** All counselors in this study described the research training experiences they had as undergraduate student. All participants indicated that they took at least one research-specific course in their undergraduate programs. Although some participants had positive undergraduate research training experiences, others had negative experiences that caused feelings of fear and dread upon entering their master's research courses. Interestingly, some participants felt that their undergraduate research courses were more intensive and difficult than the research classes they took later in their master's programs. Finally, two counselors described their undergraduate research training experiences as positively influencing their current interest in research by instilling in them the importance of data and providing them with opportunities to gain hands-on experience with research.

All eight participants also described the research training experiences they had as master's-level counseling students. All participants in this study indicated taking at least one research-specific course in their graduate programs. Specifically, seven participants



took one research-specific course, and one participant recalled taking two classes. Importantly, these research courses constituted the bulk of counselors' exposure to research during their counselor preparation programs, as none of the participants indicated being involved in research beyond the classes they were required to take. Interestingly, counselors' experiences of their research courses varied. Although some counselors enjoyed their master's-level research classes, others either experienced them neutrally or could not remember much about them. As reiterated above, some counselors felt that their master's research classes were less intensive than the ones they completed as undergraduate students. One counselor, Kirsten, noted that while she took a research class as a master's student, the course itself was not memorable to her. One counselor remembered her research class being online and taught outside of the counseling department, which ultimately was not helpful to her experience of the class.

Some counselors ( $n = 5$ ) described the ways in which research was infused throughout their master's programs beyond the research-specific courses they took. Some participants felt that research was incorporated into all of their courses through assignments, projects, lectures, and discussions. One participant, Madison, described participating in an experiential research activity in her assessment course that provided her with a new experience of how to collect data with clients. Another participant, Jillian, noted that research was a part of the culture of her master's program and that some of her peers presented research at conferences. Importantly, participants' experiences of research infusion throughout their training reflect previous counseling scholars' discussions for the need for research infusion in master's counseling programs (Benishek

& Gordon, 1998; Granello & Granello, 1998; Huber & Savage, 2009; Jorgensen, 2015a, 2015b; Letourneau, 2015; Murray, 2009; Sexton, 2000). However, the literature to date has primarily discussed infusion of research throughout counseling curricula from a conceptual lens. Thus, this study provides some preliminary empirical evidence that some counselors have experienced their training programs as infusing research into other courses beyond research-specific classes.

Counselors in this study also identified the strengths and weaknesses of their master's research training. With regards to strengths, most participants ( $n = 5$ ) felt that their programs greatest strength was showing how research was relevant to counseling practice. Participants described the different ways that their programs illuminated the ways research was relevant to counseling program. Madison, for example, specified that her program helped her to realize that research in the context of counseling practice does not have to be formal research as she learned it as an undergraduate student. Another counselor, Claire, reiterated this realization by describing how her master's program helped her to reframe research from a rigid, scary process to something more flexible and less intimidating. Similarly, Lucy felt that her program effectively communicated the relevance of research to counseling practice by infusing it into every course she took rather than isolating it to a single course. Importantly, this finding supports assertions made by researchers who have argued that reserving research for a single course distances it from practice and sends trainees' the message that it is, in fact, unrelated to practice (Granello & Granello, 1998; Murray, 2009). Moreover, this finding reflects the eighth ingredient in Gelso's (1979 1993, 2006) theory of research training environment

(RTE), which suggests that effective RTEs demonstrate to students how research and practice are wedded.

Three counselors also felt that their training programs' strength lay in teaching students how to effectively consume research in practice. These participants described learning how to interpret and critique research in terms of its rigor *and* applicability to their work with clients. This finding is particularly salient, as it supports Umstead's (2018) argument that counselor educators need to focus on teaching students how to critically consume research in terms of both its rigor and applicability to practice. Moreover, this finding contrasts with Ruby's (2013) study showing that practicing counselors reported deficits in their master's training related to learning how to consume research literature.

When describing weaknesses of their master's research training, half of the counselors in this study specified a lack of opportunities for hands-on research experience as a limitation in their programs. Although these participants were not required to complete hands-on research projects that walked them through each step of the research process, they indicated that being obligated to do so would have been beneficial to their understanding of research. Julie, for example, suggested that she would have found it helpful to collect and analyze data as opposed to solely reviewing literature. Additionally, Claire described wanting hands-on research opportunities as part of her practicum and internship experiences so that she would have felt more comfortable engaging in research when she started her job. This finding aligns with the results of Umstead's (2018) study, which suggested that most, if not all, of the courses examined in that study did not require

students to engage in hands-on research projects that entailed collecting and analyzing data. When considered in combination with the results of Umstead's content analysis, the findings from this study provide further evidence to suggest the need for master's counseling programs to provide more opportunities for hands-on research experiences that help students understand what research can look like in counseling practice. Importantly, this suggestion also aligns with the tenth ingredient in Gelso's (1979, 1993, 2006) theory of RTE. According to Gelso, the tenth necessary ingredient of effective RTEs includes teaching students in the latter parts of their training programs how research may be done in practice. Thus, it appears that counseling programs may be missing opportunities to offer counselors-in-training chances to practice engaging in research in practice in ways that would be relevant to them when they enter the field.

Relatedly, counselors in this study described varied experiences of the expectations related to research use in practice they did and did not observe from their field placement sites and faculty members in their programs. For example, seven participants indicated that their practicum and internship sites inconsistently emphasized the importance of using research in practice. That is, while some counselors experienced clearly receiving the message that research use in practice was expected of them during their field placements, other counselors did not experience this. Alternatively, most participants who discussed their faculty's expectations related to research in practice ( $n = 5$ ) described receiving clear, overt messages that they were expected to use research in practice. Only one participant indicated that the messages about research use from her faculty and field placement sites were unclear. These positive expectations related to

research use in practice may illustrate Gelso's (1979, 1993, 2006) first ingredient concerning faculty's modeling of appropriate scientific behaviors and attitudes. More specifically, it may be important to consider how to extend this ingredient beyond faculty to the staff at counseling trainees' field placement sites so that students receive consistent messages and expectations regarding the use of research in counseling practice.

Notably, all counselors described how their master's research training experiences impacted their current use of research in practice. Although some participants described positive impacts ( $n = 6$ ), others reported experiencing negative impacts of their master's research training on their use of research in practice ( $n = 3$ ). Participants who indicated experiencing a positive influence of their research training on their research use described various positive impacts, including the following: increased ease with which they integrate research in practice; ability to use research in practice on one's own; and ability to critically consume research in practice. In contrast, the participants who named negative impacts of their master's research training on their use of research in practice identified feeling unclear on how to use research in practice and not feeling confident about conducting research in one's own practice. Importantly, the findings suggesting that counselors' research training experiences positively impacted their research use in practice offer a new perspective, given that much of the literature to date describes the deficits of master's research training (e.g., Anderson & Heppner, 1986; Hoshmond, 1991; Ruby, 2013; Sexton, 2000; Umstead, 2018).

Alternatively, because some participants felt that their master's research training negatively impacted their ability to use research in practice, there still appears to be a

need to explore how master's counseling programs can enhance their research training. Those participants who described negative impacts of their research training on their use of research in practice offered different suggestions for how to make improvements. For example, Julie indicated that counselor education faculty should provide more clarity on when counselors and trainees should seek out research to use in practice. Interestingly, this suggestion reflects several ingredients in Gelso's (1979, 1993, 2006) theory of RTE, such as modeling appropriate scientific behavior and attitudes, showing students how research and practice are wedded, and teaching students how to conduct research in practice. Accordingly, this study's findings of the impacts of master's research training on counselors' research use in practice appear to highlight gaps that are present in counselor preparation programs. That is, while some programs offer research training that effectively illustrates to students how research and practice are connected, other programs struggle to do so. However, the full extent of these gaps in research training is still unclear.

