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What is This?

Theory Development: A Bridge Between Practice and Research

Stephen Southern[1] and James Devlin[2]

Abstract
Theory development is an intentional process by which marriage and family counselors may bridge the gap between research and practice. The theory building process includes inductive and deductive forms of reasoning, qualitative and quantitative approaches to knowledge development, and diffusion of innovations. Grounded theory provides an accessible method for bridging the gap. Theoretical orientation development is a lifelong process involving the interaction of personal and professional influences in theory selection and elaboration. Examination of personal values and values implicit in theories afford opportunities for ongoing professional development.

Theory development affords a natural bridge between practice and research in the ongoing development of professional marriage and family counseling. Theory affords a conceptual framework that explains existing observations in particular contexts and generates hypotheses about new observations. Every clinician is a practical theoretician and a personal scientist although most therapists eschew theory and avoid research like the plague. Two themes in the helping professions exemplify the centrality of theory building in bridging the gap between practice and research: diffusion of innovation and enhancement of research productivity. The clinical judgment process, which matures and elaborates with experience, incorporates two facets of theory development: inductive and deductive reasoning.

Theory Development

Theory development involves two forms of knowledge building: inductive reasoning and deductive reasoning. Inductive reasoning builds knowledge from the ground up by establishing a foundation of careful observation of events in immediate contexts. Inductive reasoning contributes to theory development through qualitative research paradigms emphasizing the subjective qualities of lived experiences. Grounded theory is especially well suited to theory development in counseling and psychotherapy.

Deductive reasoning is most often associated with the scientific method or the modernist (logical-positivist) view of empirical inquiry. Deductive reasoning is a top-down approach in which cumulative knowledge establishes the value of theoretical constructs that can be tested and verified or refuted. The scientific method starts with a problem that is selected due to some gap in the literature or lack of understanding of important events. The process continues through operational definition of key constructs, testing of hypotheses, analysis of obtained data, discussion of findings, and informed action based on acquired knowledge. As listed in Table 1, the scientific method starts with definition of the phenomenon under study and concludes with attempts to control it.

In the deductive approach of the scientific method, theory makes meaningful the obtained results. In inductive approaches, meaningful experiences or interactions establish the value of emerging models and theories. Table 2 compares inductive and deductive reasoning.

The *bottom up* approach of inductive reasoning starts with practice experience in counseling and moves toward complex understanding and clinical judgment implicit in well-grounded theories. The *top down* approach of deductive reasoning begins with the collective knowledge of effective practices and advances understanding through replication and generalization of findings.

Theory as a Bridge

Murray (2009) proposed diffusion of innovation theory as a bridge for the research–practice gap in counseling. Noting the

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Table 1. The Scientific Method

Literature review
Operational definition
Question
Hypothesis
Prediction
Testing
Results
Data analysis
Discussion
Replication
Decision making
Intervention
Control

Table 2. Inductive and Deductive Reasoning

Inductive reasoning
    Observing specific cases or events
    Describing these "particulars"
    Asserting an hypothesis
    Conducting a test
    Obtaining results
    Building models and theories
Deductive reasoning
    Understanding is a function of current state of
    cumulative knowledge
    Developing theories from one's understanding of events
    Deriving an hypothesis from a relevant theory and testing it
    Accounting for results based on theory

growing separation of clinicians and researchers, Murray offered a set of theory-based research postulates to foster knowledge utilization and best practices. Part of the schism involves lack of experience in counseling practice among researchers and professional scholarship among clinicians. Collaboration among researchers and clinicians to translate research findings into effective practices would help to close the gap. In addition, research and scholarship focused on clinically relevant topics could facilitate the diffusion of innovations.

