Theory Application in Home-Based Counseling

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Theory Application in Home-Based Counseling

A Dissertation

Submitted to the Graduate Faculty of the University of the New Orleans in partial fulfillment of the requirements for the degree of

Doctor of Philosophy in Counselor Education

by

Victoria Rodriguez

B.A., Nicholls State University, 2016
M.A., Nicholls State University, 2019

May 2023
Dedication

This dissertation is dedicated to my mother who wanted both of her children to become doctors but forgot to specify.
Acknowledgements

I would like to express my sincere gratitude to those who have supported me throughout this process. First and foremost, I would like to thank my dissertation committee. To Dr. Christopher Belser, thank you for your guidance and your encouragement in both my professional and personal growth. I thank you for modeling professionalism and humor through a pandemic, a hurricane, and a variety of other crises. To Dr. Michelle Wade, thank you for your insightful and thought-provoking discussions and for sharing your experiences as a home-based counselor to help ground this research. To Dr. Brian Beabout, thank you for graciously offering your expertise and for challenging me to emphasize the “aha!” moments in the narratives of my participants. This study is a richer collection of stories for it.

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Abstract

Home-based counseling is a modality of counseling where a provider conducts sessions within a client’s home. Providing services in the home can improve access to services in rural areas or for clients without access to transportation or childcare and can increase participation in services in cases where traditional office-based services have been unsuccessful.

Despite this demand for services, home-based counselors might struggle with applying counseling theory within this setting. Theory is an integral part of both counselor identity and treatment planning; a theoretical orientation helps counselors conceptualize client issues, guide treatment goals, and assess progress. Due to the lack of an overarching model in home-based counseling, it is paramount to quality treatment to understand how counselors in these settings are currently applying theory.

The purpose of this qualitative narrative study was to understand the stories of home-based counselors applying theory in these settings. This research was guided by the question “How do home-based counselors perceive their experiences when applying theory in a client’s home?” The participants included six home-based providers who were currently working for community mental health agencies. Sources of data included observational data and one narrative interview per participant. The data were analyzed according to McCormack’s multi-step narrative analysis process and the theoretical frameworks of this study including Rogers’ Diffusion of Innovation Theory (DOI) and Stoltenberg’s Integrative Developmental Model (IDM). The findings suggested six shared themes including 1) Safety, 2) Confidentiality, 3) Control in Theory Choice and Application, 4) Creative Integration of Theory, 5) Counselor Identity, and 6) Supervision and Alternative Supports. Lastly, implications for counselor
educators, supervisors, and agencies are presented as well as recommendations for future research.
Chapter 1

Introduction

Chapter 1 provides an overview of the study and includes sections on the significance of the study, the conceptual framework, the problem statement, methodology. Chapter 1 concludes with limitations and delimitations, assumptions, and definition of terms.

Overview

Community mental health is a model of mental healthcare where treatment takes place in the client’s home or within the larger community versus in an institution or similar clinical setting (American Psychological Association, 2022; Maxfield & Segal, 2008; Woodford et al., 2006). With the passing of the Community Mental Health Centers Act of 1963 and subsequent Medicaid expansion in the 1990s (Boben, 2000), community mental health continues to be part of the fastest growing modality of mental healthcare under the umbrella of outpatient services (Bureau of Labor Statistics, 2022). In-home counseling provides several benefits for clients’. For example, allowing clients to partake services in their homes can increase access to mental healthcare in rural areas (Bowen & Caron, 2016). For client’s who do not have access to transportation or who otherwise lack access to child care or eldercare options or in situations where office-based services have been otherwise ineffective, home-based counseling can help to close these gaps (Cortes, 2004; Tate et al., 2014).

Despite this demand and potential benefits for clients, there is evidence of a growing gap between theory and application particularly within home-based and community-based counseling settings (Hammond & Czyszczen, 2014; Massatti et al., 2008; Murray, 2009; Stinchfield, 2004; Worth & Blow, 2010). Home-based counseling is often typified by high-stress environments that include distractions such as other family members in the home, pets, visitors, televisions or
radios playing, and safety issues (Bowen & Caron, 2016; Cortes, 2004; Glebova et al., 2012) that could prevent clinicians from focusing on the effective application of theory. Counselors utilize theory to conceptualize client issues and to guide treatment (Polanski & McLennan, 2003). Theory is so integral to counselor identity and the counseling process that the American Counseling Association’s Code of Ethics mandates that counselors utilize methods that are “grounded in theory” (2014, Section C.7.a). Hammond and Czyszczon (2014) defined the lack of professionalization of the field of home-based counseling as a lack of standards for practice, counselor preparation and assessment, client care, and supervision - all of which can be dictated by a particular theoretical lens (Corey, 2017; Halbur & Halbur, 2011). Due to the potential for harm to clients engaging in treatment without standardized treatment objectives or practices, home-based counselors might be at risk of not meeting the American Counseling Association’s ethical obligation to “(avoid) actions that cause harm” and to practice in a “competent and ethical manner” (ACA, 2014, p. 3). Due to the lack of a cohesive model of treatment in home-based counseling, the need to understand the stories of counselors currently applying theory in these settings is paramount to ensuring quality treatment for the most at-risk populations.

**Purpose of the Study**

The purpose of this qualitative study was to understand the stories of home-based counselors applying theory in these settings. Narrative approaches allow researchers to understand how narrative constructs identity (Czarniawska, 1997), such as how counselors construct a personal theoretical and clinical identity and support researchers in understanding how theory diffuses across varying contexts of counseling (Darwent, 2000). Findings from this study could help counselors to better understand the gap between theory and application in home-based contexts and could potentially aid in closing this theory-application gap.
**Significance of the Study**

This study on the stories of home-based counselors in relation to their theoretical orientation could have implications for both home-based counseling practices and in the preparation of home-based counselors. At the systemic level, a better understanding of the experiences of home-based counselors could aid in the professionalization of home-based counseling as a separate field of study as called for by Cox et al. (2021) and Hammond & Czyszczen (2014). Specifically, regulating agencies, such as professional counseling organizations and government bodies overseeing community-based services, would be better able to describe skills and competencies required of home-based counselors and determine supervision and practice standards. This study could also potentially improve the experience of home-based counseling for the actual counselors themselves - Consoli and Jester (2005) found in their study that beginning counselors who practice from a specific theoretical orientation are more likely to report feelings of competence and confidence in their skills. Counselors working in home-based settings are likely to be recent graduates or have little additional training on theory and practice specific to their setting in comparison to their peers in clinical settings (Cox et al., 2021; Hammond & Czyszczen, 2014; Worth & Blow, 2010). To illustrate, most graduate programs train counselors in theory and theory application where office-based therapy is the assumed modality whether through counseling roleplays, case studies presented in class, or case conceptualization assignments (Cortes, 2004; Thompson et al., 2007). Home-based counselors trained in counseling programs that focus on office-based settings have reported feeling unprepared for the challenges associated with the home environment (Cox, 2022; Stinchfield, 2004).
Researchers have called for counselor education programs to include specific training standards for home-based counselors (Cortes, 2004; Stinchfield, 2004) arguing that “(f)ailing to insist on the same high standards in training home-based versus traditional family counseling may send a message that the counseling profession places less value on the families served in the home than on those who receive services within a traditional outpatient setting and harkens back to less enlightened times“ (Hammond & Czysczcon, 2014, p. 58). This equality in standards between home-based and “traditional”, or clinical settings, could conceivably include training on theory as a foundational component required of counselor education programs accredited by CACREP (2016).

The assumption of office-based settings as the standard for training and the lack of standards and specific training on theory and practice in home-based settings creates an inverse system where counselors with the least preparation (Cox et al., 2021; Hammond & Czysczcon, 2014; Stinchfield, 2004) are often serving clients with the highest needs and least amount of resources (Cortes, 2004; Lawson, 2005). Research such as this study could help counselor educators address training standards for beginning counselors and could potentially address this inverse system.

Most importantly, effective conceptualization and treatment planning in home-based counseling requires a foundation in counseling theory (Tate et al., 2014). Counselors who are better able to connect theory to practice in community mental health settings could improve their treatment planning and overall services to clients if they themselves are better able to conceptualize client needs through a particular theoretical lens.

This study could also have repercussions on the preparation of home-based counselors. For instance, in counselor education programs, having a deeper understanding of the experiences
of home-based counselors when applying theory could help counselor educators guide theory dissemination and assessment. It could also potentially aid programs in following CACREP standards on teaching theory, especially for students who complete their practicum and internship requirements in community mental health agencies. In addition to counselor education, research pertaining to the theory-application gap could potentially improve supervision practices in community mental health and other settings. Supervision for home-based counselors is often inadequate to meet the developmental needs of these counselors when facing the challenges of in-home work (Lawson, 2005; Lawson & Foster, 2005). Cox et al. (2021) found that the supervisors themselves often did not practice from any theoretical lens, let alone a theory specific to home-based counseling. This is concerning considering research on counseling supervision emphasizes the importance of using theory within the supervision process (Asheim, 2012; Bernard & Goodyear, 2018). Research such as this study could help to address this theory-application gap at the earliest and most pivotal moments of a counselor’s development in graduate school and supervision.

**Conceptual Framework**

Similar to a counselor’s theoretical orientation in practice, a conceptual framework provides the foundation for research. Rogers’ Diffusion of Innovation Theory (DOI) and Stoltenberg’s Integrative Developmental Model (IDM) served as the theoretical frameworks for this study.

Rogers originally developed his Diffusion of Innovation Theory in 1962 as a way to explain the process by which ideas are “communicated through certain channels over time among the members of a social system” (Rogers, 2003, p. 77) and how “(a)lteration (of these ideas) occurs in the structure and function of a social system” (p. 79). That is, the diffusion of
new theories and methods is ultimately a social process. DOI provides a model to understand how innovations and new theories diffuse across contexts; This can help counselors to understand the theory-application gap where one counseling theory developed in an office-based setting might look completely different by the time it diffuses to home-based settings. Other research has utilized the DOI theory to examine theory-application gaps in healthcare (Sanson-Fisher, 2004), in education (Sahin, 2006), and in counseling specifically (Murray, 2009).

Rogers (2003) surmised that there are factors about an innovation or theory that affect its adoption including a theory’s relative advantage, its compatibility with current practices, complexity of the theory, with more complex theories being more difficult to integrate into practice, and trialability of the theory, or rather, the ability to test the theory in practice, and observability of the theory in practice. He also noted that certain characteristics of the social context itself are related to its ability to adopt new theories including a culture of innovation, a flat hierarchical system, and leadership committed to best practices. However, Sanson-Fisher (2004) noted that healthcare systems, such as that in community mental health agencies, were often lacking these characteristics or that these systems promoted the opposite characteristics, such as a strong hierarchy in the agency. Murray (2009) expanded on this notion of organizational factors preventing the effective use of theories or innovations, contending that organizations with “high clinical turnover rates, limited availability of financial resources, and high client caseloads” were not conducive to effective theory application (p. 112). Unfortunately, these are often defining elements of agencies that provide home-based services (Bowen & Caron, 2016).

The second conceptual framework for this study was Stoltenberg’s Integrative Developmental Model (IDM). Stoltenberg (1981) first developed IDM as a model to
conceptualize counselor and supervisee development across three domains including Self- and other awareness, Motivation, and Autonomy. Stoltenberg and McNeill (1997, 2010) went on to expand on these original domains across three levels of development. Concerning the domain Self and other awareness, beginning counselors are focused more on themselves and their internal experiences and have just begun to form an awareness of others in relation to the counseling process. This can be meaningful for beginning counselors in home-based settings who might need to practice additional awareness of their surroundings when in clients’ homes. The authors noted in the second domain of Motivation that beginning counselors may have less motivation and feel less confident in their role when they feel confused. Pertinent to this research, beginning counselors might struggle to find motivation for home-based work which can be typified by ambiguity (Bowen & Caron, 2016) and confusion related to ethical application (Shevellar & Barringham, 2016). Lastly, beginning counselors must develop in their skills related to Autonomy according to the IDM. In this domain, supervisors should be regularly assessing how beginning counselors are able to practice with autonomy (Stoltenberg & McNeill, 1997). It is of concern that developing home-based counselors who might not have mastered skills related to autonomy might be doing fieldwork where they are physically removed from a supervisor.

