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(2021) The Theory-Application Gap in Non-Clinical Settings

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Theoretical orientation is used to assist clinicians in understanding client behavior, treatment plan development, and evaluating treatment progress. Though the Council for Accreditation of Counseling and Related Educational Programs (CACREP) places a great emphasis on the importance of using theory in counseling, there is significant research that points to the existence of a gap between counseling theory and the application of theory within the therapeutic process (Murray, 2009; Proctor, 2004). This paper reviewed the barriers that counselors face when applying theory in community mental health settings, schools, medical settings, and, correctional facilities. The literature suggested that there are often distractions in community settings, such as video games and television (Lawson, 2005). As a result, clinicians may experience challenges establishing healthy boundaries (Lawson, 2005). School counselors play a multifaceted role in their profession which can lead to time limitations (Gingerich & Wabeke, 2001). In medical settings, clinicians should assess client needs, medical personnel environment, and any special conditions that the client may have (Karademas, 2013). Considering the climate of correctional facilities, counseling providers are faced with the possibility of clients experiencing role confusion defined as a lack of understanding of the true nature of the therapeutic alliance (Haag, 2006). It is important that researchers and clinicians examine the specific contextual challenges associated with non-clinical settings to better understand the barriers to theory application that counselors face in these settings. Further research focused on other non-clinical settings besides schools, hospitals, prisons, and homes would be a valuable addition to the literature.

In the field of counseling, the term theoretical orientation most commonly refers to a particular framework that students, counselors, and researchers can use to conceptualize client needs (Polanski & McLennan, 1995). A theoretical orientation can help clinicians understand client behavior, create treatment plans, and evaluate progress in treatment. Essentially, a theoretical foundation acts as a sort of roadmap to follow when completing the essential parts of effective treatment including case conceptualization and treatment planning. The Council for Accreditation of Counseling and Related Educational Programs (CACREP) places such importance on theory in counseling that it includes the teaching of theories and models of counseling as a foundational component in its education standards for graduate-level counseling students (CACREP, 2018). In addition to clients benefitting from the effective treatment of a theory-driven process, beginning counselors who practice from a specific theoretical orientation are also more likely to report feelings of competence and confidence than their non-theory oriented peers (Consoli & Jester, 2005).

Despite these standards and benefits that suggest the importance of theory in the practice of clinical counseling, there is significant research that points to the existence of a gap between counseling theory and the application of theory within the therapeutic process (Murray, 2009; Proctor, 2004). This gap is concerning given the fact that a large majority of mental health professionals identify as eclectic or integrative meaning that a majority of counselors do not rely on one particular theory to guide their practice (Consoli & Jester, 2005). This theory-application gap is also concerning when considering the implication that counseling as a field is built on the actual application of theory. If such a chasm exists between educational standards and the actual practice of counseling, it suggests there is an issue

with the dissemination of theory or that a number of counselors are potentially practicing independent of any standardized practice. At best, it can mean beginning counselors might struggle with creating a cohesive framework for treatment. At worst, theory applied incorrectly without standards can be harmful to clients (Halbur & Halbur, 2011).

This gap between the teaching and application of theory is especially evident in non-clinical settings (Murray, 2009; Rowell, 2008; Stahmer, 2007). As a number of non-clinical settings lack theoretical guidelines specific to those settings (Hammond & Czyszczon, 2013), it becomes paramount for professionals in non-clinical settings to have a theoretical foundation on which to build their practice. Potharst, Baartmans, and Bögels defined non-clinical settings as schools and clients' homes for the purpose of their 2018 study whereas Critchfield and Benjamin (2008) defined non-clinical settings as inpatient psychiatric facilities in comparison to the clinical setting of college counseling centers. Whereas these authors chose to define non-clinical settings by their relation to a previously defined clinical setting, other researchers chose to define similarly non-clinical community settings as "non-traditional" such as Knapp and Slattery (2004) and Maxfield and Segal (2008). This paper will use the term non-clinical to describe these settings. Although a number of settings could potentially be described as non-clinical, this paper focuses on four specialized settings including schools, medical settings, clients' homes, and correctional facilities as defined by Gladding and Newsome (2010). The paper will review the barriers that counselors face when applying theory in these four specific non-clinical settings and will explore potential solutions to closing the theory-application gap in these settings.