Theory-based research was explored in a special issue of *The Counseling Psychologist* as a means for enhancing research productivity and promoting socially meaningful clinical advances (Betz, 2005; Diegelman, Uffelman, Wagner, & Diegelman, 2005; Kahn, 2005; Karr & Larsen, 2005). Betz (2005) observed how theory stimulates research, emphasizing the longevity and productivity of John Holland's career theory and Albert Bandura's model of self-efficacy. Karr and Larsen (2005) examined a decade of quantitative research articles in three counseling journals: *Journal of Counseling Psychology, Journal of Vocational Behavior*, and *Journal of Counseling and Development*. Only 43% of the research studies were anchored in a theory or model. The lowest percentage (43%) of theory-driven research articles was published in the *Journal of Counseling and Development* when compared to the other journals. Kahn (2005) described how increasing use of structural equation modeling (SEM) has advanced theory-driven research in counseling psychology. Diegelman et al. (2005) reported that much of the research published in counseling psychology journals is produced by researchers outside of counseling psychology. Published research studies from counseling psychologists originated primarily in doctoral-level training programs.

Kahn (2005) and Murray (2009) suggested that theory-based quantitative studies, involving collaborative efforts among researchers, students, and community members, would enhance the clinical relevance and utility of research. Although quantitative research contributes substantially to empirically supported or evidence-based treatment for groups of potential clients, qualitative research studies may actually provide the most accessible means for bridge building.

Grounded Theory

The grounded theory method (Glaser & Strauss, 1967) was born in theory development and evolved as a popular approach for testing theoretical implications thereby integrating induction and deduction (Rennie & Fergus, 2006). Strauss and Corbin (1990) provided a useful definition:

> A grounded theory is one that is inductively derived from the study of the phenomenon it represents. That is, it is discovered, developed, and provisionally verified through systematic data collection and analysis of data pertaining to that phenomenon. Therefore, data collection, analysis, and theory stand in reciprocal relationship with each other (p. 23).

Egan (2002) described the contribution of grounded theory research in the evolution of theoretical frameworks in practice settings of human resources development professionals. Grounded theory affords a process of communication among professionals in an applied discipline by which innovations and improvements in services can be realized (Egan, 2002; Miller & Fredericks, 1999). The grounded theory approach produces practical implications for categorizing the lived experiences of others and understanding their experiences in meaningful terms (Rennie & Fergus, 2006; Starks & Trinidad, 2007). Grounded theory is not detached from the phenomenon under study but moves beyond the objective lens of the researcher toward empowering clients who are sharing their lived experiences (Teram, Schachter, & Stalker, 2005).

Teram and colleagues (2005) shared their inclusive process of research in which grounded theory and participatory action research were integrated. They described their sensitive approach to discovering and evolving effective physical therapy practices for female survivors of childhood sexual abuse. The researchers not only produced a helpful training manual but also pointed to the convergence of grounded theory and clinical judgment. The authors noted how lack of training and personal concerns of therapists affected practices with this vulnerable population. Grounded theory teaches how the lens of the researcher affects inquiry. Similarly, the perspectives of the clinician–researcher contribute to possibilities and limitations of personal practice theories and models.

Personal Influences in Theory Development

Murray (2009) described how difficult it is to change the practices of clinicians even when there is evidence that their techniques are ineffective or even potentially harmful. Although theory-based research could form the common ground for clinicians and researchers, counselors tend to hold beliefs and attitudes that are resistant to change. Research-based knowledge could counteract the tendency toward confirmatory bias. However, clinicians have been reluctant to expose themselves to the corrective experiences made possible through research and scholarship. Counseling practitioners form their practice models and personal practice theories through their own life experiences and the influence processes they encounter in their training. Theories provide maps for organizing practice experiences and structure for ongoing personal and professional development.

Theoretical Orientation Development

A grounded theory study of theoretical orientation development in licensed marriage and family therapists (Bitar, Bean, & Bermudez, 2007) is especially relevant to the context of this article. In their review, Bitar and colleagues (2007) noted that the theoretical orientation of marriage and family therapists affected whether a clinician identified with a primary model of practice or assumed a more integrative or eclectic stance. In addition, theoretical orientation was associated with practitioner satisfaction, clinical judgment, and type of treatment offered to clients.

Bitar et al. (2007) identified 10 categories of influence for theoretical orientation development found in personal and professional domains. Within the personal domain, five major categories emerged: personality, personal philosophy, values and spirituality, family of origin, the therapist's own therapy, and the therapist's own marriage. Within the professional domain, five main categories of influence on therapist theoretical orientation were discovered: undergraduate courses, graduate-level clinical and academic training, clients, professional development, and clinical sophistication.