**Research Question 3: What Do Counselors Identify as Current Supports and Barriers to Their Use of Research in Practice?** Counselors in this study described various supports, barriers, and personal motivations to their use of research in counseling practice. With regards to supports, seven of the eight participants described factors related to their work settings, personal traits, funding, and support from their master's programs. The most common type of supports of research use in practice among participants included work-related supports, including the following: being required to use certain evidence-based practices; having access to a data department; receiving

expectations from leadership to use research in practice; and receiving support from one's school district in the form of helpful professional development opportunities. Separately, two counselors indicated receiving funding from their work settings to attend trainings. Some counselors also identified personal traits that supported their use of research in practice, such as being curious and logic-minded. Finally, two participants felt that their master's programs still acted as significant supports by connecting them with research.

Some of the supports to research use in practice found in this study mirror some predictors of evidence-based practice use among mental health practitioners found by Nelson and Steele (2007), including the culture of one's clinical setting and practitioners' attitudes toward evidence-based practices. Similarly, this study's findings align with Pfaller et al.'s (2016) study, showing that employer interest and infrastructure to support use of evidence-based practices, as well as senior management support and encouragement of evidence-based practices, supported clinician's use of evidence-based practices. However, because this study expands upon previous research by exploring *research use in counseling practice* more broadly, the supporting factors identified by counselors provide new insights into the factors that positively contribute to master's-level counselors' use of research. Moreover, this is the first study to reveal continued support from one's counseling program as a supportive factor to using research in practice.

All eight counselors named different barriers to using research in counseling practice. The most commonly cited barrier to research use in practice included a lack of time. Five counselors described not having enough time to search for research during the

workday, read and digest research while at work, and engage in research to answer research questions of interest. Time has been discussed by various other researchers as a barrier to clinicians' use of evidence-based practices (e.g., Bezyak et al., 2010; Maras et al., 2014; Udo et al., 2018). Importantly, this study expands upon the extant literature by describing time as a barrier to research use in counseling practice among master's-level mental health and school counselors, specifically. Other barriers to research use in practice cited by counselors more inconsistently in this study included lack of resources or access to empirical research, co-workers who are not receptive to research-informed practice, clients who are not receptive to research-based treatments, and difficulty navigating journal articles. Interestingly, these factors have not been documented in the extant literature describing barriers to clinicians' use of research in practice. Thus, this study provides a first look at novel barriers to counselors' research use in practice that are worthy of continued exploration.

Finally, all counselors discussed factors that motivate them to use research in their work with clients. One of the most common motivating factors among counselors in this study included *doing what is best for clients*. Six counselors described being motivated to use research in practice as a means of doing what would be best for their clients' wellbeing. For counselors, doing what was best for clients entailed avoiding doing harm, empowering clients to support themselves outside of therapy, respecting clients' courage and vulnerability, and showing clients that they are cared for. Additionally, seven counselors described being motivated to use research in practice in order to be effective counselors. For these counselors, being effective involved staying current on new



research, having support for one's ideas and decisions, and remaining ethical.

Importantly, this study is the first to describe master's-level counselors' motivations for using research in practice.

**Additional Findings.** Some notable findings beyond those related to the research questions discussed above emerged to provide more insight into participants' perceptions of research as being a part of their counselor identities. Specifically, all eight counselors in this study indicated that they do not identify as practitioner-scientists. Participants identified various reasons for why "practitioner-scientist" was not a label that fit within their identities as counselors. For example, for some, having the label of practitioner-scientist suggested that they were engaging in research in a methodical, systematic manner, which they did not feel that they did. Other counselors thought about the training model used by their graduate programs. In general, counselors did not feel that this label applied to them or the way they used research in practice.

In contrast, almost all counselors ( $n = 7$ ) were able to offer alternative labels related to research that better described the role of research in their identities as counselors. Some of these labels included "consumer of research" and "informed counselors." Other counselors gave themselves labels that were less directly linked to research, but they described how research fell within these identities. For example, Kirsten identified as a "helper and solver of many problems" and indicated that research helped her figure how to best solve students' problems.

Interestingly, these findings demonstrate counselors' disconnection with the label of "practitioner-scientist." Accordingly, this study provides support for other researchers'

suggestions that the current paradigm used in counselor education to bridge the gap between research and counseling – the scientist-practitioner model of training – insufficiently addresses this gap (e.g., Benishek & Gordon, 1998; Heppner & Anderson, 1985; Hoshmond, 1991; Lee et al., 2014). Alternatively, the counselors in this study indicated that research is a relevant part of their counselor identities; however, they described the relevance of research to their roles as counselors differently than what is described by the scientist-practitioner model (Jones & Mehr, 2007). Moreover, here, counselors' alternative research-related labels aligned with Jorgensen and Duncan's (2015b) findings showing that counselors with higher levels of research identity (RI) believed that being an effective counselor involved valuing research as a part of one's counselor identity. Importantly, according to Jorgensen and Duncan, counselors with higher levels of RI viewed research broadly as opposed to rigidly in terms of a science and math orientation. Together, the results of the current study and Jorgensen and Duncan's study, along with critiques of the scientist-practitioner model of training (e.g., Benishek & Gordon, 1998; Lee et al., 2014), demonstrate the possibility that the scientist-practitioner model reinforces trainees' and counselors' narrow definitions of what it means to use research in counseling practice, thereby inhibiting their abilities to see research as a relevant part of what they do with clients. That is, it may be that this model of training does not allow for all forms of research use in practice that are relevant to counselors in the field. Importantly, this reiterates some scholars' arguments that counselors engage in research activities that may be discounted because they do not fit

with traditional conceptualizations of research (Benishek & Gordon, 1998; Marten & Heimberg, 1995).

### **Limitations**

For this study, the principal researcher aimed to obtain an unbiased representation of master's-level mental health and school counselors' experiences of research use in practice, master's research training, and supports and barriers to research use.

Accordingly, steps were taken to ensure trustworthiness of the findings. However, the findings that emerged to answer the research questions must be considered in the context of this study's limitations. Accordingly, counselor educators should be mindful of these limitations when considering how to apply the findings discussed above to their training programs. Limitations that warrant discussion include the research team and researcher bias, a limited sample, and self-report nature of the data.

### **The Research Team and Researcher Bias**

A core component of CQR methodology is trustworthiness (Hill, 2012). Accordingly, this study utilized various measures to reduce bias and ensure objectivity in order to increase trustworthiness of the findings. Two such measures included the use of a research team and external auditor, all of whom practiced careful bracketing of biases, assumptions, and expectations prior to and throughout the duration of the study, as well as consensus throughout each stage of data analysis. Although each member of the research team contributed a significant amount of time to the study and influenced the outcome of the results, the principal researcher led the process. As a result, the principal researcher conducted all interviews, decided on the nature of interview transcription, and

led data analysis. Importantly, the principal researcher's bias, which may have influenced data collection and analysis, other members of the research team, and the writing process, should be considered a limitation due to her enthusiasm for this topic area and strong belief in the need for improved research training in master's-level counselor preparation programs.

Relatedly, some aspects of the research team also should be included as limitations. First, all members of the research team and the auditor were invested in the topic of this study and shared some similar experiences related to their master's-level research training in addition to similar expectations and assumptions. Additionally, the research team consisted of one doctoral-level counselor educator at the assistant professor level, one counselor education post-doctoral fellow, and one doctoral candidate in counselor education. Furthermore, the auditor was a doctoral-level counselor educator at the full professor level. Because the research team did not consist of any master's-level counselors or counseling students, other potential perspectives were not included in the study. Consequently, the research team may have had a limited ability to understand the experiences of the master's-level counselors in practice who participated in this study. Finally, all members of the research team and the auditor identified as white. Importantly, this positionality may have limited the research team's ability to consider participants' responses from a variety of perspectives.

### **Limited Sample**

It is important to note that the sampling and recruitment strategies used in this study likely limited the overall representativeness of the final sample. As noted in

Chapter IV, a small number of participants were eligible to participate in the study based on the participation criteria. Although the principal researcher made efforts to ensure that a geographically and culturally diverse sample would be obtained, using convenience and snowball sampling strategies may have restricted the likelihood that this would occur. Moreover, the principal researcher did not use social media as part of her recruitment strategy, which may have reduced her ability to reach and recruit more counselors. Relatedly, because research can be a divisive topic area for counselors, particularly those at the master's level, this study may have appealed primarily to those participants who had stronger interests in research and/or more positive experiences. Thus, the sample in this study may not adequately represent those counselors who are not interested in or lack confidence related to research. Alternatively, this study's findings point to novel forms of research use in practice that counselors with low research interest or self-efficacy may feel persuaded to integrate into their work with clients.