In addition to the three domains of IDM, Stoltenberg and McNeill (1997, 2010) posited that counselors must move through three levels of development across the domains. At level 1, beginning counselors are totally reliant on supervisors for support and supervisors should be giving regular, positive feedback. However, home-based supervision practices are often inadequate to meet the high needs of the field (Cox, 2022; Lawson, 2005) At level 2, beginning
counselors have mastered some skills and are effective with some clients. Finally, counselors at level 3 practice with more stability in environments with more complexity.

At its core, the IDM presumes that beginning counselors should start practicing in structured environments and move on to more complex environments as they develop. However, community mental health is typically structured inversely where the least prepared professionals are working with the highest needs clients in the most complex environments (Cox et al., 2021; Hammond & Czyszczon, 2014; Stinchfield, 2004).

Problem Statement

Previous research has focused on the gap between the understanding and application of ethics in community mental health (Shevellar & Barringham, 2016) or the gap between best practices and application in supervision in home-based settings (Cox, 2022; Lawson, 2005). Counselors in these settings are likely to face a variety of barriers to the effective application of theory when compared to office-based peers (See chapter 2). At the fore-front, the chaotic nature of home-based work, to include issues such as televisions playing, unknown visitors, aggressive pets, other family members present, and more (Bowen & Caron, 2016; Glebova et al., 2012) could distract counselors from applying theory effectively.

Similarly, ineffective supervision for home-based counselors might play a role in the theory-application gap. Since supervision can help counselors connect theory to practice (Bernard & Goodyear, 2019), it is concerning that supervisors overseeing home-based counselors might not be using a theory themselves (Cox, 2022).

Home-based counselors are also likely to experience more confusion concerning their role within the home where a “reverse hierarchy” (Stinchfield, 2004, p. 5) can occur with the client holding more power than the counselor when the counselor enters the client’s home. As a
theoretical orientation can help a counselor define their role within the therapeutic relationship (Halbur & Halbur, 2011), counselors who struggle to effectively apply their theory might have difficulty defining the boundaries around their role as called for in home-based counseling (Fernando, 2008).

Lastly, organizational factors in the agencies themselves can play a part in how well home-based counselors are able to access and apply theoretical knowledge. High caseloads, lack of structure (Grimmett, et al., 2018), ethical ambiguity (Bowen & Caron, 2016; Shevellar & Barringham, 2016), and limited funds (Cortes, 2004) are typical of community mental health agencies that provide home-based services. Lack of resources and structure can make it difficult for counselors to apply theory in complex environments (Corey, 2017) such as clients’ homes.

Furthermore, other research has noted the existence of a gap between the focus of curriculums in counseling graduate programs and the issues that home-based counselors typically face in field work (Cox et al., 2021; Stichfield, 2004). Counselor education programs operate where office-based work is the assumed norm, meaning beginning counselors might struggle to adapt their skills to home-based settings (Cortes, 2004; Cox et al., 2021; Knapp & Slattery, 2004). Stinchfield (2004) suggested that home-based counseling interns might learn about skills and theory in their graduate programs but “the application of that knowledge…is not necessarily the focus or emphasis of training programs” and that students did not have the opportunity to “apply any knowledge gained in school beyond traditional settings” (p. 10). Other researchers have noted that the educational and preparation standards for home-based counselors are ill-defined (Cox et al., 2021) or nonexistent (Hammond & Czyszczon, 2014). As CACREP (2016) specifically calls for theory to be a foundational component of a counselor’s education, it is concerning that home-based counselors could potentially be practicing without a foundation in
increasingly complex environments. Other research has called for more qualitative research to understand the gap between best practices and actual clinical practice (Kazdin, 2008) in that setting.

**Methodology**

Narrative inquiry is an appropriate qualitative methodology to understand participant experiences and identities within a larger context (Haydon & van der Riet, 2017; Polkinghorne, 1995). It can also be helpful to understand participant experiences in relation to knowledge transferring across contexts (Darwent, 2000), similar to how Rogers (2003) and Murray (2009) explored the diffusion of knowledge across contexts of application. I used a narrative inquiry approach to understand the stories and experiences of home-based counselors applying theory in clients’ homes. Using purposive sampling, the participants met the following criteria: 1) The participant is a master's-level pre-licensed or licensed counselor in the United States 2) The participant provides services in the community, client’s homes, or in similar non-clinical settings 3) The participant must have graduated from a CACREP accredited program 4) The participant must identify with a particular counseling theoretical orientation, and 5) The participant must be employed full time in this setting. I conducted narrative interviews as interviews are a central component of narrative research that allows participants to make the meaning of their stories explicit (Belle, 2003; Patterson & Macqueen, 2021).

**Research Question**

In this qualitative study, I sought to understand participants’ stories through the main research question “How do home-based counselors perceive their experiences when applying theory in a client’s home or similar nonclinical setting?”.
Limitations and Delimitations

Theofanidis and Fountouki (2018) defined a limitation as an “imposed’ restriction which is therefore essentially out of the researcher’s control” (p. 156). It is important for researchers to clearly outline potential limitations of a study to promote transparency in research and to clearly define the boundaries of the study. I identified several potential limitations to this study. First, it’s important to note that data collected from interviews is self-reported, meaning the data cannot be verified. However, the goal of qualitative research, and narrative research in particular, is not to verify the truth of events but rather to extrapolate meaning created through storytelling (Dibley, 2011; Hays & Wood, 2011). Second, results from this study are not able to be generalized to similar populations due to the nature of qualitative research. Third, researcher bias can potentially limit conclusions drawn from the data. To address potential bias, I presented my positionality in relation to the study and kept a research journal to engage in reflexive practice (Bishop & Shepherd, 2011; Goldstein, 2017).

While limitations refer to the limits of the study outside of the researcher’s control, delimitations refer to the boundaries that the researcher sets themselves to align with the study’s goals and intended purpose (Theofanidis & Fountouki, 2018). I delimited the study to only include participants who meet the sampling criteria to promote validity of the findings. Additionally, this research focused on conscious reflections of participants and used further probing questions to shed light on the potential subconscious reasoning of the participant when choosing a theoretical approach or intervention in a certain situation or with a certain population. I also collected data by conducting interviews via a HIPAA compliant Zoom platform, meaning that participants who do not have access to the technology needed to conduct a Zoom meeting were excluded. It also means participants must have some level of familiarity with this
technology. I chose not to collect data via phone call due to the inability to gather observable data such as body language. I also chose not to collect data face-to-face due to potential concerns related to recent COVID-19 and monkeypox outbreaks as well as offsetting travel costs to participants. Additionally, I set the delimitation to only include participants in the United States due to licensing differences for mental health professionals internationally.

**Assumptions of the Study**

Theofanidis and Fountouki (2018) defined research assumptions as “essentially issues, ideas, or positions found anywhere from the beginning of the study design to the final report, that are taken for granted and viewed as reasonable and widely accepted” (p. 160). I identified several assumptions of the study. First, I assumed that the participants were able to consent freely and were willing to participate if they had expressed so verbally or in writing. Second, I assumed the participants’ lived experiences, worldviews, and identities shaped their answers. Third, I assumed the participants answered the interview questions in a manner they perceived as “truthfully”. Again, it is important to note that while other research designs, such as ethnography, assumes the stories are realistic descriptions, narrative researchers assume that reality is constructed through storytelling (Riessman, 1993).

**Definition of Terms**

**Home-Based Counseling** is a context of treatment where a clinician provides services in a client’s home. Typically involves working with high-needs, multi challenged clients and families (Lawson, 2005).

**Community Mental Health** is a modality where mental health services that take place in a client’s home or similar non-clinical setting such as libraries or other community locations (American Psychological Association, 2022; Maxfield & Segal, 2008)
Nonclinical Setting refers to any setting that is nonclinical in nature where services can take place such as a community center, a park, or client’s home. That is, it differs from the traditional office-based outpatient setting (Knapp & Slattery, 2004; Maxfield & Segal, 2008).

Theoretical Orientation is a particular framework that students, counselors, and researchers could use to conceptualize client needs and assess progress (Polanski & McLennan, 2003).

Supervision can be both a formal and informal process by which a more experienced member of a profession helps guide the development of a less experienced member of that profession - Can also be an intervention to aid beginning counselors in the connection between theory and practice (Benard & Goodyear, 2018).

Summary

In this chapter, I summarized the purpose of this study on the experiences of home-based counselors when applying theory. Additionally, this chapter reviewed the conceptual frameworks used to guide this study, the research methodology, and the research questions. Lastly, this chapter reviewed the limitations, delimitations, assumptions, and definition of terms associated with this study.
Chapter 2

Literature Review

Chapter two reviews the current literature relevant to understanding home-based counseling and theory. The first section reviews the history and practice of home-based counseling as well as the characteristics and development of home-based counselors. The second section reviews counseling theory and how theory is taught in clinical counseling programs. Lastly, the third section focuses on the theory-application gap in home-based counseling.

Home-Based Counseling

Home-based counseling is a modality where the counselor meets the client in the client’s home to conduct treatment. Known for its accessibility for clients, community mental health agencies popularized home-based counseling in the 1990s with Medicaid expansion and the passing of the Family Preservation and Support Services Program Act (United States Congress, 1993). These services sought to not only address the direct needs of the family but also to promote the use of natural support systems within the community. This progression is in line with the concept of “deinstitutionalization” in the 1960s and 1970s, where healthcare reformers shifted the modality of treatment from larger institutions to community care systems (Liégeois & Audenhove, 2005). Under this model, the larger community and client’s environment (i.e. the home environment) became the primary location of treatment. Home-based counseling continues to be one of the fastest growing modalities of counseling services in the United States (Bowen & Caron, 2016; Woodford et al., 2006). In Louisiana alone, the development of the Louisiana Coordinated System of Care in 2012 saw the state-wide expansion of community and home-based services in over 500 Mental Health Rehabilitation agencies (Louisiana Department of Health, 2022).
The Work of Home-Based Counseling

Home-based counseling offers several benefits to individual clients and to families seeking mental health support while facing multiple barriers. First, it allows clients with few financial resources and those living in underserved rural areas to access counseling who might otherwise live too far from other providers or not have access to a vehicle or public transportation (Cortes, 2004; Glebova et al., 2012; Knapp & Slattery, 2004). It also removes barriers to counseling for caretakers without access to childcare or eldercare and can be one of the few options for in-person services for those who are home bound or bed bound due to chronic illness, disability, or other cause (Cortes, 2004). Maxfield and Segal (2008) affirmed that “home-based services may prove especially useful because it seems likely that many homebound individuals would be particularly vulnerable to maintaining pre-existing psychological disorders or developing new ones” (p. 155). Having the counselor meet in the client’s space can send the message that the counselor is going the extra mile (Woodford et al., 2006) and can even hasten the building of trust in the therapeutic relationship (Macchi & O’Connor, 2010). To this point, some families who partake in home-based services might be more likely to attend and participate in sessions than those receiving office-based outpatient services (Slesnick & Prestopnick, 2004).

Despite these benefits for clients, there are several unique challenges to conducting counseling in a client’s home. As Brosman (1990) noted “home-based therapy is not merely office-based therapy transplanted to different soil” (p. 4). For example, this work is often typified by isolation, ethical ambiguity, and high-needs clients (Bowen & Caron, 2016). Lawson (2005) noted that clients who receive home-based services are often multi challenged meaning the clinician might be attempting to treat several issues at time while the client simultaneously faces
multiple systemic barriers to wellness. The intensity of the cases, high caseloads, and poor supervision practices can also lead to burnout for counselors in agency settings (Cox, 2021; Walker et al., 2022).