Literature Review

A theoretical orientation can help clinicians understand client behavior, create treatment plans, and evaluate progress in treatment. However, the literature suggests that the setting for this treatment can be a factor in the gap between theory and practice, specifically clinical versus non-clinical settings (Murray, 2009; Rowell, 2008).

Explanations for the Theory-Application Gap in Non-Clinical Settings

When trying to understand this theory-application gap in the literature, it is paramount to first identify possible causes or explanations for this gap. Brosman, in his 1990 meta-analysis, typified his explanation for this theory-application gap with the simple statement "home-based therapy is not merely office-based therapy transplanted to different soil" (p. 4). In his research, Brosman noted that the main deterrent in effective treatment, related to the effective application of theory in a home-based setting, was role-confusion. He gave the example of the client confusing the role of a therapist with that of law enforcement or child protective services. Fernando (2008) echoed this explanation for the gap in theory to application in her narrative ethnography. Fernando spoke on how the role of the clinician can be confused without the literal walls of the clinical office confining and defining the legitimacy of the counselor in an atypical setting. Fernando went on to suggest that both the counselor and the client might hold fantasies about the roles of the counselor where the client might hold expectations for the counselor to provide tangible assistance and the counselor might hold expectations of playing the hero or the savior. These perspectives are important when examining the narratives

of counselors in non-clinical settings so that the research might begin to see patterns within these narratives. Whereas Brosman and Fernando discussed this role confusion in a community setting, other researchers, such as Astramovich et al. (2010) and Rowell (2008), focused on role-confusion as an explanation for the theory-application gap in schools noting how administrators and other stakeholders will often ask school counselors to fill additional roles such as that of a disciplinarian, teacher, or assessor.

Murray (2009), on the other hand, offered the theory of the Diffusion of Innovation as an additional explanation for this gap in theory and practice in his qualitative research. In this study, Murray argued that as with technological advancement, counselors would only integrate new theories or innovations under certain circumstances such as the advantages of using a theory, how understandable the theory is, how compatible the theory is with the counselor's values, and how well the counselor can connect changes to results. The diffusion theory provides a model for researchers, including those in this proposed study, to understand at what point in the model the theory-application gap occurs. Kazdin (2008) made similar arguments stating that although psychologists needed to use evidence-based treatments, more qualitative research was needed to understand the mechanisms of change as it relates to the adoption of new practices. Kazdin's suggestions provide a justification for further qualitative research, such as this study, that seeks to examine how theory is applied over time.

Possibly the defining cause of this theory-application gap in non-clinical settings, the role of managed care must not be overlooked. Sanchez and Turner (2003) reviewed how the managed care system in the United States had influenced the practice of psychology and found that managed care appeared to have a negative effect on quality of treatment. Most relevant to the use of theory, the authors found that therapists who work within a managed care system felt compelled to focus on superficial issues instead of addressing underlying issues to the presenting problems suggesting that therapists working within this model chose particular theories to fit this healthcare system. Evans et. al, (2002) had previously explored the topic of practitioner's attitudes towards brief approaches to counseling and found that counselors in clinical settings, such as private practice, were more favorable towards brief interventions than those in what they defined as nontraditional settings. However, this study did not offer a clear answer on the actual application of these brief approaches, but, rather, focused solely on the attitudes of counselors on these approaches and did not note whether or not these counselors actually used these brief approaches in their practice. Czyszczon (2014) echoed the findings of Sanchez and Turner in his qualitative research that focused on the experiences of home-based counselors, noting that managed care systems preferred quick, inexpensive treatment options that aligned with particular counseling theories. More troubling, Birch and Davis (1984) were some of the first researchers to point out an apparent trend in insurances allowing those without training in the field of counseling to provide similar services, indicating that many practitioners do not have the training or education to practice from any one particular theoretical lens. Hammond and Czyszczon (2013) referred to these mental health professionals as "paraprofessionals" and argued for more standardization, including standardized theories, in non-

clinical settings such as this study hopes to explore.