Hill et al. (2015) recommended a sample size of eight to 15 participants for studies utilizing one- to two-hour interviews. The sample observed in this study consisted of eight counselors. Although the goal of qualitative methodology is not generalizability, using the minimum sample size requirement in this case may limit the transferability of these findings. Moreover, according to Hill et al. (2005), one of the risks of a smaller sample size is the heterogeneous nature of the sample, which may result in inconsistent results. Importantly, this study's data analysis resulted in eight *general* categories and only one *variant* category; however, further analysis revealed 22 *typical*, 24 *variant*, and only eight *general* subcategories, suggesting that the sample may have been too

heterogeneous. Thus, it is unclear the degree to which the findings that emerged represent the experiences of all counselors in practice. Alternatively, it may be that saturation was not achieved in this study, suggesting the need for further exploration of counselors' experiences of research use in practice.

Notably, this study's sample was limited due to the participants' demographics. Specifically, because all eight participants in this study identified as white and female, the cultural diversity of the sample was quite limited. Therefore, it is important to be wary of the degree to which this study's findings represent the experiences of non-white, non-female clinical mental health and school counselors at the master's level.

Furthermore, the sample under study was limited in terms of counselors' work settings. For example, this sample did not include school counselors working in middle school settings, nor did it include counselors working in private group practices or other types of behavioral health settings (e.g., community clinic). Thus, the research use experiences of counselors working in these settings was not represented. In addition, the counselors in this study predominantly represented the southeastern region of the United States ( $n = 5$ ) with regard to the locations where they received their training and worked at the time of this study. Counselors from the northeastern and western regions of the country were not represented in this study, and those counselors from the southwest ( $n = 2$ ) and Midwest ( $n = 1$ ) were underrepresented. Importantly, this study's findings do not adequately capture the research training experiences of counselors attending CACREP programs in these regions. Finally, given that this study focused on the research use experiences of practicing mental health and school counselors, it is unclear whether the

present findings transfer to types of counselors who were not sampled in this study (e.g., couple and family counselors, rehabilitation counselors).

### **Self-Report Nature of the Data**

In this study, participants were asked to self-reflect on their experiences of using research in practice, master's research training, and current supports and barriers to their research use in practice. Importantly, this focus may have impacted the degree to which a full picture of these experiences was obtained and thus represented in the study. It is possible that participants' responses to the interview questions were influenced by a desire to be viewed favorably by the researcher and/or pressure to depict themselves, their training, and their work settings in a positive light. Thus, participants may have restricted the degree to which they were transparent about their experiences. Moreover, participants may have had difficulty accurately recalling their research training experiences due to the amount of time that had passed since they graduated. Future researchers may consider how to triangulate self-reported data in order to increase the trustworthiness of the results. Means of triangulation may include research course syllabi and/or assignments, workplace observations, reflective journals, focus groups, interviews with counselors' colleagues, and examples of means of research use in practice (e.g., articles, books, or magazines; measures or forms of data collection).

### **Implications**

In this section, implications for counseling practice, counselor training, and future research based on this study's findings will be discussed.

## **Implications for Counseling Practice**

Perhaps most significantly, the results of this study provide a more holistic conceptualization of *research use in counseling practice* beyond what has been described in the literature to date. Importantly, this study provides some clarity regarding how master's-level mental health and school counselors consume research in practice, apply research to practice, engage in research in practice, and disseminate research in practice. Accordingly, counselors now have a broader definition of this construct to guide how they may consider using research in ways that are relevant to their work with clients. Counselors and counseling students in practicum and internship can use these findings to reflect on and evaluate the degree to which they use research in practice in the ways discussed in this study and/or through other means that may not be represented by this study's findings. For example, counselors may consider exploring new resources that allow them to consume research, or they may think about the ways they may collect data both informally and via pre-existing measures to assess client outcomes.

Additionally, counselors in mental health settings and schools, particularly counselors in positions of leadership, can use these findings to consider how to increase their and other counselors' use of research in practice in order to best serve clients. Similarly, counselors supervising interns and provisionally-licensed practitioners may also use these findings to help their supervisees identify the ways they consume, apply, engage in, and disseminate research in their work with clients, explore new means of using research in practice to enhance their clinical work, and identify the supports, barriers, and personal motivations to using research in practice. Supervisors may also



explore with their supervisees how they view research as being a part of their overall counselor identities to facilitate increased awareness of how research is relevant to practice and encourage using research in terms of the four domains described in this study. Supervisors, particularly those with doctoral-level training, should also be prepared to help counselors effectively consume research and explore options for applying, engaging in, and disseminating research.

Counseling settings such as agencies and schools should consider the supports and barriers identified by counselors in this study and work with counselors in these settings to identify strategies for minimizing barriers and maximizing supports to using research in practice. Counseling sites may consider how to help counselors access various resources, such as blogs, podcasts, social media, and professional development opportunities that allow them to consume research that they can potentially apply in practice. Counseling sites may also consider how to build in opportunities for counselors and other types of employees, if applicable, to discuss research (e.g., literature, their own) with one another.

### **Implications for Counselor Training**

Importantly, this study offers various implications for counselor training that have the potential to improve master's research training and thus counselors' use of research in practice. First, it is imperative that counselor educators revisit what is being taught with regard to research and how these topics are being taught to students. Although CACREP (2016) outlines the standards related to research that must be covered in a counseling curriculum, counselor educators should consider how to effectively connect the dots

between research and practice so that students are best able to understand how research is relevant to their future work as counselors in practice. Moreover, counselor educators need to consider how to integrate more opportunities for hands-on learning that allow students to practice research consumption, application, engagement, and dissemination. Counselor educators might consider designing an assignment, or multiple assignments, that require student to 1) consume research from a variety of resources related to a clinical topic of interest, 2) apply research that they have consumed with a client in practicum or internship (or via a roleplay with a classmate), 3) collect and analyze data pertaining to a client outcome or counselor effectiveness, and 4) disseminate the findings from one's analysis to classmates, supervisors, or staff at their practicum or internship sites.

Based on the results of this study, counselor educators also need to emphasize research consumption as a part of clinical practice. Specifically, it is critical that counselor educators teach students how to critically consume research both in terms of its rigor *and* clinical applicability. Moreover, counselor educators should teach students how to utilize various types of resources for research-based information (e.g., podcasts, social media posts, blogs) and be able to critically consume this information. Finally, it is necessary for counselor educators to help students identify where they can find open access sources of research.

Given that some participants in this study described having undergraduate research courses that were more challenging and beneficial to them than their master's-level courses, it is also critical that counselor educators evaluate the rigor of research

courses that are taught in training programs. Counselor educators should also consider the benefits and limitations of utilizing a single research course to cover CACREP standards related to research. Alternatively, counselor educators may also determine the foundational information that should be taught in stand-alone research courses that can be applied, practiced, and reiterated elsewhere in curricula. Moreover, it is critical that counselor educators, as opposed to faculty in external departments or disciplines, teach courses related to research so that students are able to see and hear examples of how research is used in and thus, relevant to, counseling practice. However, this option currently is not feasible for all counseling programs. Because this study's findings further emphasize the need for research to be infused across counseling curricula, it is imperative that counseling programs that must outsource their research courses consider how to infuse research into other courses and elements of students' training. Counselor educators should use Gelso's (1979, 1993, 2006) theory of RTEs as a model for infusing research across training programs based on the instructional and interpersonal factors. More specifically, counselor preparation programs should be mindful of how to fulfill Gelso's eighth and tenth ingredients, which call for programs to delineate how research and practice are wedded and how research can be conducted in practice.