The issue of role confusion in home-based counseling, whereby the client or counselor misunderstands their role, can be a barrier in the therapeutic relationship. For example, clients might be suspicious of visitors and can confuse the counselor role with child protective services or law enforcement (Brosman, 1990). While some clients might confuse the counselor’s role with a figure of authority, some clients can fall to the other extreme and confuse the counselor’s role with that of a visitor or a friend. Without the literal walls of a clinical office defining and containing the therapeutic relationship, both the client and the counselor can hold unspoken and unfounded expectations of the counselor’s role. For instance, the client might expect the counselor to provide tangible assistance while the counselor might confuse their role with that of a savior (Fernando, 2008).

**Ethical Issues**

In addition to the issue of role confusion, home-based counselors must also consider ethical issues specific to that setting. For example, counselors must balance the ethical mandate of confidentiality with potential visitors in the home or consider the ethical implications of accepting food from a client. There is evidence that providers who see clients in the community are more likely to experience boundary dilemmas and are less likely to make ethically-informed decisions than their clinic-based peers (Perkins et al., 1998). Shevellar and Barringham (2016) explored the theory-application gap in ethics in community mental health agencies suggesting that this gap caused counselors to report uncertainty, anxiety, and secrecy around ethical decision making. Counselors in community mental health settings must constantly balance conflicting
values when faced with ethical dilemmas including autonomy and privacy, support and safety, justice and participation, and trust and solidarity (Liégeois & Van Audenhove, 2005).

Strom-Gottfried (2009) similarly noted that the unstructured nature of the home made ethical decision making more difficult because counselors have to take into account more information than if they were seeing clients in an office. Community mental health also involves multiple levels of legal, moral, and social systems meaning home-based counselors must navigate ethical issues through multiple lenses (Christensen, 1997). Home-based counseling involves a high level of ethical ambiguity and does not include an overall decision-making model (Bowen & Caron, 2016) suggesting that these counselors are navigating complex ethical cases without a guide to best practices.

Safety

Home-based counselors must also consider their own safety when providing treatment in a client’s home. For example, these counselors must take into account issues such as substance use in the home, aggressive pets, unknown visitors, domestic violence, and faulty phone connections in rural areas. Biological issues in the home can also pose unique safety concerns for home-based providers. These threats to safety and hygiene can include insects, such as bed bugs or lice, open chemicals, and airborne illnesses. Safety issues in fieldwork are difficult to quantify or even define (Hughes & Gilmour, 2010; Tyron, 1986); What constitutes a safety issue? Does it depend on the counselor, client, or third party perceiving an encounter as a breach of safety? When a counselor enters a client’s space, it can cause the counselor to feel disempowered which might lead to difficulty assessing safety issues (Macchi & O’connor, 2010). There is also the issue of counselors and agencies underreporting potential safety issues (Hughes & Gilmour,
Rey (1996) found that 25% of social workers in agency settings would face safety issues while Tyron (1986) reported that over 81% would personally face safety issues.

The identity and experiences of the counselors themselves can also affect their safety and perception of safety. For instance, a Black counselor entering a client’s home where a confederate flag is displayed could have a very different experience of safety than a white counselor due to the identity of the counselor and the historical and environmental context of the home and community. This perception of safety is important to the overall clinical work - home-based counselors who work with economically disadvantaged families may experience more erosions in the therapeutic relationship due to their discomfort which can be a result of safety issues in the home (Glebova et al., 2012). Additionally, the length of time a counselor has worked in this setting might relate to their perceptions of safety - the longer a counselor has done home-based work, the safer they perceive the work (Hughes & Gilmour, 2010). The issue with this finding is that a majority of counselors providing treatment in client’s homes typically do this work at the beginning of their careers meaning they might not have the experience or training to recognize safety issues and are under-prepared by their graduate programs to understand home-based work (Cox et al., 2021; Stinchfield, 2004; Thompson et al., 2007).

**Characteristics of Home-Based Counselors**

Although the field of home-based health services is made up of a variety of specialties, including counselors, social workers, occupational therapists, physical therapists, and others, there are characteristics and developmental needs that are unique to home-based counselors. Most home-based counselors are white, cisgender women who have graduate degrees (Cox, 2021; Worth & Blow, 2010). Effective home-based counselors show clarity and directiveness, intelligence (particularly abstract reasoning), the ability to spontaneously reframe family
interactions in a more positive light, and the ability to test multiple hypotheses simultaneously (Gordon & Arbuthnot, 1988). These listed characteristics require complex counseling skills. To integrate abstract reasoning, beginning counselors must have a solid understanding of theory which is atypical for counselors at that developmental level, with most home-based counselors at moderate conceptual levels (Lawson & Foster, 2005). Therefore, it is no surprise that most home-based counselors feel unprepared when transitioning from graduate school to agency work (Cox et al., 2021; Thompson et al., 2007).

**Development of Home-Based Counselors**

According to Hunt’s (1975) Conceptual Developmental Model, counselors move through lenses which they view the world, and these lenses exist on a continuum of complexity. As counselors develop, they are able to understand more and more complex interactions between themselves, their clients, and the larger environment. This model is well suited to understand the development of home-based counselors as the environment of the client’s home serves as a varying level of complexity. Hunt suggested that beginning counselors would learn best in simple, highly structured environments while advanced counselors would be better suited to more complex, unstructured environments. Unfortunately, many counselors start their careers providing treatment in clients’ homes which are complex, often unstructured, environments (Cox, 2021; Hammond & Czyszcson, 2014; Shevellar & Barringham, 2016). Understanding how counselors develop in their ability to conceptualize concrete and abstract ideas, such as explored in this study on theory application, would help researchers understand how counselors conceptualize treatment according to a theoretical orientation within the complex home environment.
Stoltenberg’s (1981) Integrative Developmental Model (IDM) also provides a model to conceptualize the development of home-based counselors. Importantly for supervisors and counselor educators, the IDM can be effective with students from a variety of cultural backgrounds (Zhou et al., 2019). The IDM posits that counselors develop across three domains including Self- and other awareness, Motivation, and Autonomy (Stoltenberg & McNeill, 2010). In the area of Self and other awareness, beginning counselors are often focused on themselves versus the client and the surrounding environment. This is concerning for beginning counselors in home-based work as home-based counseling often requires counselors to be aware of their surroundings for both treatment purposes and to promote safety (Lawson, 2005; Tate et al., 2010). In the second area of motivation, Stoltenberg and McNeill (1997; 2010) noted that when students feel confused, they may have less motivation and feel less confident in their work. Again, this is concerning for home-based counselors where the environment can often be ambiguous and confusing (Bowen & Caron, 2016). Lastly, the area of Autonomy in the IDM requires supervisors to constantly assess supervisees’ autonomy, or ability to practice independently, as they develop. However, students and beginning counselors are less likely to receive regular supervision in home-based settings, and, when they do, this supervision is often perceived as unsatisfactory or inadequate (Cox et al., 2021; Lawson, 2005; Lawson & Foster, 2005). Additionally, Stoltenberg and McNeill (2010; 1997) identified four levels of development including levels 1,2,3 and 3i. At level 1, supervisees are dependent on supervisors, and supervisors should focus on positive feedback to students at this level. At level 2, the supervisee continues to develop in all three domains and might shift continuously between self-doubt and confidence, autonomy and dependence. Alternatively, a supervisee at level 3 shows increasing confidence in their own judgment and the counselor is able to demonstrate awareness not only of
the client and of themselves but also the surrounding environment. Lastly, a supervisee reaches level 3i when they are able to reach level 3 across all three domains (self and other awareness, motivation, and autonomy) and has integrated these skills into a personal style of counseling.

The IDM suggests beginning counselors should practice in structured environments before moving on to complex environments. As stated previously, home-based counseling is typically structured inversely where the least prepared professionals are working with the highest needs clients in the most complex environments (Cox et al., 2021; Hammond & Czyszczon, 2014; Stinchfield, 2004). To develop a strong clinical identity, home-based counselors must have community and structure (Grimmett et al., 2018). However, the literature suggests home-based counselors typically work in isolation (Bowen & Carol, 2016) and often work in unstructured environments without a model for practice (Hammond & Czyszczon, 2014; Lawson, 2005).

Supervision can provide structure for beginning counselors and can even help supervisees link theory to practice (Bernard & Goodyear, 2019). Unfortunately, supervision is either a feast or a famine in home-based counseling (Lawson, 2005) with most supervisees reporting being “under supervised” (Lawson & Foster, 2005, p. 5). Additionally, most home-based supervisors do not practice from a particular supervision model or even counseling theory (Cox et al., 2021). Cox (2022) called for additional research to understand the experiences of home-based counselors. This study could help researchers understand how home-based counselors form a theoretical identity since the literature suggests that these counselors are not receiving the tools to form a strong clinical identity within supervision.

**Multicultural Considerations in Home-Based Counseling**

Policy makers and mental health advocates originally promoted the expansion of home-based services to serve under-resourced populations, marginalized groups, and those in
rural areas. Today, people of color and indigenous groups are more likely to enroll in home-based counseling even when most home-based providers are white (Cortes, 2004; Cox et al., 2021; Mattek et al., 2010; Tate et al., 2014). As Nigram (2014) suggested, this paper will use the term “marginalized” to refer to clients within community health systems who are under-resourced and under-served to assert that marginalization is not a passive process but rather the result of active oppression and systemized violence enacted by centralized groups. Manglitz (2003) argued that counselors must be willing to address white privilege due to the pervasiveness of white privilege in the larger culture and within clinical practice. In addition to race, counselors must take into account class differences between themselves and their clients to better serve low-income clients who are more likely to receive home-based services (Kim & Cardemil, 2012).

Counselors in these settings must be especially aware of power differences between themselves and their clients. Due to the nature of the work, a counselor might be engaging in a re-enactment of colonization as the counselor is literally entering the client’s space from a potential position of power (Knapp & Slattery, 2004). Dunn et al. (2014) emphasized the need for mental health professionals to examine their own power in community mental health settings so that they could continue to leverage their power in an ethically consistent manner.

Power differences between counselors and their clients could also relate to the counselor’s relationship to the concept of white saviorism. Cole (2012) described the White Savior Industrial Complex as the impact of a white person’s seemingly well-intentioned charity or activism on a non-white person or community. That is, white saviorism does not just exist as a concept of an individual’s identity or behavior but is, in fact, a complex, organized system of oppression and colonialism. With power differences that may already be exaggerated by the counselor’s and client’s identities and roles, there is the potential for counselors to bring their
own ideals of white saviorism and superiority as they enter the home, physically acting out forms of neocolonialism. The privileged counselor is then concerned with having a “big emotional experience that validates privilege” (Cole, 2012, p. 1) instead of focusing on the client’s needs and social justice. Therefore, home-based counselors practicing within a space of white saviorism are in direct conflict with the profession’s ethical values of nonmaleficence and justice (ACA, 2014). To address white saviorism and issues of power differences between counselors and clients, Hailes et al. (2021) offered several concrete suggestions for counselors including (1) reflecting critically on relational power dynamics; (2) mitigating relational power dynamics; (3) focusing on empowerment and strengths-based approaches; (4) focusing energy and resources on the priorities of marginalized communities; (5) contributing time, funding, and effort to preventive work; (6) engaging with social systems; and (7) raising awareness about system impacts on individuals and the community.