The interaction of personal philosophy and values and spirituality (including theology) was the most supported process in the development of theoretical orientation. The goodness-of-fit between therapist personality and one or more theories was significant in theoretical orientation development, as well. Personal issues with one's family of origin and marriage influenced selection or rejection of theories. The therapist's own therapy experience was associated with confirming a previously selected theoretical orientation.

In the professional context, theoretical orientation development was initially shaped by the framework of undergraduate coursework and interactions with professors. Later, graduate clinical and academic training provided exposure to the various theories, modeling of theory selection and application, and enhancement of clinical conceptualization based on supervision. Feedback from therapy clients, especially regarding what was helpful, shaped the therapist toward a theoretical orientation. Perceived similarities in clients over time confirmed patterns affecting clinical judgment processes. Consultation, workshop participation, and continuing education deepened a sense of mastery of a theory. Finally, there appeared to be a match between the clinical sophistication of the therapist and the level of clinical sophistication required by the theoretical orientation.

Implications for Training and Supervision

The findings of the pilot study supported observations in the literature regarding the interaction of personal and professional issues in theory selection and elaboration (Bitar et al., 2007). Piercy and Sprenkle (1988) encouraged trainees to become active explorers rather than passive passengers on the road to theory development. Carlson and Erickson (1999) highlighted the central interaction of the trainee's personal values and values implicit in selected theories. Supervision affords opportunities for conscious consideration of values in the ongoing development of theoretical orientation. Theory development is a process that requires discernment and sensitivity.

Theory building questions contained in Table 3 may assist in the exploration and enhancement of personal practice theories in students, trainees, and licensed professionals (Bitar et al., 2007; Piercy & Sprenkle, 1988).

The theory building questions help the therapist engage in the process of intentional theory formation. In addition, answers to the questions help the clinician become aware of biases and preferences.

Discussion

Exploration of theory development affords opportunities for examining personal and professional issues in research and clinical practice. The gap between research and practice may ultimately represent avoidance of potential corrective influences in professional life based on unwillingness to consider carefully one's values, preferences, and biases. Theory development offers a bridge between research and practice. The grounded theory approach provides an accessible link between the meaning making that takes place in practice experience and advancement of knowledge through research and scholarship.

According to the model of theory development presented in the current article, inductive and deductive forms of reasoning contribute to the creation and elaboration of models and theories that can be verified. Initially, the lived experiences of clients and therapists can be explored through grounded theory and related qualitative techniques. Later, theory-driven research can put constructs to the test, allowing scientific investigation to support selected practices. Finally, diffusion of innovation allows researchers and clinicians to communicate through the shared language of best practices. Marriage and family counselors, as system-oriented thinkers, are especially qualified to understand the complex interplay of personal and professional influences upon theoretical orientation.

Table 3. Theory Building Questions

1. How are your personal philosophy of life and values influencing your selection of theory in work with individuals, couples, and families?
2. How are your experiences from your family of origin influencing your theory selection?
3. How are current relationships (including friendship, marriage, and parenting) influencing your theory selection?
4. How are your experiences as a counseling/therapy client influencing your theory selection?
5. How is the feedback that you are receiving from clients influencing your theory selection?
6. How is your personality influencing your theory selection?
7. How are your undergraduate and graduate training experiences influencing your theory selection?
8. How are clinical supervision and continuing professional education influencing your theory selection?
9. How are the clinical judgment processes influencing your theory selection?
10. How are other personal or professional experiences influencing your theory selection?

Note: These theory building questions were adapted from Bitar, Bean, and Bermudez (2007, p. 119).

Use of the theory building questions have helped generations of marriage and family counselors better understand their family tree. By exploring intentionally the personal and professional contexts, a counselor could become increasingly receptive to the relevance of research in overcoming confirmatory bias. In the process, the counselor opens oneself to a world of potentially helpful perspectives and techniques for the clients we serve.

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