Relatedly, the findings of this study suggest that it is important for counselor educators to revisit the current model of research training that is used most often in counselor preparation programs: the scientist-practitioner model of research training. Because counselors in the field appear not to connect with the label of "practitioner-scientist," counselor educators must consider how to reframe research training in ways

that accurately capture how research is relevant to counseling practice. Importantly, reestablishing the framework used to teach research in practice may allow room for a broader definition of research in practice that holistically captures how research is relevant to clinical work. Accordingly, students and counselors may begin to increasingly recognize the relevant role of research in counseling, thereby increasing their use of research in practice.

### **Directions for Future Research**

This study provided an important first look at master's-level mental health and school counselors' experiences of using research in practice in order to shed light on the ways in which research is relevant to counseling practice for these clinicians. Moreover, this study explored counselors' master's research training experiences and current supports and barriers to research use in practice. Several suggestions for future research are discussed below.

First, because this study utilized a relatively small sample of clinical mental health and school counselors, future research may entail further exploration of counselors to determine if the findings presented here accurately capture the research training experiences of other mental health and school counselors. Furthermore, it is also important to examine whether the forms of research use in counseling practice identified in this study, including consumption, application, engagement, and dissemination, reflect research use in practice among other types of counselors (e.g., couples and family counselors, clinical rehabilitation counselors, career counselors, college counseling and student affairs practitioners). Similarly, because all of the participants in this study were

white females, future researchers should determine whether the findings in this study capture the experiences of counselors' and trainees' with diverse racial, ethnic, and gender identities.

Additionally, to explore these research questions, researchers may consider developing instruments to measure *research use in counseling practice* and related constructs based on the four domains of research use identified in this study. Establishing methods of exploring *research use in counseling practice* from a quantitative lens will allow researchers to establish relationship among research use in practice and other important constructs in master's-level counselors and students, such as research identity (Jorgensen & Duncan, 2015a, 2015b), research interest, and research self-efficacy. Because this study focused on the research use and research training experiences of master's-level counselors trained in CACREP-accredited programs, future researchers may also explore the experiences of counselors who graduated from non-accredited programs.

Finally, this study provided a first look at the factors that master's-level mental health and school counselors perceived as impacting their use of research in practice. Researchers may consider qualitatively exploring in more depth the supports, barriers, and motivations to research use in practice identified by the participants in this study. For instance, researchers may examine the degree to which counselors on a broader scale feel supported and/or hindered by the factors specified in this study and whether other supports and barriers to research use in practice exist for counselors. Similarly, researchers should further explore master's-level counselors' motivations for using

research in practice as this is the first study known to the principal researcher to describe such motivating factors.

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APPENDIX A  
SCREENING QUESTIONNAIRE

Please select the most accurate answer to each of the following questions.

1. What master's degree do you have in counseling?
  - a. Master of Science
  - b. Master of Arts
  - c. Master of Education
  - d. Other, please specify

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2. Do you have any additional graduate degrees other than your master's in counseling? If yes, please specify all your additional graduate degrees list below. Provide the full spelling and acronym of each additional degree (Ex. Master of Public Health, MPH).
  - a. Yes (please specify)

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  - b. No
3. Are you currently seeking another graduate degree? If yes, please list below. Provide the full spelling and acronym.
  - a. Yes

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  - b. No
4. Did you receive your counseling degree from a CACREP-accredited program?
  - a. Yes
  - b. No
  - c. Not sure
5. Please list the university where you received your master's degree in counseling:  

---
6. Did you graduate from your program before December 2013?
  - a. Yes
  - b. No

7. What is your counseling specialty? Select all that apply.
- a. Addictions counseling
  - b. Career counseling
  - c. Clinical mental health counseling
  - d. Clinical rehabilitation counseling
  - e. College counseling
  - f. Gerontological counseling
  - g. Marriage, couple, and family counseling
  - h. School counseling
  - i. College student affairs
8. What are your current counseling credentials? Please include your licensure (e.g., LPC, LPCA) including which state(s) in which you have a license to practice and any certifications you hold (e.g., NCC). Please list out the full title of your license and its acronym (Ex. Licensed Professional Counselor Associate, LPCA, NC).
9. In what month and year did you receive your counseling license?
- Month:                      Year:
10. Are you currently working with clients and/or students individually?
- a. Yes
  - b. No
11. In what month and year did you first start working with clients and/or students as a licensed or provisionally licensed counselor/school counselor?
- Month:                      Year:
12. In what setting are you currently working with clients/students? Select all that apply. If “other” please specify.
- a. School setting
  - b. Outpatient or community health setting
  - c. Private practice
  - d. College counseling center
  - e. Inpatient setting/Hospital
  - f. Other, please specify
  - g. I am not currently working with clients/students
13. What is your undergraduate background? Please provide your degree type and major(s)/minor(s) that you studied.
-

14. Do you feel that your undergraduate degree program was research-oriented?  
Please provide a brief explanation of your answer.

---

For the following 4 questions, please select “Yes,” “No,” or “Not sure.”

15. Do you consume research (e.g., read research articles) in your practice with clients/students?
- Yes
  - No
  - Not sure
16. Do you apply research (e.g., use evidence-based practices) to your practice with clients/students?
- Yes
  - No
  - Not sure
17. Do you engage in research (e.g., collect your own data) in your practice with clients/students?
- Yes
  - No
  - Not sure
18. Do you use research in other ways in your practice with clients/students?
- Yes
  - No
  - Not sure
19. What is your gender identity? If other, please specify
- Female
  - Male
  - Transgender female
  - Transgender male
  - Other (Please specify)

20. What is your race/ethnicity? Please select all that apply. If other, please specify.
- a. Asian
  - b. Native Hawaiian/Pacific Islander
  - c. Black/African American
  - d. American Indian/Alaskan Native
  - e. Latinx
  - f. White
  - g. Other (please specify)
21. What are your birthday month and year? Please write out as ## month/#### year (e.g., 04/1991).
22. 

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Please select the state in which you currently practice:
- Drop down menu containing 50 states*
23. Please leave your **full name** and an **email** and **phone number** by which the researcher, Lindsey Umstead, can reach you to schedule a one-hour interview. Individuals who participate in an interview will receive a \$20 Amazon gift card.



## APPENDIX B

### PILOT STUDY INTERVIEW QUESTIONS

1. Where do you currently practice/work with clients? What population(s) do you work with? Is there anything else I should know about your practice?
2. When I say, “research in practice,” how do you define or think about that?
3. What training and/or experience do you have related to research?
4. As a student, what was expected of you in terms of using research in your practice?
5. In what ways has your training/instruction in research informed and/or influenced your counseling practice?
6. In what ways do you use research in your counseling practice and why?
  - a. How have you/do you consumed/**consume** research in practice?
  - b. How have you/do you applied/**apply** research in your practice?
  - c. In what ways have you **engaged in** research in practice (i.e., used/implemented research methods and/or procedures) in practice?
7. Are there ways that you disseminate any data/research/results you collect or produce as part of your work with clients? (e.g., guest lecturing in courses, blog, professional presentations, social media, magazines, professional journals)
8. How does using research as part of practice impact your work with clients?
9. What, if anything, supports or encourages your use of research in practice?
10. What, if anything, discourages or hinders your use of research in practice?
11. What do you wish you had gotten that you did not get in graduate school) that would help you today in using research in practice?
12. What should be the expectations for research-related training for master’s students to help them be prepared to incorporate research into their practice?
13. In what ways do you think of yourself as a “scientist-practitioner?” Explain. Is there another label that you would ascribe to yourself in relation to research?

14. Anything we have not talked about that you think is relevant and would like to speak to? Is there anything you would suggest for other interviews? What feedback do you have for me about this interview?