Tate et al. (2014) noted that multicultural considerations in community mental health were “more complex than the cultural competencies needed for working in traditional settings, as counselors must navigate the home context” (p. 17). However, home-based counselors often lack the education and training to handle multicultural ethical issues in the field meaning they might not be ready to handle examining their own positionality or potential privilege (Cox, 2020). This could potentially result in unethical practice and harm to clients. In fact, counselors who serve marginalized clients, such as those most likely to receive community-based services (Cortes, 2004), are less likely to utilize evidence-based interventions (Miranda et al., 2005) highlighting how the theory-application gap might be especially evident with counselors working with marginalized clients. Additionally, home-based counselors who are unprepared to work with clients in a multiculturally responsive manner risk erosion in the therapeutic relationship, one of
the most significant indicators in effective counseling (Slone & Owen, 2015). Even professional counseling organizations have not moved towards creating a model for home-based which can send the message that counselors do not value clients from marginalized groups who are more likely to receive these services (Hammond & Czyszczon, 2014).

The American Counseling Association’s Code of Ethics (2014) promotes the core professional value of “honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts” (p. 3). This means home-based counselors have the ethical obligation to examine and address biases and treat clients from a model of multicultural responsiveness and cultural humility. Despite this ethical obligation, counselors in community settings are already faced with ethical ambiguity (Bowen & Caron, 2016) and more likely to experience boundary dilemmas and less likely to make ethically-informed decisions (Perkins et al., 1998).

Effective home-based counselors who work with marginalized and under-resourced clients should work in mutual understanding with the client, using the strengths of the home environment to conceptualize the case to balance power dynamics (Glebova et al., 2012; Tate et al., 2014). If home-based counselors are unable to connect theory to practice, it could mean they struggle to include clients in the treatment process if they themselves are unable to synthesize these skills.

**Theoretical Orientation**

In the field of counseling, a counselor’s theoretical orientation most commonly refers to the framework, or theory, that counselor uses to conceptualize and explore their clients’ issues and needs (Polanski & McLennan, 2003). A strong theoretical base can help clinicians understand client behavior, create treatment plans, and evaluate progress in treatment.
Sangkanjanavanich and Reynolds (2015) similarly compared a counseling theory to a “compass” that “guides treatment” - without which, a counselor might feel lost on where to actually go with a client (p. 17). Halbur and Halbur (2015) suggested that counselors broaden their experiences to test out differing theories to find an appropriate fit. Therefore, counselors who practice in home-based settings where they typically see multi challenged clients (Lawson, 2005) who are likely to come from different cultural backgrounds than the counselor (Cox, 2020) might have an even greater opportunity to test out theories than office-based peers.

**Teaching Counseling Theory**

*Supervision*

Supervision can be a helpful process to teach counseling theory to beginning counselors. Benard and Goodyear (2018) defined the process of supervision in and of itself as a tool to connect theory to practice. Furthermore, Moate et al. (2017) found that students preferred learning through case studies and examples to better connect theory to practice. Asheim (2012) noted that "A supervisor who aims to practice competent supervision builds his knowledge about supervision as a discrete field of practice” (p. 11). This suggests that supervision as a tool to connect theory to practice requires unique skills separate from teaching skills and counseling facilitative skills.

*Counselor Education*

Counselor educators are in a distinct position to help connect theory to practice as they are often working with counselors at their earliest levels of development. CACREP is the largest and oldest accrediting body for counseling programs in the United States (2016). CACREP even includes counseling theory and models as a foundational component in education standards for graduate-level counseling students. With this emphasis on theory, students who graduated from
CACREP accredited programs performed better on the National Counselor Exam (Adams, 2006; Milsom & Akos, 2007) and were less likely to engage in ethical misconduct than those students who graduated from non-CACREP accredited programs (Even & Robinson, 2013). CACREP is scheduled to release its latest standards in 2024. Preliminary drafts of these standards note that a guiding goal of these standards will be to promote a unified counselor identity. This is similar to Hammond and Czyszczon’s (2014) call for leadership in the field to aid in the professionalization of the field of home-based counseling through unified standards for practice. The initial draft of these standards also note that programs must practicum and internship students in the actual application of theory in practice (CACREP, 2022). Despite this prioritization of theory in counselor education programs, Minton et al. (2018) found that counselor educators themselves may not be using a theoretical framework in their teaching pedagogy, meaning it might be more difficult to understand exactly how counselor educators are teaching theory to beginning counselors.

**Theory and Beginning Counselors**

Little is known about theoretical orientation and application for counseling students in the United States (Hinkle et al., 2015). As most counselors in home-based settings are either students or recently graduated (Cox, 2021; Hammond & Czyszczon, 2014; Walker et al., 2022; Worth & Blow, 2010), it is important to understand how beginning counselors integrate theory, whether they learn from sources like supervision or in their counseling graduate programs. Despite the home-based counseling workforce being made up of mostly counselors in the early stages of their career, counseling graduate programs focus almost exclusively on preparing students to work in office-based settings leaving some students unprepared to work in nonclinical settings such as community mental health (Thompson et al., 2007; Stichfield, 2004). 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). Corey (2017) suggested that “clear structure is most essential during the early phase of counseling” and suggested counseling theory could provide this structure for beginning counselors and their clients (p. 439). Grimmett et al. (2018) similarly advocated for theory as a structure of clinical identity particularly for students completing their practicum and internship specifically in community settings. Research such as this proposed study could help supervisors and educators better understand the needs of beginning counselors as they develop their clinical identity in home-based settings and could potentially help programs better align with CACREP standards for teaching counseling theory.

Theory Selection and Setting

Theory selection is a complex process. While some researchers have suggested that counselors choose a theoretical orientation according to personal beliefs and perspectives (Auxier et al., 2003; Poznanski & McLennan, 2003), other researchers have argued that personal values are not an appropriate indicator of theory selection or fit and that the setting and clinical context in which counseling takes place should dictate choice of theory (Freeman et al., 2007; Worth & Blow, 2010).

In their survey of over 2,000 psychotherapists (n= 2,156), Cook et al. (2015) found that psychotherapists reported practicing from the following theoretical orientations when given the opportunity to choose more than one theoretical approach: cognitive behavioral therapy (79%); family systems (49%), mindfulness (41%), psychodynamic/analytic (36%), and Rogerian/client-centered/humanistic (31%). Interestingly, only 2% of participants reported practicing in alignment with only one theoretical orientation suggesting that the majority of
respondents practiced from an eclectic approach. One limitation of this study is that it grouped psychotherapists together to include social workers, counselors, marriage and family therapists, and psychologists, meaning this research does not focus solely on counselors and counseling theories. As far as setting, the Bureau of Labor Statistics (2022) found that the majority of mental health counselors worked in outpatient mental health and substance abuse centers (56%), followed by individual and family services (16%), hospitals (10%), residential mental health and substance abuse facilities (9%), and government settings (9%). While the American Psychological Association (2022) publishes yearly reports on the settings in which psychologists work and the theories they choose, the American Counseling Association does not publish statistics on their website related to setting or theoretical orientation of its members. Therefore, counseling researchers have relied on smaller-scale studies that have focused on theory application in particular settings to better understand the relationship between setting and choice of counseling theory.

Schools

Several studies have examined how mental health counselors based in schools and school counselors choose and utilize various theories and approaches. Chibbaro and Camacho (2011) wrote on the benefits of creative counseling approaches within schools which they argued allowed students to express difficult emotions around traumatic topics such as family violence and abuse. They also found that creative therapies could 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. They argued that since students are typically mandated to seek counseling in school settings, the
counselor must explore the student’s own goals with being in counseling and not just work on the behavioral change goals from authority figures. 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. However, it is important to note that for school-based counselors to use any theory appropriately, they must have the support of the school administration (Ruffolo & Fischer, 2009). The literature suggests that the effective use of theory requires systemic supports in place (Murray, 2009).

Medical Settings

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.

Home-Based Settings

Lastly, home-based counseling has unique needs in terms of theory choice and application. Macchi and O’Connor (2010) argued that multiple counseling theories could be used in home-based therapy such as social ecological model, social learning theory, cognitive behavioral therapy (CBT), general family systems, functional family therapy, multisystemic therapy, structural-strategic family therapy, solution-focused family therapy, and family psychoeducation. However, Macchi and O’Connor’s research focused on home-based therapy
only with families and does speak specifically on these theories' uses with other modalities. It’s also important to note that while their research focused on the application of these theories, they found that home-based therapy was truly related through four common components such family roles and therapist roles, and did not offer insight into how these components were conceptualized by either the family or the counselor according to any of the theories they identified. That is to say, four commonalities does not necessarily suggest the existence of a standardized model. We also do not know how counselors conceptualized the application of these theories or the context in which they were applied which suggests the need for further qualitative research as proposed in this study.

Worth and Blow (2010) conducted a mixed-methods study to understand the experiences of home-based counselors. In their survey focused on the “theory of therapeutic practice”, the majority of the participants (n=174) reported practicing from the following theories: cognitive-behavioral (19%), eclectic (14%), psychodynamic (11%), Bowen (9%), and Multisystemic (8%). Promisingly, several studies have pointed to the effectiveness of counseling theories that focus on systemic approaches and allow the counselor to conceptualize individuals from a holistic lens. Zarski et al., (1988) explored in their qualitative research the benefits of a training model for beginning community mental health counselors that focused on the concept of the family as system while Bettis et al., (2020) discussed how Bronfenbrenner's ecological systems theory fit well with in-home counseling due to its holistic framework that placed an individual within the context of the entire system. Meaningful to the theory-application gap, Henggeler et al. (1995) found that multisystemic therapy is a theory well suited to specifically bridging the theory-application gap as practitioners moved from university classes to applied settings in community mental health. Glebova et al. (2012), in the development of their therapist
comfort scale, similarly found that home-based counselors who expressed higher competence in multisystemic therapy reported higher levels of comfort when applying the theory in the home. Worth and Blow (2010) also recommended that future research, such as this proposed study, focus on home-based counselors’ familiarity and experiences with theories conducive to home-based work. Despite the majority of home-based counselors reporting that they identify with a particular theory, counselors in home-based settings continue to struggle with the actual application of theory with a number of providers questioning the effectiveness of home-based counseling without the legitimization of home-based work (Hammond & Czyszczon, 2014; Worth & Blow, 2010).

The Theory-Application Gap

Researchers and practitioners have long noted the existence of a widening gap between counseling theory and the application of counseling skills. Not only is this gap a concern for beginning counselors as they attempt to build a clinical identity but also for counselor educators and program directors when attempting to comply with CACREP standards related to theoretical foundations. Kazdin (2008) called specifically for more qualitative research, such as this study, to better understand the mechanisms behind the theory-application gap.

Previous research has focused on the theory-application gap with specific theories in a variety of settings, from cognitive behavioral therapy (CBT) (Dobson & Beshai, 2013; Halder & Mahato, 2019; Richter et al., 2017), to multisystemic therapy (Henggeler et al., 1995), to acceptance and commitment therapy (ACT) (Harley, 2015). Other research has focused on the theory-application with specific modalities. For example, Pinsof and Wynne (2000) explored the gap between family therapy research and its application in clinical contexts while Pepper and Lorah (2008) noted the gap between career counseling theories and its application. Previous
research has also explored the theory-application gap with specific populations including LGBTQIA+ clients (Fassinger, 2000; Whitman & Bidell, 2014), disabled clients (Millington, 2011), Autistic clients (Dingfelder & Mandell, 2011), and clients with intersecting identities (Wilson et al., 2017).

Lastly, research has also focused on the theory-application gap in particular settings where mental health services take place including schools (Rowell, 2006) and clients’ homes (Cox, 2021; Lawson, 2005). As Brosman (1990) noted, home-based counseling requires unique solutions, meaning this proposed study could potentially expand on this gap even if studied in other contexts due to the specific challenges in home-based work. Cox’s (2021) qualitative research involved interviewing several agency supervisors on their approach and experiences when supervising home-based clinicians. The findings suggested that the supervisors themselves were not operating from a particular model or theoretical orientation suggesting a “top-down” theory-application gap. Cox called for additional research on theoretical models in home-based settings. It’s also important to note that Cox’s research focused solely on the theory-application gap with supervisors in home-based settings and not the experiences of the actual providers with theory application such as in this proposed study.