Barriers to Applying Theory in Specific Non-Clinical Settings

In addition to the listed potential causes of the theory-application gap, there are also barriers to applying theory that are specific to non-clinical settings such as schools, hospitals, prisons, and the community. For instance, the American School Counselor Association (2016) promoted the role of school counselors as academic support staff meaning school counselors are moving away from providing one-on-one individual counseling for students. Astramovich et. al. (2007) noted that school counselors face several barriers to providing effective treatment including the expectation for school counselors to complete administrative tasks and the need for time-sensitive interventions that are able to be used within the time constraints of a school year. As far as solutions to these challenges, several studies have examined the use of specific counseling theories within schools. Chibbaro and Camacho (2011) spoke on the benefits of creative counseling within schools which they argued allowed students to express difficult emotions and might be especially helpful with students with cultural differences from the overarching culture of the school. On the other hand, Gingerich and Wabeke (2001) suggested that a solution-focused approach was the most helpful for school counselors, specifically those working with students with diagnosed behavioral disorders. Lastly, Ruffolo and Fischer (2009) supported the use of cognitive-behavioral therapy in schools due to the large amount of empirical evidence in its favor in clinical settings.

As with counselors in school settings, counselors in hospitals or medical facilities face their own unique challenges when it comes to implementing theory. Edwards and Patterson's 2006 research focused on the supervision of therapists-in-training within a medical setting and identified the importance of setting and the understanding of medical culture. Focusing on theory application in a medical setting, Karademas (2013) noted that counseling health psychologists often have to balance multiple considerations when choosing a theory such as patient needs, the medical environment, and the perspectives of a multi-disciplined treatment team. Karademas also pointed out that medical patients are often in need of short-term and solution-focused interventions that can accommodate their physical health recovery.

Because counselors in schools and medical settings might work with clients who choose to seek out services, counselors in prisons are highly likely to work with clients who have been mandated to receive services as part of their sentence or recovery. As role confusion is a factor in other non-clinical settings, Elliot and Shrink (2009) specified that counselors in correctional facilities might be especially confused about their role since American society at large appeared to send conflicting messages about the role of prisons i.e. to punish or to reform. Fruehwald's research (2003) suggested that counselors in prisons face additional safety issues as the suicide rate in prisons was approximately three times higher than that of populations in other non-clinical settings. De Jong (2001) argued that since most counseling theories were created for clients who chose to seek out services, there should be a separate theory or theories for working with mandated inmates in correctional facilities. From an existential theoretical orientation, Yalom (1980) argued that people who are imprisoned might contend with the four

givens of existential therapy: freedom and associated responsibility, death, isolation, and meaninglessness.

Lastly, counselors in community settings face challenges to applying theory due to the volatile nature of providing services in clients' homes. Fuller (2004) contended that home-based counselors might be prone to role confusion as the clients might confuse the professional with a visitor or guest. Lawson (2005), on the other hand, suggested that counselors in this setting might face role confusion in the context of the client confusing the counselor with law enforcement or child protective services. As with correctional facilities, Maxfield and Segal (2008) noted in their case study that counselors in home-based settings might also have to take into account safety issues when applying theory due to the unstructured and possibly safety issues in home-based work. Macchi and O'Connor (2010) discussed the use of theory in community settings and suggested that counselors should choose a theoretical orientation that allows for the counselor to take in contextual information about the client's home to inform their treatment.