## APPENDIX C

### FINAL INTERVIEW PROTOCOL

1. Where do you currently practice/work with clients? What population(s) do you work with? Is there anything else I should know about your practice?
2. When I say, “research in practice,” how do you define or think about that?
3. What training and/or experience do you have related to research?
4. As a student, what was expected of you in terms of using research in your practice?
5. Has your training/instruction in research informed and/or influenced your counseling practice? If so, how?
6. In what ways do you use research in your counseling practice and why?
  - a. How have you/do you consumed/**consume** research in practice?
  - b. How have you/do you applied/**apply** research in your practice?
  - c. In what ways have you **engaged in** research in practice (i.e., used/implemented research methods and/or procedures) in practice?
  - d. Are there other ways that you use research in your practice that do not fall into these three categories?
7. Are there ways that you disseminate any data/research/results you collect or produce as part of your work with clients? (e.g., guest lecturing in courses, blog, professional presentations, social media, magazines, professional journals)
8. Does using research as part of practice impact your work with clients? If so, how?
9. What, if anything, supports or encourages your use of research in practice?
10. What, if anything, discourages or hinders your use of research in practice?
11. What do you wish you had gotten that you did not get in graduate school that would help you today in using research in practice?
12. What should be the expectations for research-related training for master’s students to help them be prepared to incorporate research into their practice?

13. In what ways do you think of yourself as a “scientist-practitioner?” Please explain. Is there another label that you would ascribe to yourself in relation to research instead?
14. Is there anything we have not talked about that you think is relevant and would like to speak to?

## APPENDIX D

### RECRUITMENT EMAIL TO COUNSELORS

Hello!

My name is Lindsey Umstead and I am a doctoral candidate in Counseling and Counselor Education at The University of North Carolina at Greensboro (UNCG). I am reaching out to invite you to participate in my dissertation study, entitled “Exploring Counselors’ Use of Research in Practice: A CQR Study.” I want to gain a better understanding of how mental health and school counselors use research in their work with clients and/or students. This study is under the advisement of my dissertation chair, Dr. L. DiAnne Borders.

Participation will involve a one-hour interview. The interview will occur in person or electronically, depending upon your location. **Participants will receive a \$20 Amazon gift card for their time and contribution to this study.**

If you are interested in participating, please first complete this brief survey: **[LINK]**. This survey will take no longer than 10 minutes. At the end, you will be asked to provide an email address and/or phone number that I can use to contact you to schedule an interview. **All information that you provide will remain confidential and remain in a secure location known only to me.**

These are the inclusion criteria for participating in this study:

1. Identify as a mental health counselor and/or school counselor and hold state-appropriate licensure credentials (e.g., LPC, LPCA, school counselor license).
2. Be a master’s-level counselor who does not hold additional graduate degrees (e.g., PhD, MPH).
3. Have graduated from a CACREP-accredited counselor training program within the last five years (i.e., no earlier than December 2013).
4. Have been working with clients and/or students in a counseling setting as a fully- or provisionally-licensed counselor for a minimum of one year but no more than five years.
5. Be currently working with clients and/or students in a counseling setting.

If you have any questions, please do not hesitate to contact me.

Thank you for your consideration!

Lindsey K. Umstead, MS, LPCA, NCC  
Doctoral Candidate, UNCG  
Phone: 919-943-7463  
Email: [lkumstea@uncg.edu](mailto:lkumstea@uncg.edu)

## APPENDIX E

### RECRUITMENT EMAIL TO COUNSELOR EDUCATORS

Hello Dr. [Name],

My name is Lindsey Umstead and I am a doctoral candidate in Counseling and Counselor Education at The University of North Carolina at Greensboro (UNCG). I am reaching out to invite you to request your assistance with my dissertation study, entitled “Exploring Counselors’ Use of Research in Practice: A CQR Study.” I want to gain a better understanding of how mental health and school counselors use research in their work with clients and/or students. This study is under the advisement of my dissertation chair, L. DiAnne Borders, PhD, LPC, NCC, ACS, at UNCG.

I am hoping that you might assist me in recruiting master’s-level counselors to participate in my study. Specifically, I would like to ask you to forward the following email to any counselors you know in your area. These may be alumni of your master’s program or counselors you know in some other capacity (e.g., internship site supervisors). The recruitment email below provides more information about the study and participation criteria. Please let me or Dr. Borders know if you have any questions. Thank you for your time and consideration!

Lindsey K. Umstead, MS, LPCA, NCC  
Phone: 919-943-7463  
Email: [lkumstea@uncg.edu](mailto:lkumstea@uncg.edu)

L. DiAnne Borders, PhD, LPC, NCC, ACS  
Phone: 336-334-3423  
Email: [borders@uncg.edu](mailto:borders@uncg.edu)

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Hello!

My name is Lindsey Umstead and I am a doctoral candidate in Counseling and Counselor Education at The University of North Carolina at Greensboro (UNCG). I am reaching out to invite you to participate in my dissertation study, entitled “Exploring Counselors’ Use of Research in Practice: A CQR Study.” I want to gain a better understanding of how mental health and school counselors use research in their work with clients and/or students. This study is under the advisement of my dissertation chair, Dr. L. DiAnne Borders.

Participation will involve a one-hour interview. The interview will occur in person or electronically, depending upon your location. **Participants will receive a \$20 Amazon gift card for their time and contribution to this study.**

If you are interested in participating, please first complete this brief survey: [\[LINK\]](#). This survey will take no longer than 10 minutes. At the end, you will be asked to provide an email address and/or phone number that I can use to contact you to schedule an interview. **All information that you provide will remain confidential and remain in a secure location known only to me.**

These are the inclusion criteria for participating in this study:

1. Identify as a mental health counselor and/or school counselor and hold state-appropriate licensure credentials (e.g., LPC, LPCA, school counselor license).
2. Be a master's-level counselor who does not hold additional graduate degrees (e.g., PhD, MPH).
3. Have graduated from a CACREP-accredited counselor training program within the last five years (i.e., no earlier than December 2013).
4. Have been working with clients and/or students in a counseling setting as a fully- or provisionally-licensed counselor for a minimum of one year but no more than five years.
5. Be currently working with clients and/or students in a counseling setting.

If you have any questions, please do not hesitate to contact me.

Thank you for your consideration!

Lindsey K. Umstead, MS, LPCA, NCC  
Doctoral Candidate, UNCG  
Phone: 919-943-7463  
Email: [lkumstea@uncg.edu](mailto:lkumstea@uncg.edu)

APPENDIX F

INFORMED CONSENT FOR PARTICIPATION

UNIVERSITY OF NORTH CAROLINA AT GREENSBORO

CONSENT TO ACT AS A HUMAN PARTICIPANT

Project Title: Exploring Counselors' Use of Research in Practice: A CQR Study

Principal Investigator and Faculty Advisor (if applicable): Lindsey K. Umstead, MS, LPCA, NCC (PI), L. DiAnne Borders, PhD, LPC, NCC, ACS (Faculty Advisor)

Participant's Name: \_\_\_\_\_

**What are some general things you should know about research studies?**

You are being asked to take part in a research study. Your participation in the study is voluntary. You may choose not to join, or you may withdraw your consent to be in the study, for any reason, without penalty.

Research studies are designed to obtain new knowledge. This new information may help people in the future. There may not be any direct benefit to you for being in the research study. There also may be risks to being in research studies. If you choose not to be in the study or leave the study before it is done, it will not affect your relationship with the researcher or the University of North Carolina at Greensboro.

Details about this study are discussed in this consent form. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. If you have any questions about this study at any time, you should ask the researchers named in this consent form. Their contact information is below.

**What is the study about?**

This is a research project. Your participation is voluntary. The purpose of this study is to understand how mental health and school counselors use research in their work with clients. We also want to better understand your research training experiences and what supports and hinders your use of research in your clinical practice.

**Why are you asking me?**

You are being asked to participate in this study because you meet the following criteria:

1. You identify as a mental health counselor and/or school counselor and hold state-appropriate licensure credentials (e.g., LPC, LPCA, school counselor license).



2. You are a master's-level counselor who does not hold additional graduate degrees (e.g., PhD, MPH).
3. You graduated from a CACREP-accredited counselor training program within the last five years (i.e., no earlier than December 2013).
4. You have been working with clients and/or students in a counseling setting as a fully- or provisionally-licensed counselor for a minimum of one year but no more than five years.
5. You are currently working with clients and/or students in a counseling setting.