**Implications of the Theory-Application Gap in Counseling**

There are significant implications of the theory-application gap to counseling practices. For instance, practicing without a theory or practicing with a theory incorrectly could mean counselors struggle to find a focus in treatment (Consoli & Jester, 2005; Tate et al., 2014) or focus on terminating behavioral issues rather than examining the underlying cause of said behaviors (Halder & Mahato, 2019). Counselors who stumble in their theoretical conceptualization and execution skills also report lower levels of comfort in session (Glebova et
al., 2012). Noteworthy is the potential sunk cost in the investment of training counselors who are ill-prepared to apply theory and the cost to programs who continuously fund ineffective or even harmful care (Murray, 2009).

Subsequent to the theory-application gap’s effect on counselors’ confidence and competence, this gap directly compromises the overall quality of care for clients. The theory-application gap prevents effective, culturally responsive care for the most at-risk and marginalized clients including Black and Indigenous clients (Wilson et al., 2017), disabled clients (Millington, 2011), autistic clients and other neurodivergent clients (Dingfelder & Mandell, 2011), and LGBTQIA+ clients (Fassinger, 2000; Pepper & Lorah, 2008; Whitman & Bidell, 2014). Therefore, the gap threatens the counseling profession’s overarching goal of reducing disparities in mental health care. The profession’s inaction on addressing the theory-application gap could also potentially send the message that the profession does not value clients with marginalized identities, especially those most likely to receive in-home services (Hammond & Czyszczon, 2014). As counseling itself is an applied science, it is imperative that counselors understand and utilize counseling theory, a foundational component of the entire field.

**Potential Causes of the Theory-Application Gap**

The theory-application gap is a multifaceted issue that contains multiple explanations. For example, a counselor experiencing confusion around their role as a home-based provider might have difficulty generalizing counseling theory to nonclinical settings. Without the counseling room setting boundaries around the counselor’s role and the therapeutic relationship, the role can continue to expand without clear or manageable expectations (Fernando, 2008). Furthermore, the client can also confuse the counselor’s role with that of an enforcing power
when the counselor enters the home which can deter effective theory application (Brosman, 1990).

There is also the considerable gap between academic research and clinical practice of which the theory-application gap is not immune. Researchers often use abstract language to describe a theoretical orientation which lacks clarity for application. This lack of clarity in theoretical research can cause counselors to feel unsure or outright anxious when applying theory (Moran, 2011). Academic research also places greater value on quantitative research on theory that focuses on group effects despite the fact that clinicians might be more attuned to extreme variances in human behavior due to the nature of clinical work (Bangert & Baumberger, 2005).

Lastly, the managed care system in the United States has also affected the everyday practice of healthcare, including the application of theory. Health insurance policies have dictated the length and duration of sessions, the documentation of the counseling process, and even which counseling theories and interventions are allowed or preferred in session. While typical counseling theories suggest long-term treatment and intensive commitment, managed care agencies have pushed for shorter and more cost-effective treatment leading to a gap between the original theorist’s intent and the application of said theory (Evans et al., 2002). This hierarchical management of treatment has been heavily criticized by healthcare advocates and practitioners alike while simultaneously permeating practices (Guy et al., 2012). Counselors working within a managed care system often feel more compelled by insurance policies to focus on superficial issues with clients rather than underlying causes to these issues (Sanchez & Turner, 2003). Henton (2012) even suggested that the term “gap” in the theory-application gap might be a misnomer and that the distance between theory and the application of counseling skills might be better understood as opposing forces between insurance and mental health
practitioners. Perhaps most meaningfully for home-based and community-based counselors, the lack of a model for home-based counseling must not be overlooked as a potential deterrent to effective theory application.

**Lack of Unifying Home-Based Counseling Model**

Home-based counseling is not merely office-based counseling in another setting; it is a separate modality that requires discrete skills and approaches. Despite the unique challenges of fieldwork, there is a lack of a unifying model that ties together theory and practice in home-based counseling. This lack of standardized practices has even potentially stalled the professionalization of the field (Hammond & Czyszczon, 2014).

There are several potential causes for this gap of an overall model specifically in home-based counseling. First, there is evidence that supervisors who oversee supervisees in home-based settings may not themselves be using a model or framework for supervision of these counselors (Cox, 2022). Bernard and Goodyear (2019) defined supervision itself as a tool to link theory to practice. This suggests that if a home-based counselor’s supervisor may not be able to link theory to practice, the counselor will also potentially struggle in finding a specific model for home-based counseling. Secondly, counselors themselves might be unprepared to implement a model that considers the unique needs of home-based services. As most counselors are trained in office-based settings, those moving to home-based settings may not be able to generalize models taught in school to fieldwork (Knapp & Slattery, 2004; Thompson et al., 2007). Finally, the chaotic nature of these agencies may contribute to the lack of a model. Issues in the organizational structure of the agency, such as high caseloads, limited resources, and high employee turnover rates, all of which are common in these settings (Cortes, 2004; Lawson, 2005;
Shevellar & Barringham, 2016) might prevent the creation or adoption of a model of best practices (Murray, 2009).

**Gaps in Research on Home-Based Models**

Several studies have explored potential overarching theories and models in home-based counseling. For instance, Zarski et al. (1988) developed a model for training counseling graduate students for home-based counseling with families. However, Zarski et al.’s model does not take into account the specific challenges of conducting sessions in the home environment. It is also important to note that the researchers developed this training model before the expansion of home-based services in the 1990s meaning there could potentially be gaps in this model as it relates to current practices.

In response to this gap in the research, Grimmett et al. (2018) suggested the Community Counseling, Education, and Research Center (CCERC) as a model of engagement scholarship for counseling practicum and internship students to connect theories in multicultural and social justice to practice in community mental health settings. The authors wrote that the effective application of the CCERC model in community settings required three foundational components: identity, community, and structure. However, there are several common organizational issues in community mental health agencies that oppose these foundations. First, home-based counselors are more likely to be recent graduates meaning they have had less time in the field to develop a strong clinical identity (Cox, 2021; Hammond & Czysczon, 2014; Stinchfield, 2004). Second, home-based counseling is typified by isolation (Bowen & Carol, 2016) which might prevent the building of community. Lastly, the model’s need for structure does not match with the reality of the often turbulent, unstructured nature of home-based counseling (Cortes, 2004; Lawson, 2005; Walker et al., 2022).
Perhaps most meaningfully to this study, other researchers have focused on the use of theory in home-based settings as a model for practice. For example, Woodford (1999) suggested that home-based counseling as a practice itself had roots in systems theory and structural family therapy. Macchi and O'connor (2010) noted that while various theories could be adapted to home-based settings, these theories failed to take the actual setting of the home into account. They suggested that counselors using a theoretical orientation should adapt that theory to the needs of the family. Bettis et al. (2020) utilized Bronfenbrenner's (1977) ecological systems theory in their case study to examine the contextual elements of the home and the surrounding community as well as the practices in the home. Glebova et al. (2012) found in their quantitative research that counselors who expressed a greater belief in and understanding of the Multisystemic Therapy (MST) model would report overall higher levels of comfort in the home when implementing this framework. While these findings point to the potential effective use of theory as a model for practice in home-based settings, a deeper understanding of the counselor’s experience when applying counseling theory, such as this study explores, could help counselor educators and supervisors better understand the mechanisms behind the theory-application gap.

**Implications of the Theory-Application Gap in Home-Based Counseling**

The theory-application gap and lack of a model in community mental health settings has several implications for home-based counselors and their clients. Without the use of theory or an effective model guiding decision making, home-based counselors may also be more at risk when making ethical decisions. Shevellar and Barringham (2016) noted the existence of a theory-application gap in ethical decisions and behaviors in community mental health settings. Perhaps as a result of this gap, rural community mental health providers are more likely to experience boundary dilemmas and are less likely to make ethically-informed decisions than
clinic-based peers (Perkins et al., 1998). Because community-based counselors are not just making decisions from an ethical decision making model (Christensen, 1997; Strom-Gottfried, 2009), it becomes that much more important for researchers and counselor educators to understand how counselors are using theory to make decisions in treatment, such as this study examines.

Just as in other settings, the theory-application gap in home-based counseling can ultimately affect client care. For instance, Mette et al. (2019) argued that home-based counselors were often untrained and unprepared to work with clients with substance use issues and that the lack of an overarching model would ultimately lead to client harm. Hammond and Czyszczon (2014) similarly argued that home-based counseling was in desperate need of professionalization to better prepare counselors and to serve the clients with the highest needs.

Those preparing counselors to work in home-based settings should also consider the multicultural implications of the theory-application gap. Counselors who serve marginalized clients, such as those most likely to receive community-based services (Cortes, 2004), are less likely to utilize evidence-based interventions compared to treatment with clients who are not a part of these marginalized and underserved groups (Miranda et al., 2005). As most home-based counselors themselves are part of a non-marginalized, centralized group (Cox, 2021; Worth & Blow, 2010), there is the potential for those counselors to feel disconnected from the clients they serve leading to issues in building the therapeutic bond. Glebova et al. (2012) developed the Therapist Comfort Scale specifically for its use with home-based counselors working with marginalized youth. Out of all participants (n= 51), the majority of therapists (86%) identified themselves as white and as females (71%). Results indicated that participants who were
uncomfortable working with clients from low socioeconomic backgrounds were also less likely
to form a strong alliance with the families they served.

Counselors who feel uncomfortable when serving marginalized clients and struggle to
build an alliance could compromise treatment outcomes. To better serve those in marginalized
groups, effective home-based counselors must have strong case conceptualization skills (Cox,
2020; Tate et al., 2010). However, home-based counselors typically possess moderate
conceptualization skills (Lawson & Foster, 2005) meaning home-based counselors might
struggle in their effectiveness with clients facing multiple barriers. Research that focuses on the
experiences of home-based counselors when applying theory, such as this study, could
potentially help those in leadership positions better prepare home-based counselors to work
effectively with marginalized clients in low-income groups and could improve services and
outcomes with these clients.

Summary

Home-based counseling can increase access to services and benefit clients who have been
unsuccessful with services in clinical services - it remains one of the fastest growing modalities
of services (Bowen & Caron, 2016; Walker et al., 2022). However, the challenges of home-based
counseling require effective counselors to have strong theoretical identities. Theory is so
important to counselor development, CACREP includes counseling theory and models as a
foundation in counselor education. Despite this emphasis, the theory-application gap persists in
home-based settings. Chapter two explored the identity and development of home-based
counselors as well as some of the potential causes and implications of the theory-application gap
for both counselors and clients. While previous research has focused on the theory-application
gap in supervision of home-based counselors (Cox, 2021; Lawson, 2005), or the
theory-application gap related to ethical decision making in home-based settings (Bowen & Caron, 2016; Cox, 2020; Rogers, 2012; Shevellar & Barringham, 2016), little research has examined the gap between counseling theoretical orientation and application in home-based settings. Additionally, the existing literature has not taken into account the home-based counselors’ experiences when applying theory into account. An understanding of home-based counselors’ experiences when applying theory would help counselor educators better prepare home-based counselors and have a better understanding of the theory-application gap in home-based and community mental health settings.
Chapter 3

Methodology

Introduction

This chapter encompasses eight sections to include the research questions, research design, participant selection and criteria, data collection methods, sampling procedure, role of the researcher, data analysis methods, and a chapter summary. The purpose of this qualitative study is to understand the stories of home-based counselors applying theory in these settings.

Research Questions

In this proposed study, I will explore participants’ stories utilizing the overarching research question “How do home-based counselors perceive their experiences when applying theory in a client’s home or similar nonclinical setting?”.