As evident in the literature, there appears to be a consensus that counselors in non-clinical settings must choose theories that are time-sensitive and flexible to accommodate for a changing environment. However, researchers and clinicians alike could benefit from a clearer understanding of how theory is currently applied in these settings while taking these restraints into account. As discussed in this literature review, professional counselors in non-clinical settings face multiple barriers to applying theory compared to their clinically-based peers (Karademas, 2013; Astramovich et. al., 2007). This paper will review specific barriers counselors face in non-clinical settings to applying theory and will discuss potential solutions to lessen this theory-application gap.

Challenges to Applying Theory in Community Mental Health

Home-based counseling, or community mental health counseling to which this modality is often referred, is usually associated with the practice of the counselor meeting the client in the client's home or in a community setting instead of the client traveling to meet the counselor in an office. Home-based services provide several benefits including allowing clients with few financial resources, such as transportation or childcare or who live in rural areas, to receive services (Hammond & Czyszczon, 2013). These services can send the message to the clients that the counselor is going the extra mile and can even hasten the building of the therapeutic relationship (Macchi & O'Connor, 2010; Woodford et al., 2006). Community counseling was created with the purpose of having fewer restrictions to meet the needs of clients with the highest needs (Gladding & Newsome, 2010). However, fewer restrictions can also be understood as fewer boundaries around the role of the home-based counselor and can lead to possible confusion about the standardized use of theory in community mental health. For example, agencies who provide home-based services are likely to hire paraprofessionals who lack formal training in counseling theory (Hammond & Czyszczon, 2013). The importance of proper training in theory is evident in research that indicates states whose agencies primarily hired untrained paraprofessionals ended up paying more in the long-term for mental health care due to lack of qualified care for clients with more severe mental health needs (Gladding & Newsome, 2010). Home-based counselors also face the barrier of working with multi-

challenged clients which can make choosing which issues to focus on first difficult from a theoretical perspective (Lawson, 2005). Additionally, the home environment itself has a number of distractions such as television, children, and pets, not to mention safety issues in the home that might distract a counselor from applying theory in an effective manner.

Integration

When considering these challenges associated with applying theory in a client's home, there are several recommendations for the beginning counselor. First, adopting a theory that takes a systemic approach can allow the counselor to understand how the client or family operates within the larger environmental context of the home or the community (Lawson, 2005). Furthermore, the home-based counselor can work to reframe distractions in the home as important contextual information that can inform treatment (Macchi and O'Connor, 2010). For example, the feminist counselor might work to empower clients to set their own boundaries around session time by asking visitors to come another time or the person-centered counselor might explore incongruences between the client's verbal messages and contextual information in the home. Lastly, closing the theory-application gap might require a more systemic change on the part of managed care systems where insurances might require additional education standards to include theories and community agencies work to hire professionals with extensive training in theory such as those who graduate from CACREP accredited graduate programs.

Challenges to Applying Theory in Schools

School counselors play a multifaceted role in their profession, including both administrative and therapeutic responsibilities. Considering both the administrative tasks of a school counselor in addition to student coursework, there is limited time obtainable for therapeutic intervention. Interventions should also be suitable for different age groups (i.e. elementary, middle school, and high school).

Integration

Many school counselors utilize time efficient theoretical approaches to best accommodate their students. A popular theory seen in school settings is solution-focused therapy (Gingerich & Wabeke,2001). Solution focused therapy is a therapeutic conversation that is characterized by the dominance of identifying a solution, rather than prolonged focus on the problem at hand. In school counseling, students are typically mandated to participate in counseling (Gingerich & Wabeke,2001. Solution focused theory suggests that it is most important to briefly discuss student complaints and then allow he or she to develop an idea of what is necessary for change (Gingerich & Wabeke,2001).

When considering elementary aged students, it may be difficult for them to communicate their feelings (Chibbaro, & Camacho, 2011). Creative counseling encourages clients to visually express and release their emotions. It consists of, but is not limited to art, music, dance/movement, drama, poetry, and creative writing (Chibbaro, & Camacho, 2011). Therapists often use creative counseling when children find it embarrassing to talk about

traumatic topics of concerns, such as abuse or neglect (Chibbaro, & Camacho, 2011). It can also be helpful for students who have cultural or language barriers.