**What will you ask me to do if I agree to be in the study?**

If you volunteer to participate in this study, you will first be asked to complete a brief survey that will take approximately 10 to 15 minutes of your time. At the end of the survey you will be asked to indicate if you are willing to participate in interview with the researcher that will last approximately one hour. If you volunteer to participate in an interview, you will be asked to provide your name and an email address and phone number where the researcher can reach you. The researcher will contact you by phone or email to schedule a time to meet face to face or virtually using an online meeting system called Regroup. During this interview, you will be asked to answer a set of questions about how you use research in your counseling practice.

**Is there any audio/video recording?**

Yes. All interviews will be audio recorded using a digital recording device. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed, although the researcher will try to limit access to the recording as described below. All recordings will be stored in a password protected file on the researcher's computer, which is also password protected. These recordings will only be accessible to the researcher and will be deleted at the conclusion of the study. You will be asked not to disclose any names or geographical locations during your interview to ensure anonymity.

**What are the risks to me?**

The Institutional Review Board at The University of North Carolina at Greensboro has determined that participation in this study poses minimal risk to participants.

If you have questions, want more information or have suggestions, please contact Lindsey K. Umstead (principle investigator) at 919-943-7463 or [lkumstea@uncg.edu](mailto:lkumstea@uncg.edu) or L. DiAnne Borders (faculty advisor) at 336-334-3423 or [borders@gmail.com](mailto:borders@gmail.com)

If you have any concerns about your rights, how you are being treated, concerns or complaints about this project or benefits or risks associated with being in this study please contact the Office of Research Integrity at UNCG toll-free at (855)-251-2351.

**Are there any benefits to society as a result of me taking part in this research?**

This study may benefit society by helping counselor educators understand how to improve how master's-level counselor training programs to prepare counselors to use research in practice. The use of research in counseling ultimately may serve to improve the services clients receive from counselors.

**Are there any benefits to *me* for taking part in this research study?**

There are no direct benefits to participants in this study.

**Will I get paid for being in the study? Will it cost me anything?**

Individuals who participate in an hour-long interview with the researcher will receive a \$20 Amazon gift card for their time and assistance.

**How will you keep my information confidential?**

All information obtained in this study is strictly confidential unless disclosure is required by law. All responses to the survey will be stored on the researcher's computer, including your name and contact information, which is password protected. Only the researcher will have access to the survey information. All recorded interviews will be stored in a password protected folder on the researcher's computer. The audio recorded interviews will be transcribed by the researcher and a professional transcription service, who will have contractual obligations to keep all information confidential. Prior to your interview, you will be asked not to provide any identifying information during your interview, including names and geographical locations. Once interviews have been transcribed, any remaining identifying information will be redacted from the transcriptions in order to ensure anonymity. All anonymous interview transcriptions will be stored on a secure, password protected, online storage service used by UNCG (i.e. Box). These transcriptions will be accessible only to members of the research team to be used for data analysis. Audio recordings will be deleted at the conclusion of the study and interview transcriptions will be stored up to two years following the conclusion of the study.

Your interview and survey responses will receive an identification number so that the researcher can match information without using your name. Absolute confidentiality of data provided through the Internet cannot be guaranteed due to the limited protections of Internet access. Please be sure to close your browser when finished so no one will be able to see what you have been doing.

**What if I want to leave the study?**

You have the right to refuse to participate or to withdraw at any time, without penalty. If you do withdraw, it will not affect you in any way. If you choose to withdraw, you may request that any of your data which has been collected be destroyed unless it is in a de-identifiable state. The investigators also have the right to stop your participation at any

time. This could be because you have had an unexpected reaction, or have failed to follow instructions, or because the entire study has been stopped.

**What about new information/changes in the study?**

If significant new information relating to the study becomes available which may relate to your willingness to continue to participate, this information will be provided to you.

**Voluntary Consent by Participant:**

By completing this survey, you are agreeing that you read, or it has been read to you, and you fully understand the contents of this document and are openly willing consent to take part in this study. All of your questions concerning this study have been answered. By selecting “I DO give my consent to participate in this study” below, you are agreeing that you are 18 years of age or older and are agreeing to participate in this study described to you by Lindsey K. Umstead.

Option A: I DO give my consent to participate in this study.

Option B: I DO NOT give my consent to participate in this study

## APPENDIX G

### REVISED FINAL INTERVIEW PROTOCOL

1. Since you graduated from your counseling program, what have you been doing?
  - a. Where do you currently practice/work with clients? What population(s) do you work with? Is there anything else I should know about your practice?
2. When I say, “research in practice,” how do you define or think about that?
3. In what ways do you use research in your counseling practice?
  - a. How do you **consume** research in practice?
    - i. What types of information/research do you consume in your practice? What sources do you use to find this information?
    - ii. Do you read any scholarly journals or articles? If yes, which one(s)?
    - iii. How do you complete continuing education requirements?
  - b. How do you **apply** research in your practice?
    - i. Do you apply research that you read from scholarly journal articles? How?
    - ii. Do you apply information that you get from conferences, workshops, etc.? How?
    - iii. Do you use evidence-based practices? If yes, what does this look like?
    - iv. Do you talk to clients about research you learn about?
    - v. Do you recall information/research you’ve learned about as you are working with clients?
    - vi. Does research guide your treatment plans and/or next steps with clients?
  - c. In what ways have you **engaged in** research in practice (i.e., used/implemented research methods and/or procedures) in practice?
    - i. Do you engage in research to evaluate your services/programs/own effectiveness?
    - ii. Do you engage in research to answer questions that you are interested in?
    - iii. Do you collect data/information formally or informally? If so, how?
    - iv. Do you analyze client data? If so, how?
    - v. Do you develop and test hypotheses about clients?

- d. Are there other ways that you use research in your practice that do not fall into these three categories? If so, what are they?
4. Are there any ways that you disseminate data, results, or research that you collect or produce as part of your work with clients?
  - a. Do you present/guest lecture in graduate courses?
  - b. Do you write blog posts?
  - c. Do you present professional presentations at conferences?
  - d. Do you post on social media?
  - e. Do you publish your work in magazines or professional journals?
  - f. Do you share results with your coworkers at meetings or by other means?
5. If you use research as a part of your clinical practice, what motivates you to do so?
6. Do you believe that using research as part of practice impacts your work with clients? If yes, how? If no, why not?
7. In your current practice, are there any factors that support or encourage your use of research in practice?
8. In your current practice, what, if anything, discourages or hinders your use of research in practice?
9. What training and/or experience do you have related to research?
  - a. What were some of the elements of your graduate training in research that you appreciate?
  - b. Was anything missing from your graduate research training that would help you today in using research in practice? If yes, what?
10. As a master's student, what was expected of you in terms of using research in your practice?
  - a. Were there any expectations from the faculty in your program?
  - b. Where there any expectations of the staff you worked with at your practicum and/or internship sites?
11. Do you believe that your graduate training/instruction in research has informed or influenced your counseling practice? If so, how? If no, why not?
12. What should be the expectations for research-related training for master's students to help them be prepared to incorporate research into their practice?

13. Do you think of yourself as a “practitioner-scientist?” Please explain. Is there another label that you would ascribe to yourself in relation to research instead?
14. Is there anything we have not talked about that you think is relevant and would like to speak to?

APPENDIX H

REVISED FINAL SCREENING QUESTIONNAIRE

Please select the most accurate answer to each of the following questions.