Research Design

The theory-application gap is well-documented in nonclinical settings (Dobson & Beshai, 2013; Harley, 2015; Murray, 2009). Kazdin (2008) specifically called for more qualitative research to understand the “mechanisms of change” (p. 1) as mental health professionals apply theory across multiple contexts. Qualitative research is particularly well-suited to help others understand the contextual factors in participants’ reported experiences. Crotty (1998) argued that since humans make sense of the world based on historical and social perspectives, qualitative researchers must seek to understand both the setting and the context in which they inhabit. Roger’s (2003) Diffusion of Innovation theory and Stoltenberg’s Integrative Developmental Model (1981) will guide this study. In this study, both the shifting home environment in which the participants practice and the participants’ own background provide context to the data.
Likewise, the researcher’s own background informs the researcher’s interpretation of the qualitative data as knowledge is transferred across contexts.

Narrative inquiry is a type of qualitative methodology useful for understanding human stories and the transfer of complex knowledge. Epistemologically, narrative inquiry falls under the paradigm of social constructivism referring to methods researchers use to explore how individuals structure their experiences and how they construct meaning in their lives (Patsiopoulos & Buchanan, 2011). Narrative research seeks to examine the stories of participants which can include multiple contexts including chronological order, language, and structure.

While other research approaches also seek to form meaning from participants’ experiences, narrative research is separated from other forms of qualitative research by what it deems relevant. For example, phenomenology focuses on the lived experiences of the individual participants where the goal is to reduce individual experiences into a particular phenomenon (Creswell & Creswell, 2018). While a phenomenological researcher would focus on the participants’ experiences, a narrative researcher focuses on how the participants make sense of or perceive those experiences (Patterson, 2018). Alternatively, an ethnographer would focus on the events of a story. A narrative researcher, on the other hand, will focus on language not as an interpreter of meaning but rather a constructing force of reality itself. Similarly, while grounded theory focuses on social and psychological processes (Glaser & Strauss, 1967), narrative inquiry focuses on experience and stories to construct knowledge. Grounded theory has additionally faced criticism as an inappropriate method for handling complex, large amounts of data and does not take the researcher’s agency into account (Bryant & Charmaz, 2007). Clandinin and Connelly (2000) noted that stories in narrative research helped to connect meaning and lived
experiences. In opposition to positivist approaches, stories create truth from meaning and lived experience.

Polkinghorne (1995) suggested that narrative inquiry could refer to any “prosaic discourse” or “text that consists of complete sentences linked into a coherent and integrated statement” (p. 6). This is consistent with the practice of systemic analysis in applied fields, such as counseling, where the practitioner or researcher might examine individual parts of an issue within the context of the integrated whole. In both examples, the meaning of the data is found in the integration, or prosaic, of the individual stories or elements of a story. Similarly, Daiute (2014) defined narrative analysis as an interactive process where the narrative “interacts in life” and allows researchers to examine the stories and contexts related to the participants’ experiences (p. 5). Due to this study’s aim to explore how mental health professionals describe their experiences in applying theory in home-based settings, a narrative approach would aid in contextualizing the data as setting played such a large part in the research design. Chase (2005) noted that narrative inquiry was especially useful for understanding the actual context of experiences and meaning, such as the context of the clients’ homes in treatment. For example, researchers can use the structure of narrative inquiry to understand how participants are enabled and constrained through social resources and how they are situated in social interactions and performances - such as that of a counseling session. Hays and Wood (2011) expanded on this metaphor between narrative inquiry and counseling, suggesting that as a counselor might form understandings of clients through their stories, so might researchers better understand participants. Additionally, Haydon & van der Riet (2017) argued that narrative research was appropriate for exploring concepts concerning identity, such as a counselor’s theoretical orientation. A theoretical orientation can be a strong component of a counselor’s identity,
especially for beginning counselors in community settings (Grimmett et al., 2018), where their theory provides structure for how they view their role in therapy, their clients identity and clinical issues, and where these issues originate. Some researchers have suggested that counselors even choose a theoretical orientation according to how that theory fits with their identity and values (Auxier et al., 2003; Poznanski & McLennan, 2003). Perhaps most meaningfully to this research that builds upon the counseling theory-application gap, a narrative approach can help researchers understand the processes that take place when knowledge is transferred across contexts (Darwent, 2000) similar to how a counseling theoretical approach is transferred across clinical to nonclinical settings and contexts.

Narrative inquiry is not without its criticisms. Researchers have long noted the lack of literature concerning the process of actually analyzing the data or the application of narrative analysis (Dibley, 2011; Kim, 2016; McCormack, 2000a). Narrative researchers might have difficulty interpreting the relationship between storytelling and meaning-making during the transition from data gathering to data analysis. In the same way an in-home counselor might be concerned about the phenomenon by which theory diffuses across contexts, so must this research take care in acknowledging diffusion of the participants’ stories across steps in the research process from data accumulation to data analysis.

The researcher must also decide whose story it is and how it is interpreted. For instance, participants might disagree on the presentation of the data which could potentially cause harm to the participant (Savin-Baden & Niekerk, 2007). The researcher must balance the need to protect their participants while simultaneously presenting themes as they appear according to the research design. Clandinin and Connelly (2000) described this push-and-pull process as negotiations among the researcher, the participant(s), and the narrative over relationships and
research purposes. A misinterpretation between researcher and participant can also add depth to the understanding of the participant’s story (Savin-Baden & Niekerk, 2007).

Grbich (2012) additionally suggested that if a researcher used only one approach to narrative analysis, or one lens, it could potentially limit the researcher’s perspectives. To address these valid concerns and avoid immersion in the data without critical analysis, this study will utilize McCormack’s (2000a) multi-lens process for analyzing interview transcripts to provide structure to the coding process.

**Research Participants and Criteria**

A qualitative study’s sampling depends on the research design. To ensure an appropriate fit for a narrative inquiry, I utilized Robinson’s (2014) theoretical approach for sampling for interview-based research including the following four steps: defining the “sample universe” (p. 2), deciding on a sample size, 3) selecting a sample strategy, and 4) sourcing the actual sample.

First, I defined the sample universe, or target population from which I could sample legitimate cases. This step involves defining inclusion and exclusion criteria for sampling. The following will serve as the inclusive and exclusive criteria for this proposed study: 1) The participant is a master's-level pre-licensed or licensed counselor in the United States 2) The participant provides services in the community, client’s homes, or in similar non-clinical settings 3) The participant must have graduated from a CACREP accredited program 4) The participant must identify with a particular counseling theoretical orientation, and 5) The participant must be employed full time in this setting. To protect participants’ anonymity, participants chose their own pseudonyms. As this study utilized maximum variation purposive sampling (see below the third step in Robinson’s sampling process: selecting an appropriate sample strategy for recruiting participants), I ensured that at least two different theories, with differing theories identified by
Worth and Blow (2010) in their previous research on demographics of home-based counselors, were represented by the participants depending. Potential theories included Cognitive-behavioral, Eclectic, Psychodynamic, Bowenian, Multisystemic, Solution-focused, Internal family systems, Behavioral, Emotionally focused, Structural, Integrative, Brief strategic family therapy, Object relations, Experiential, Homebuilders model, Psychoeducation, Strategic, Functional family therapy, and Gestalt (Worth and Blow, 2010).

Second, I decided on a sample size. Deciding on a sample size in narrative research can be an elusive task; Sampling practices are rarely discussed in qualitative research or they lack practical guides for application (Guetterman, 2018). While large-scale qualitative studies can include hundreds of participants, smaller sample sizes of 3-16 in smaller studies allow for a “locatable voice within the study, and for an intensive analysis of each case” (Robinson, 2014, p. 5). Creswell and Creswell (2018) similarly called for a small sample size of “1 to 2” participants in narrative research (pg. 304). Guetterman’s (2018) quantitative study surmised that narrative research often had the lowest number of participants with an average of 21 participants (n=21). Guetterman suggested this was due to the methodology relying on stories and not participants themselves to provide data. In fact, Guest et al. (2006) found that saturation typically occurred in narrative research as early as 6 interviews. Qualitative researchers often use data saturation as a practice to determine a sample size (Glaser & Strauss, 1967). Data saturation is a process by which the researcher is no longer able to identify new themes from the current data (Aguboshim, 2021; Armour & Chen, 2012). That is, themes from the data become repetitive and gathering more data, either from additional interviews with the same participants or by interviewing additional participants, would be unlikely to add new themes to the research. In this study, I utilized methods such as member checking, triangulation through gathering additional resources
of data, and maintaining a research journal to promote reflexivity to move towards data saturation and increase validity with a potential participant range of 2-16 as suggested by Robinson (2014) and Creswell and Creswell (2018). It is important to note that while data saturation can support research goals at the earliest stages of research, the concept and standards for announcing saturation are less standardized and structured at later stages in research when estimating sample size (Aguboshim, 2021; Burda et al., 2016; Guest et al., 2006). Rather, qualitative researchers might be more accurate in reporting that they have exhausted the ability to gather “any new possible meanings” to describe data saturation (Armour & Chen, 2012, p. 2). Hays & Wood (2011) argued similarly that while grounded theory research might be able to better point towards an end point of data saturation, narrative researchers must be mindful in identifying a true ending to a story’s plot.

Third in my process of deciding on sampling techniques, I selected an appropriate sample strategy for recruiting participants. Purposive sampling involves selecting participants with a great amount of information that add to the richness of the study while meeting sampling criteria (Patton, 2015). Robinson (2014) suggested that purposive sampling could be an effective strategy to find participants who could provide an educated insight into theory. Maximum variation/heterogeneous purposive sampling involves choosing the maximum variation between participants, such as their theoretical orientation or educational background, to glean as much insight as possible into the research phenomenon (Mujere, 2016). As the goal of this study was to understand the stories of counselors applying theory in home-based settings, maximum variation purposive sampling would be an appropriate fit. I used Corey’s (2017) categorization of theoretical approaches into four overarching categories (Psychodynamic Therapies, Experiential
and Relationship-Oriented Therapies, Cognitive Behavioral Approaches, and Systems and Postmodern Approaches) to reach maximum variation amongst theories chosen by participants.

Finally, I decided on a method for sourcing the sample. I recruited participants through online membership newsletters for state-level counseling associations and through special interest Facebook groups for community-based counselors. While internet-based recruiting is becoming more popular for its cost effectiveness and efficiency, Hamilton and Bowers (2006) noted several concerns with this method. For example, they argued that a sample obtained through internet-based recruiting was likely to skew towards higher income and education levels. However, there is the assumption in this proposed research that the demographics of participants meeting the inclusion criteria of 1) possessing a master’s degree and 2) working full time in an agency setting will already naturally skew towards higher levels of education and income in comparison to the general population. There is also the matter of incentives to increase participation. Kelly et al.’s (2017) found that there was no difference in participation levels between a qualitative study providing no incentive or a non-monetary incentive. They also found in their study that participation did not differ between a $50 incentive or a $75 monetary incentive. Due to the diminishing returns of incentives on qualitative research, I did not provide a monetary incentive for participation in this study.