Cognitive Behavioral Therapy assists children and adolescents work through thoughts, feelings and behaviors (Ruffolo & Fischer, 2009). School counselors sometimes use CBT interventions for adolescents (ages 11–18) with anxiety and depression. Schools that implement and adapt evidence-based practices need to have administrative supports (Ruffolo & Fischer, 2009).

Challenges to Applying Theory in Medical Settings

In medical settings, counseling psychologists have to consider patient needs, medical personnel environment, and any special conditions that they client may have. They should also be familiar with the diversity of the client's need (i.e. both psychological and medical) (Karademas, 2013). All levels of a patients' care are deemed as equally important (Karademas, 2013).

Integration

To achieve intervention goals, counseling health psychologists may choose from different intervention techniques, such as: individual and group counseling, brief therapies, crisis intervention, stress management, motivational interview, guided imagery, behavior analysis and modification, cognitive restructuring, etc. (Karademas, 2013). The majority of these techniques and strategies are based on the cognitive behavioral model (Karademas, 2013). Techniques can be utilized in group, individual, and crisis situations (Karademas, 2013).

Challenges to Applying Theory in Correctional Facilities

Prisons, or correctional facilities, provide counselors in these settings with their own unique challenges to applying theory effectively. As with other non-clinical settings, role confusion can play a major part in the theory-application gap in corrections. For example, counselors working in corrections can have multiple roles within the prison system including assessment, treatment, crisis response, administration, and consultation (Haag, 2006). In fact, society in general appears to vacillate on whether prison is for reform or punishment (Elliot & Shrink, 2009). There is perhaps no greater illustration of this conflicted thinking than the Nutraloaf. The Nutraloaf is a food made of ground up leftovers that facilities use as both a food source and a form of behavior deterrent for inmates who have broken facility rules (Barkclay, 2014). Following this logic, there is evidence that society also questions whether or not inmates are "entitled" to grief groups because it is thought to be in direct conflict with the idea that prison serves as punishment (Gladding & Newsome, 2010, p. 345). These contradicting messages can make it difficult for the beginning counselor to identify and advocate for their role using their theoretical foundation within the prison system. The high suicidality rate in corrections also makes it difficult for counselors to use theory effectively due to the high-stress nature of the work (Fruehwald, 2003). Lastly, limited privacy due to the nature of corrections work and limited access to furniture or rooms with carpeting can make it difficult for counselors to mirror a warm and welcoming clinical environment where most major theories were created (Gladding & Newsome, 2010).

Integration

When considering potential solutions to the theory-application gap in correctional facilities, it is important for counselors to first work to understand the particular culture that is specific to that correctional facility (Kupersanin, 2001). For this reason, a systemic or multicultural approach might be appropriate to use in this setting. A counselor practicing from an existential approach might note that inmates must deal with the four givens on a regular basis to include freedom and associated responsibility, death, isolation, and meaninglessness (Yalom, 1980). One issue with finding a theory that fits within the context of corrections is that many practitioners might assume that counseling in corrections has few differences with counseling clients in other settings due to lack of a standardized model. Some researchers argue that a new theory entirely is needed to work effectively with mandated clients, specifically those within a corrections context (De Jong, 2001).

Summary

Practicing from a theoretical orientation allows counselors to provide effective, standardized care, making the gap in theory to clinical application concerning for both practitioners and educators. There is evidence to suggest that this gap is especially prominent in non-clinical settings such as schools, prisons, hospitals, and client's homes (Murray, 2009; Rowell, 2008; Stahmer, 2007). Whether the cause of this larger theory-application gap lies with managed care organizations (Evans, Valadez, Burns,& Rodriguez, 2002) or role confusion (Brosman, 1990), researchers and clinicians should examine the specific contextual challenges associated with non-clinical settings to better understand the barriers to theory application that counselors face in these settings. Further research focused on other non-clinical settings besides schools, hospitals, prisons, and homes would be a valuable addition to the literature.

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