1. What master's degree do you have in counseling?
  - a. Master of Science
  - b. Master of Arts
  - c. Master of Education
  - d. Other, please specify  
\_\_\_\_\_
  
2. Do you have any additional graduate degrees other than your master's in counseling? If yes, please specify all your additional graduate degrees list below. Provide the full spelling and acronym of each additional degree (Ex. Master of Public Health, MPH).
  - a. Yes (please specify)  
\_\_\_\_\_
  - b. No
  
3. Are you currently seeking another graduate degree? If yes, please list below. Provide the full spelling and acronym.
  - a. Yes  
\_\_\_\_\_
  - b. No
  
4. Did you receive your counseling degree from a CACREP-accredited program?
  - a. Yes
  - b. No
  - c. Not sure
  
5. Please list the college or university where you received your master's degree in counseling:  
\_\_\_\_\_
  
6. In what month and year did you graduate from your counseling program?  
Month and Year: \_\_\_\_\_

7. What is your counseling specialty? Select all that apply.
- a. Addictions counseling
  - b. Career counseling
  - c. Clinical mental health counseling
  - d. Clinical rehabilitation counseling
  - e. College counseling
  - f. Gerontological counseling
  - g. Marriage, couple, and family counseling
  - h. School counseling
  - i. College student affairs
8. What are your current counseling credentials? Please include your licensure and/or school counselor certification/license. Please also include the state(s) in which you have a license to practice and any certifications you hold (e.g., NCC). Please list out the full title of your license and its acronym (Ex. Licensed Professional Counselor Associate, LPCA, NC).
9. In what month and year did you receive your counseling license?
- Month:                      Year:
10. Are you currently working with clients and/or students individually?
- a. Yes
  - b. No
11. In what month and year did you first start working with clients and/or students as a licensed or provisionally licensed counselor and/or school counselor?
- Month:                      Year:
12. In what setting are you currently working with clients/students? Select all that apply. If "Other" please specify.
- a. School setting
  - b. Outpatient or community health setting
  - c. Private practice
  - d. College counseling center
  - e. Inpatient setting/Hospital
  - f. Other, please specify
  - g. I am not currently working with clients/students



13. If you are a school counselor, what type of school setting are you working in? If “Other,” please specify. This question does not apply to mental health counselors working in a school setting.
- Elementary school
  - Middle school
  - High school
  - Other (Please specify)
14. What is your undergraduate background? Please provide your degree type and major(s)/minor(s) that you studied.
- 
15. Do you feel that your undergraduate degree program was research-oriented? Please provide a brief explanation of your answer.
16. In your master’s counseling program, in what department was your research methods course offered?
- In the counseling department
  - In another department. If possible, specify the department or discipline of the professor (e.g., Educational Psychology)
  - Not applicable/Other (please describe)

**For the following 4 questions, please select “Yes,” “No,” or “Not sure.”**

17. Do you consume research (e.g., read research articles) in your practice with clients/students?
- Yes
  - No
  - Not sure
18. Do you apply research (e.g., use evidence-based practices) to your practice with clients/students?
- Yes
  - No
  - Not sure
19. Do you engage in research (e.g., collect your own data) in your practice with clients/students?
- Yes
  - No
  - Not sure

20. Do you use research in other ways in your practice with clients/students?
- a. Yes
  - b. No
  - c. Not sure

21. What is your gender identity? If “Other,” please specify.
- a. Female
  - b. Male
  - c. Transgender female
  - d. Transgender male
  - e. Other (Please specify)

22. What is your race/ethnicity? Please select all that apply. If “Other,” please specify.
- a. Asian
  - b. Native Hawaiian/Pacific Islander
  - c. Black/African American
  - d. American Indian/Alaskan Native
  - e. Latinx
  - f. White
  - g. Other (please specify)

23. What are your birthday month and year?

Month and year: \_\_\_\_\_

24. Please select the state in which you currently practice:

*Drop down menu containing 50 states*

25. Please leave your **full name** and an **email** and **phone number** by which the researcher, Lindsey Umstead, can reach you to schedule a one-hour interview. Individuals who participate in an interview will receive a \$20 Amazon gift card.

## APPENDIX I

### PRE-INTERVIEW REFLECTION QUESTIONS

What are your experiences of using research in your counseling practice? This may include how you consume research, apply it to your practice, engage in the research process, or other means by which you believe you use research.

What were your experiences of research training in your master's counseling program? Do you believe these experiences influence whether and how you use research in practice?

Currently, what factors support and/or hinder your use of research in practice?

APPENDIX J

TRANSCRIPTIONIST STATEMENT OF CONFIDENTIALITY



THE UNIVERSITY *of* NORTH CAROLINA  
**GREENSBORO**

**University of North Carolina at Greensboro**

**RESEARCH CONFIDENTIALITY AGREEMENT  
FOR RESEARCH INVOLVING HUMAN PARTICIPANTS**

I \_\_\_\_\_ have agreed to assist with \_\_\_\_\_ for  
the research project entitled \_\_\_\_\_ **IRB #** \_\_\_\_\_

I agree not to discuss or disclose any of the content or personal information contained within the data, tapes, transcriptions or other research records with anyone other than the Principal Investigator, \_\_\_\_\_, the faculty advisor, \_\_\_\_\_ or in the context of the research team. I agree to maintain confidentiality at all times and to abide by the [UNCG Research Misconduct Policy](#) and the [UNCG Policy on the Protection of Human Subjects in Research](#).

Date:        /        /

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Principal Investigator

**To be completed by all members of the research team with access to personal data on human research participants.**

**File a copy with the PI.**

APPENDIX K

PARTICIPANTS' COUNSELOR PROFILES

Table 4

Participants' Counselor Profiles

Pseudo-nym	Race, Gender, Age	Counselor Type	Licensure	Began Working with Clients	Degree	Graduated	Geographic Region
Madison	White, Female, 31	Clinical Mental Health	Provisional state licensure	August 2015	M.A.	August 2015	Southeast
Lucy	White, Female, 30	Clinical Mental Health	Full state licensure	April 2014	M.A.	December 2013	Southeast
Amelia	White, Female, 28	School-Based Clinical Mental Health	Full state licensure	March 2016	M.A.	December 2015	Southwest
Claire	White, Female, 29	School (Elementary)	State-required school counseling license	August 2016	M.Ed.	May 2016	Southeast
Kirsten	White, Female, 29	School (High school)	State-required school counseling license and provisional state licensure	August 2014	M.S./Ed.S.	May 2014	Southeast
Julie	White, Female, 31	Clinical Mental Health	Provisional state licensure	July 2017	M.A.	May 2017	Southwest
Poppy	White, Female, 27	School (Elementary)	State-required school counseling license	July 2017	M.Ed.	May 2017	Southeast

Jillian	White, Female, 31	Clinical Mental Health	Full state licensure	August 2016	M.S.	July 2016	Midwest
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*Note.* “Began Working with Clients/Students” indicates when participants first started seeing clients post-graduation. “Geographic Region” indicates the geographic region of the United States where participants’ counselor training programs and current work settings are located.

APPENDIX L

PARTICIPANTS' WORK PROFILES

Table 5

Participants' Work Profiles

Participant Pseudonym	Current Work Settings and Details		Previous Work Settings and Details	
Madison	Intensive outpatient eating disorder treatment facility (full-time)	Mental health counselor working with female, male, and transgender clients ages 17 and older with eating disorders and other co-morbid disorders. Provides individual, group, and family counseling.	Non-profit agency serving survivors of domestic violence and sexual assault	Worked as a youth services coordinator and gave psychoeducational presentations to children, adolescents, and adults between the ages of eight to 24. Also assisted with running counseling groups for children and adults.
	Personal private practice (part-time)	In private practice, works with females ages 21 to 25 with eating disorders.	Residential eating disorders facility	Worked as therapist providing individual, group, and family counseling services for children and adolescents.
Lucy	Personal private practice (full-time)	Mental health counselor working with adolescents and adults presenting with self-injury, suicidality, borderline personality disorder, mood disorders, and anxiety. Provides individual, couples,	Group counseling practice	Worked primarily with children and teenagers.

Amelia	High school (full-time)	and family counseling. Mental health counselor working for a non-profit organization that contracts with local schools to provide mental health support to at-risk youth. At her current, school, manages about 100 students and works with them to eliminate non-academic barriers to school success.	Residential treatment facility	Worked with adolescent males who had been removed from both their families of origin due to abuse or neglect and their foster homes due to extreme behavioral issues.
	Personal private practice (part-time)	In private practice, works primarily with younger children and provides play therapy.		
Claire	Elementary school (full-time)	School counselor working with 475 pre-K through fifth grade students from low economic backgrounds. Most students are homeless, have at least one incarcerated parent, and are being raised by other family members (e.g., grandparents). Provides individual counseling and guidance lessons.		