Data analysis was conducted while completing narrative interviews with six participants to identify themes and to approach data saturation which Armour & Chen (2012) described in qualitative research as a phenomenon when researchers cannot gather “new possible meanings” from the data (p. 2). Demographic information is presented below (Table 1) in the order the interviews were completed:
Table 1 - Participant demographic information

<table>
<thead>
<tr>
<th>Participant Pseudonym</th>
<th>Race</th>
<th>Age</th>
<th>Gender</th>
<th>Years in Home-Based</th>
<th>Licensure Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah</td>
<td>White</td>
<td>26</td>
<td>Female</td>
<td>2</td>
<td>Prelicensed</td>
</tr>
<tr>
<td>Mike</td>
<td>White</td>
<td>27</td>
<td>Male</td>
<td>1</td>
<td>Prelicensed</td>
</tr>
<tr>
<td>Daniel</td>
<td>Black</td>
<td>27</td>
<td>Male</td>
<td>3</td>
<td>Prelicensed</td>
</tr>
<tr>
<td>Stacey</td>
<td>White</td>
<td>36</td>
<td>Female</td>
<td>11</td>
<td>Prelicensed</td>
</tr>
<tr>
<td>Mary</td>
<td>White</td>
<td>32</td>
<td>Female</td>
<td>8</td>
<td>Licensed</td>
</tr>
<tr>
<td>Michelle</td>
<td>White</td>
<td>49</td>
<td>Female</td>
<td>10</td>
<td>Licensed</td>
</tr>
</tbody>
</table>

Data Collection Methods

To understand the stories of home-based counselors, I conducted narrative interviews with six participants using a HIPAA compliant Zoom platform. Interviews are a central component to narrative research as they allow the participants to make the meaning of their stories explicit (Belle, 2003). Patterson and Macqueen (2021) emphasized that both structured and unstructured interviews could be especially useful for examining complex data. Therefore interviews are a useful tool for examining the data sought in narrative inquiry which can often be cumbersome and complex (Dibley, 2011). Narrative interviews that flow more like a conversation are an appropriate fit for narrative studies to where the participant can relate their experiences to a story and decide on the relevancy of each experience (Clandinin & Connelly,
Hollway and Jefferson’s (2000) four principles for facilitating meaning in interviews guided the development of the interview questionnaire and protocol: use open-ended questions, relate questions back to stories, avoid why questions, and review participants’ ordering and phrasing in storytelling. Additionally, Savin-Baden and Niekerk (2007) suggested that researchers practice the following guidelines when conducting interviews in narrative research:

“listen to participants’ stories; acknowledge the mutual construction of the research relationship (both researcher and participant have a voice with which to tell their stories); and acknowledge that people are both living their stories in an ongoing experiential text and telling their stories in words as they reflect on life and explain themselves to others” (p. 463).

After obtaining approval from UNO’s Institutional Review Board (IRB), I recruited participants by posting with the online membership newsletters for state-level counseling organizations and confirmed the participants’ meeting of criteria and their agreement to participate through email. Next, I emailed a letter of interest as well as a consent form at least one week before the scheduled interview (See Appendix A). One interview was conducted per participant with interviews lasting between 45 minutes to 1 hour. During the interview, I reviewed the interview protocol. The protocol included general demographic questions and an overview of the interview questions (See Appendix B).

Participants were given the option to choose their own pseudonyms to protect anonymity and no identifiable information about place of employment was collected or requested. This study included no more than minimal risk to participants. The interview protocol guided the interview process with the emphasis that the participant could choose to stop the interview or not answer a question at any point in the process.
Qualitative research often requires the researcher to gather multiple forms of data from multiple sources. These other data can include photographs, personal journals, historical documents, letters, videos, observations, open-ended surveys, and more (Creswell, 2007). By using multiple forms of data, researchers can better contextualize how participants express their complex stories made up of observations, ideas, emotions, and behaviors (Keats, 2009). Data triangulation can also serve to promote validity and can further secure data saturation (Visser et al., 2016). For this reason, I will also be including field notes of observable behaviors of participants during the interviews, as suggested by Clandinin and Connelly (2000), to better understand the context of the interviews and to add to the richness of the narrative data.

**Role of The Researcher**

In qualitative research, the researcher is the primary instrument (Kim, 2016). Therefore, it is important for the researcher to identify their role within qualitative research to promote clarity as the study’s instrument through which all data is diffused. Positionality is a tool that “acknowledges and recognizes that researchers are part of the social world they are researching and that this world has already been interpreted by existing social actors” (Holmes, 2020, p. 3). Clandinin and Connelly (2000) similarly argue that in narrative research, the researcher’s own story plays a major role in the research.

To engage in reflexivity and promote transparency, I acknowledge my limited lived experience as a cisgender, Latina woman and the inherent levels of privilege that come with these intersecting identities. I worked as a home-based counselor for three years with a community mental health agency in Louisiana which influenced my choice in research. My experiences were similar to what Bowen and Caron (2016) described in their study which identified three major themes in home-based work: isolation, ethical ambiguity, and the

51
high-intensity nature of seeing clients in their homes. Due to the difficulty I experienced in utilizing my theory to address this ambiguity in treatment (potentially due to the high-intensity nature of the work), I became interested in exploring how other counselors perceived similar experiences. I view a theoretical orientation as an integral part of a counselor’s identity and treatment that might not be easily accessible or applicable by counselors in home-based settings. I present these findings as only one interpretation from a position of cultural humility which seeks to “flatten hierarchies, better value humankind, and exude flexibility to resolve conflict positively” (Foronda, 2020, p. 12).

**Data Analysis**

I transcribed the interviews verbatim and documented my observational data such as body language, gestures, tone of voice, and other points of context. These data will be kept in a password-protected folder on a HIPAA compliant Microsoft Office 365 One Drive account as provided to student researchers at the University of New Orleans. All data collected from the survey will be destroyed after a period of 3 years to allow proper time to collect and analyze the data.

Thematic coding was critical to this study as narrative data can often be “cumbersome and prolific” (Dibley, 2011, p. 1). To avoid immersion in the data without critical analysis, I utilized McCormack’s (2000a, 2000b) multi-lens process for analyzing interview transcripts according to the research questions to provide structure to the coding process. There are several benefits to McCormack’s process for narrative researchers; the process allows researchers to manage large amounts of complex narrative data, provides a flexible framework for analysis, enables the researcher to examine core themes within the context of the larger story, and promotes transparency and validity of the interpretation of said stories (Dibley, 2011).
McCormack (2000a, 2000b) identified a two-step process of analyzing narrative data through multiple lenses. In the first step, the researcher analyzes the data for common themes through several lenses including narrative processes, language, context, and moments. When examining the interview transcripts for narrative processes, the researcher notes how the participant uses processes to enrich the stories and add additional meaning - ultimately, it relates to why the participant deemed the story important in the first place. For example, a participant might return later to a story to add additional details in a process called augmentation. Language, the next lens of the multi-lens process, refers to both the content of the story and the social process of storytelling. It indicates how the participant constructs reality. Next, the researcher acknowledges the context shared in the interview transcripts in both content and the interview process itself. Finally, the researcher examines the story for significant moments. Although perhaps more abstractly defined than the previous lenses, moments represent a turning point or realization that makes the participant say “aha!” and discuss events leading up to and resulting from that moment. These moments signify a change in the participant’s understanding of self and life projects.

In the final step of the two step process, the researcher creates an “interpretive story” (McCormack, 2000a). To create an interpretive story, I identified common themes across the data according to each lens and made notes on their relevance and my role as the researcher in the analysis process. I then narratively combined each common element to form a cohesive story while still allowing each lens to remain visible. Clandinin and Connelly (2000) referred to this process as re-storying where the researcher takes the raw narrative data and reframes it into a narrative with a beginning, middle, and end. Dibley (2011) suggested that creating these interpretive stories from the lenses can lead to a better understanding of themes shared across
each separate interview. I titled each interpretive story to emphasize the through line of the story and overall theme.

In addition to McCormack’s lenses, I utilized Rogers’ (2003) theory of Diffusion of Innovation and Stoltenberg’s Integrative Developmental Model (IDM) to analyze the data. Rogers suggested that certain factors about an organization could potentially aid in the diffusion of theory such as having a culture of innovation, a flat hierarchical system, and leadership committed to best practices. After coding the data according to McCormick’s lenses, I then coded the data for themes related to the theory of Diffusion of Innovation and the Integrative Developmental Model to improve trustworthiness in the findings.

**Validation**

Validity in a study refers to how well the results of the study represent the “truth” present in populations outside the study. However, in qualitative research, defining and ensuring validity can be more complex than in quantitative research, and the choice of techniques for validation can depend on a variety of factors. Creswell and Miller (2000) ascertained that a researcher chose validation procedures according to two perspectives: the researcher’s lens and paradigm. For example, a researcher might use the lens of the researcher and the lens of the participant in varying degrees as a process to determine credibility. According to the lens of the researcher, the researcher’s account of experiences may be validated through reflexive exercises such as maintaining a research journal. Alternatively, validating according to the lens of the participants typically involves more collaborative efforts such as member checking or prolonged engagement in the field. Creswell and Miller (2000) also suggested that researchers chose an approach to validation through a particular paradigm, to potentially include positivist, constructivist, or critical perspectives. In a constructivist paradigm, the researcher believes in “pluralistic,
interpretive, open-ended, and contextualized (e.g., sensitive to place and situation) perspectives” (p. 125). This approach is similar to how narrative researchers propose reality is constructed in people’s stories (Polkinghorne, 1995).

In addition to Creswell and Miller’s research, Riessman (1993) identified several points for the researcher to consider to increase the validity of narrative interpretations. These points include the findings’ persuasiveness, coherence, and pragmatic usefulness. After coding the data, I considered the following questions in my assessment of the coding to promote validity according to Riessman’s research:

- How convincing are the findings? How do the findings support or challenge the existing research?
- Are the findings represented in some sort of coherent order? Are the findings situated in the original data?
- How do the findings potentially change practices or provide a base for future research?

In addition to considering these questions in my conceptualization of validity, I took active steps in the data analysis process to ensure the validity of the narrative interpretations and to determine saturation. First, I emailed participants the analysis after coding to provide an opportunity for member-checking so they may provide feedback on the interpretations. Member checking includes having participants involved at various stages of the research to read the researcher’s interpretations and allowing participants to provide corrections or additional information. Member checking also promotes a collaborative approach throughout the research process and allows participants to ensure their stories have been understood and presented accurately by the researcher (Burda et al., 2016). Savin-Baden and Niekerk (2007) affirmed that
participants in narrative inquiry were also likely to see themselves as “co-inquirers and co-collaborators” (p. 471).

Second, I maintained a research journal throughout the process to promote reflexivity. Researchers use various tools to practice reflexivity to identify and preconceived notions about the research materials, subjects, or phenomenon and explore their relationships to these items in the study. Reflexivity can encourage thoughtful engagement with the data and therefore encourage rigor in the research process, assist with data saturation, and increase validity of the findings (Aguboshim, 2021; Bishop & Shepherd, 2011; Goldstein, 2017). Additionally, reflexivity allows the researcher to attend to details in smaller-scale studies meaning less data would be needed to create meaning and form an understanding of the subject (Patterson & Macqueen, 2021). Journaling in particular is a powerful tool that can facilitate reflexivity and allow researchers to see their role in relation to the study. Bishop and Shepherd (2011) discussed how keeping a research journal helped them explore their own identities as healthcare professionals in relation to the research participants’ professional experiences and how doing so promoted more ethical, rigorous research. In the same manner, maintaining a reflexive journal assisted me in contextualizing my own identity as a counselor in relation to the professional identities and theoretical orientations of my participants.

Next, I included additional sources of data to promote validity and increase confidence in the research findings. Clandinin and Connelly (2000) encouraged narrative researchers to include multiple forms of data in their research to add to the context of the stories including observational data, images, writings, among other resources. In addition to promoting validity, the process of data triangulation by including additional sources of data can assist with data
saturation (Visser et al., 2016). As stated previously, I collected observational data such as body language, gestures, tone of voice, and other points of context throughout the interviews.

Lastly, it is important to note that McCormack’s data analysis methodological process in and of itself reportedly “enables transparency, thus increasing confidence in the findings’” and therefore increases validity (Dibley, 2011, p. 3).

**Summary**

In chapter 3, I reviewed the purpose of the study and research question that will guide this study. I also provided background information of the narrative research design and expanded on the appropriateness of fit between the goal of the research and narrative analysis. Additionally, I reviewed the challenges of narrative inquiry and sampling in qualitative studies. Lastly, I discussed the tools I used, including McCormack’s (2000a, 2000b) multi-lens analysis process, to promote validity in narrative interpretation.
Chapter 4

Results

Counselors use their theoretical orientation to understand presenting client issues and to plan treatment with the American Counseling Association’s Code of Ethics mandating that counselors utilize methods that are based in theory (2014, Section C.7.a). Because community-based and home-based counselors are more likely to face barriers to the effective application of theory (Hammond & Czyszczon, 2014; Massatti et al., 2008; Murray, 2009; Stinchfield, 2004; Worth & Blow, 2010), it becomes that much more important to understand the stories of home-based counselors applying theory in these settings. The purpose of this qualitative, narrative study was to understand the stories of counselors applying theory in home-based settings. Chapter four is divided into three sections including data analysis procedures, results, and chapter summary.