Kirsten	High school	School counselor working with rural high school students grades nine through twelve to address social and emotional concerns, college counseling, and academic concerns.	High school	Worked as ninth-grade counselor for students from poor community to address social and emotional concerns.
Julie	Community domestic violence agency	Mental health counselor working with children and adolescents ages three to 18 who have witnessed violence at a non-profit, grant funded agency. Provides free child-centered play therapy that is limited to six months. Also provides group counseling. Works with many bilingual Spanish-and English-speaking children.		
Poppy	Upper elementary school	School counselor working with 875 students grades three through five at a Title 1 school. About 75% of students are Latino/a who have recently immigrated from Central America or are first-generation Americans. Students primarily		

		ask to talk about social concerns, academic concerns, or issues at home. Provides individual and group counseling and daily guidance lessons
Jillian	Inpatient behavioral health facility	Mental health counselor working with pre-adolescent and adolescent males and females from urban and rural settings. Clients are admitted due to being at imminent risk to self or others. Provides individual and group counseling.

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*Note.* Participants' work setting profiles are based on their responses during their individual semi-structured interview.

APPENDIX M  
DOMAINS AND CATEGORIES

Table 6  
Frequencies of Domains and Categories

Domains	Categories and Subcategories	Cases and Frequency	Participants
Research use in counseling practice	Conceptualizations of research use in practice	8 – General	All
	Consuming research in practice	8 – General	All
	Peer-reviewed journals and articles	5 – Typical	Madison, Amelia, Julie, Poppy, Jillian
	Books	4 – Typical	Madison, Lucy, Amelia, Jillian
	Magazines	1 – Rare	Poppy
	Blogs	3 - Variant	Madison, Claire, Kirsten
	Podcasts	2 – Variant	Madison, Julie
	Other electronic resources	4 – Typical	Madison, Amelia, Claire, Poppy
	Professional development opportunities	7 – General	Madison, Lucy, Amelia, Claire, Kirsten, Julie, Jillian
	Informal resources	4 – Typical	Madison, Amelia, Claire, Julie
	What some participants are not doing	3 – Variant	Kirsten, Julie, Poppy
	Reasons for consuming research in practice	2 – Variant	Madison, Claire
	Applying research in practice	8 – General	All
	Using evidence-based practices	8 – General	All
	Talking about what the research says with clients	7 – General	Madison, Lucy, Amelia, Claire, Kirsten, Poppy, Jillian
	Talking about what the research says with colleagues	3 - Variant	Madison, Kirsten, Claire
Informing treatment plans, sessions, and	7 – General	Madison, Lucy, Amelia, Kirsten, Julie, Poppy,	

	programming		Jillian
	Recalling research in sessions	4 – Typical	Lucy, Claire, Julie, Jillian
	Consulting with colleagues, supervisors, and other resources	3 - Variant	Claire, Julie, Poppy
	What some participants are not doing	2 – Variant	Kirsten, Poppy
	Needs and preferences for applying research in practice	2 - Variant	Lucy, Julie
	Reasons for applying research in practice	3 – Variant	Madison, Amelia, Claire
	Engaging in research in practice	8 – General	All
	Using pre-existing measures	6 - Typical	Madison, Lucy, Amelia, Kirsten, Julie, Jillian
	Creating one’s own measures of effectiveness	2 – Variant	Claire, Poppy
	Other methods of data collection	3 – Variant	Madison, Lucy, Jillian
	Informal data analysis	6 – Typical	Madison, Lucy, Amelia, Julie, Poppy, Jillian
	How participants use data they collect and analyze	4 - Typical	Madison, Lucy, Amelia, Claire
	Informally developing and testing hypotheses	5 – Typical	Madison, Amelia, Claire, Julie, Jillian
	What some participants are not doing	3 – Variant	Madison, Lucy, Kirsten
	Disseminating one’s own research	7 – General	Lucy, Amelia, Claire, Kirsten, Julie, Poppy, Jillian
	With clients	3 – Variant	Lucy, Julie, Jillian
	With colleagues	6 – Typical	Amelia, Claire, Kirsten, Julie, Poppy, Jillian
	With trainees	1 – Rare	Claire
	With others	2 – Variant	Amelia, Julie
	What some participants are not doing	7 – General	Lucy, Amelia, Claire, Kirsten, Julie, Poppy, Jillian
Research training experiences	Impacts of using research in practice	8 – General	All

Undergraduate research experiences	8 – General	All
Research-specific courses and assignments	8 – General	All
Other research experiences	1 – Rare	Amelia
Influence of undergraduate research experiences	2 – Variant	Madison, Amelia
Master’s research training experiences	8 – General	All
Research-specific courses and assignments	8 – General	All
Research infusion throughout the program	5 – Typical	Madison, Lucy, Julie, Poppy, Jillian
What participants did not do	2 – Variant	Amelia, Kirsten
Strengths of master’s research training	7 – General	Madison, Lucy, Amelia, Claire, Julie, Poppy, Jillian
Connecting research to practice	5 – Typical	Madison, Lucy, Claire, Julie, Poppy
Teaching research consumption	3 – Variant	Amelia, Julie, Jillian
Other miscellaneous strengths	4 – Typical	Lucy, Amelia, Julie, Jillian
Weaknesses of master’s research training	6 – Typical	Madison, Lucy, Claire, Kirsten, Julie, Poppy
Lack of hands-on research experiences	4 – Typical	Madison, Lucy, Claire, Julie
Other miscellaneous weaknesses	4 – Typical	Claire, Kirsten, Julie, Poppy
Research-related expectations experienced by participants	8 – General	All
Expectations in field experiences	7 – General	Madison, Lucy, Amelia, Claire, Kirsten, Poppy, Jillian
Faculty members’ expectations	5 – Typical	Madison, Lucy, Claire, Poppy, Jillian
Unclear expectations	1 – Rare	Julie
Impact of master’s research training on current use of research in counseling practice	8 – General	All

	Positive impacts	6 – Typical	Madison, Lucy, Amelia, Claire, Poppy, Jillian
	Negative impacts	3 - Variant	Amelia, Kirsten, Julie
	Suggestions for counseling programs	7 – General	Madison, Lucy, Amelia, Claire, Kirsten, Julie, Jillian
	Clearly connect the dots between research and practice	6 – Typical	Madison, Lucy, Claire, Kirsten, Julie, Jillian
	Clarify and emphasize how to consume research	2 – Variant	Amelia, Jillian
	Encourage curiosity	1 – Rare	Amelia
Factors influencing research use in practice	Supports	7 – General	Madison, Amelia, Claire, Kirsten, Julie, Poppy, Jillian
	Work-related supports	6 – Typical	Madison, Amelia, Claire, Kirsten, Poppy, Jillian
	Personal traits	3 – Variant	Madison, Amelia, Julie
	Funding	2 – Variant	Julie, Jillian
	Support from one’s counseling program	2 – Variant	Claire, Julie
	Barriers	8 – General	All
	Time	5 – Typical	Madison, Kirsten, Julie, Poppy, Jillian
	Miscellaneous work-related barriers	4 – Typical	Madison, Amelia, Claire, Julie
	Lack of access to research	3 – Variant	Madison, Lucy, Jillian
	Clients	2 – Variant	Lucy, Claire
	Navigating research articles	1 – Rare	Amelia
	Motivating factors	8 – General	All
	Doing what is best for clients	6 – Typical	Madison, Lucy, Claire, Julie, Poppy, Jillian
	Being an effective counselor	7 – General	Madison, Lucy, Amelia, Claire, Kirsten, Poppy, Jillian
	Being reason-oriented	1 – Rare	Madison
Research as part of one’s counselor identity	Absence of practitioner-scientist label	7 – General	Madison, Lucy, Amelia, Claire, Kirsten, Julie, Jillian
	Alternative research-related labels	8 – General	All

Other            Reactions to the study            4 - Typical    Madison, Lucy, Amelia,  
Julie

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*Note.* Frequency labels assigned according to guidelines specified by Hill (2012).