McCormack (2000a, 2000b) defined interpretive stories as cohesive narratives made up of each individual lens. The researcher must examine the transcripts according to the lenses and write a story that reflects the views and experiences of the participants (see table 2 below for examples): Table 2 - Researcher interpretation of using lenses to analyze transcript and write interpretation
I also shared the story with the participant to increase trustworthiness in the findings. The interpretive stories and transcripts were cross analyzed to find shared themes as suggested by Dibley (2011). In the narrative interviews, participants were asked to reflect on their stories and experiences as home-based counselors and experiences of applying theory in these settings.

<table>
<thead>
<tr>
<th>Transcript</th>
<th>Lens</th>
<th>Interpretation</th>
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<tbody>
<tr>
<td>I was reprimanded in a way for and actually-actually called Hitler because of it. Like, &quot;You remind me of Hitler&quot;. I was like- I'm laughing about it now- but I was very upset that someone would compare me to someone- He's like, commits genocide, right? Because I'm trying to advocate for my team and myself. And I don't think- and when I went higher with that nothing was really ever done about it. - Stacey</td>
<td>Narrative Process</td>
<td>At times, she used humor to process difficult moments, such as describing a time when she was called &quot;Hitler&quot; after advocating for her team.</td>
</tr>
<tr>
<td>I have an individual who is from Mexico who I work with and she shares a lot like a food you know, not that- but she like talks about it like &quot;Oh, I'm making this&quot; and she like has other ingredients that out on the counter. And there's a level of like richness but also like humility in that situation.</td>
<td>Language</td>
<td>Sarah’s use of the word “shares” does not mean a literal sharing of food, and she is quick to correct my potential literal understanding of the word. Rather, she uses the word to add to the context of what is happening in that moment - a literal sharing of space and sharing of cultural understanding that Sarah must navigate with humility.</td>
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Interpretive Stories

Sarah: Entering the Home with Humility

Sarah describes herself as a 26-year-old Caucasian woman who is a Licensed Professional Counselor Supervisee (LPC) in South Dakota. She has been providing services in clients’ homes since 2021. When discussing her path to community mental health, Sarah stated that working as a home-based counselor felt “inevitable” due to living in a rural area. Sarah described her overall experiences providing services in the home as positive adding, “It's been very interesting. I think I’ve learned a lot providing in-home services. I think it definitely has a different dynamic, providing services in home versus in office. I think I overall had a fairly positive experience. I haven't ever- I've had a couple of situations where I've been in just kind of uncomfortable or unsafe situations, but they've been easily navigated and easily resolved”. She told a story of processing trauma utilizing psychodynamic theory with an adult client in their home, only to find out that a parent had been listening in on the session from another part of the home. Sarah did not clarify how she addressed the issue with the client or parent and moved quickly to another point in her story. Her speed to move past the issue onto another topic might suggest some discomfort with the situation or some unknown context in the interview similar to the discomfort she described in that moment where she discovered the parent listening in on the session.

Sarah spoke of the importance of humility, both in the physical act of entering a client’s home and applying her theory. To give an example, she told a descriptive story of entering the home of a Mexican client adding “she shares a lot like a food you know, not that- but she like talks about it like ‘Oh, I'm making this’ and she like has other ingredients that out on the counter. And there's a level of like richness but also like humility in that situation.” Sarah’s use of the
word “sharing” does not mean a literal sharing of food, and she is quick to correct my potential literal understanding of the word. Rather, she uses the word to add to the context of what is happening in that moment - a literal sharing of space and sharing of cultural understanding that Sarah must navigate with humility.

Sarah discussed choosing her theoretical orientation, psychodynamic, based on what she felt fit best with her developmental level, stating “...because I am so green, because I am newer to the field, I kind of find myself using a more psychodynamic approach” Alternatively, she described feeling “pushed” by her graduate professors and by the supervisors in her agency to use a cognitive behavioral (CBT) approach. Sarah’s use of the word “pushed” suggests that she did not feel entirely in control of this process of choosing a theoretical orientation, implying a hierarchy between herself and her professors and agency supervisors.

When reflecting on how her identity related to her experiences as a home-based counselor, Sarah paused then discussed how being a younger, female counselor could make her feel unsafe in certain situations but also allowed her to be “very open to trying new things”. Sarah’s narrative flowed easily when discussing her supervisory experiences, suggesting a level of comfort with the topic.

Mike: Google as Theoretical Orientation

Mike describes himself as a 27-year-old Caucasian man who is a Provisionally Licensed Professional Counselor (PLPC) in Louisiana. Mike has been providing home-based services for a little over a year with the same agency with which he completed his graduate internship as a student. Describing his experiences as a home-based counselor, Mike said, “It's very hard because you never know what they need until you get there. And, even then, they … may not even fully understand what they need to. So it's just being very much prepared and having an
open mind, just being willing to learn with them as well because I feel like a lot of it. I had no idea I was getting myself into but thankfully Google exists”.

The rest of Mike’s stories appeared to follow this “fish out of water” analogy. Mike described his transition from office-based counseling to home-based counseling as “wild” and feeling “constantly getting pushed out of (one’s) comfort zone”. This was mirrored in his story on finding a theoretical orientation where he was told by a previous supervisor that he was “Mindfulness CBT” (Mindfulness-Based Cognitive Therapy or MBCT). He added “I'm still struggling to kind of figure out where it is, I'm going with that… [theory] feels like it’s kind of taking a little bit of a backseat to some extent, just because of the way that this job works”. When asked to expand, Mike reported his job could be more social work at times and that the “low income near homeless” clients he worked with had “issues ranging from…so many different factors in so many different places”. He contrasted his identity with his clients, describing himself as “some white kid that just got off his master's program” and that he tried to “give the floor” to his clients when working in their homes. This statement suggests that Mike might be attempting to either share power or transition the power to his clients. By identifying himself as an educated, white male, he suggests that he might possess more access to the “floor” (with floor representing power, capacity, or even literal space in the clients’ home) than his clients who do not share the same privileges.

Mike told less stories about his direct work with his clients and more stories about his interactions with supervisors and peers. He noted he did not receive regular feedback on theory from his agency supervisor and that his co-workers texted often about the work of home-based counseling but doubted that his peers had a “core theory”. Mike’s stories reflected a sense of
“developing” - both developing in his clinical identity as a recently-graduated counselor and developing his skills as a home-based counselor.

Out of all the participants, Mike seemed the least sure about his choice and application of theory within a home-based setting. In the initial screening and first half of the interview, Mike clearly stated he followed a MBCT approach. Yet, further in the interview, he suggested that his supervisor had in fact suggested that he identify with this theory. This suggests that like Sarah, Mike might have felt “pushed” to identify with a particular theory but there is a gap with how well he is able to apply the tenets of said theory. Mike’s naming of Google as a resource after describing how unprepared he felt when first starting as a home-based counselor suggests that he might not be able to rely on his supervisors or his theory to assist with treatment planning and making decisions in the home. Due to the inclusion criteria of participants identifying with a particular counseling theory, and not necessarily “participants must be able to utilize their theory effectively in the home environment”, I chose to include Mike’s story to shed light on the experiences of early-career counselors who might still be developing in their use of theory.

Stacey: Between Supervisee and Supervisor

Stacey describes herself as a 36-year-old white woman who is a Provisionally Licensed Professional Counselor (PLPC) in Louisiana and a team supervisor in her agency. She has been in the mental health field for 11 years and with her current agency for 2.5 years. Stacey described her experiences as a home-based counselor primarily as stories complete with plot, characters, and setting, adding to an answer “I could give 1000 stories within that”. She stated, “I felt like I didn't have the support I needed to do the job that I was doing with the highest risk level clients…a lot of times felt not supported within my role”. She told a story of working as a home-based counselor after she lost her home in a hurricane, complicated by the fact that many
of her clients were also affected in the same area. She described feeling unsupported by her agency and supervisors at that time. At times, she used humor to process difficult moments, such as describing a time when she was called “Hitler” by a supervisor after advocating for her team for additional leave after the hurricane and added, “I'm laughing about it now- but I was very upset that someone would compare me to someone- [He] commits genocide, right?”. Stacey laughing at this event does not suggest a level of ease or comfort with the story. Rather, she uses humor to highlight the absurdity of the comparison between her actions of a supervisor and that of a notorious historical figure. In this story, there is also a certain irony in a higher-level supervisor calling Stacey “Hitler” as it suggests Stacey holds a certain level of power as a supervisor or leader and is told that the power she holds is somehow too much or the wrong type of power. For Stacey, the role of a supervisor or a leader appears synonymous with that of an advocate. She notes that when she started as a home-based counselor, her supervisor was “just learning how to be a supervisor too”. As a provisionally licensed counselor, Stacey has completed her master's program but has not yet completed her clinical hours towards full licensure. It appears that Stacey must simultaneously develop as both a clinician and a supervisor due to her role within the agency.

Stacey revisited her agency program’s model several times to explain how she made decisions in treatment adding “theory is second to the model”. For emphasis, she reported choosing her theory of Solution-Focused Brief Therapy (SFBT) based solely on how it aligned with her program’s model. It is important to note that Stacey identified her agency’s model for Functional Family Therapy as separate from a theoretical orientation. Stacey seemed confident in telling stories related to her experiences with the model and appeared to spend less time in her stories of how her theory related to her work as a home-based counselor. She stated, “I think,
some barriers [in home-based counseling] that some people would experience, I wouldn’t” adding “These are things I never thought about before”. This quote suggests that Stacey is developing awareness about self and others – she is aware of how her own identity (as a white woman, provisionally licensed counselor, etc) affects her experiences in the home. It potentially means her experiences in the home might differ from those with differing intersecting identities than that of her own. Her words were halted, and she appeared less sure about her own identity within the work. This uncertainty could be explained by the role confusion she might experience as both a developing counselor and a supervisor who is being asked to aid in the development of other early-career practitioners.

Daniel: Stagnation

Daniel describes himself as a 27-year-old African American cisgender male who is a Provisionally Licensed Professional Counselor (PLPC) in Louisiana. He has been with the same agency providing home-based care for approximately 2 years. Daniel started his story by immediately presenting the “unfair structure” of his agency, adding, “There are the bosses and then there are the people, the case workers, who go out into the field and do all of that working with our clients and really doing most of the work”. Daniel’s story revolves around dynamics among three characters: the home-based providers (the self), the supervisors, and the clients. He described his relationship with clients as good but noted his relationship with various supervisors as “troublesome” due to their focus on productivity. Productivity, in this case, refers to the number of sessions a home-based counselor must complete per week that is billable to a client’s insurance. He spoke on the impact of this focus on his own clinical identity stating, “It's hard because you know, you have to be there to get your hours for licensure, but at the same time, you're also kind of stagnating yourself as a therapist, knowing that you have to kind of water
yourself down”. The term “stagnating” conveys that Daniel might feel stuck in the development of his clinical identity and skills (a part of which is made up of his theoretical orientation and ability to apply said theory). Daniel practices from an existential approach, and he particularly focused on Existentialism's emphasis on “responsibility” and “freedom” in his interview. Despite this focus, there appears to be a conflict in Daniel’s focus on responsibility and freedom with his description of “stagnating” and “watering yourself down”. That is, one might question how much freedom Daniel feels in his ability to utilize his theory or how much he is able to exercise responsibility within what he describes as the “unfair structure” of his agency. In addition to this power differential between himself and his supervisors, Daniel spoke of the power differential between himself and his clients adding, “They feel comfortable in their home, you know, you're kind of don't want to tell someone how to do something, when they're in their home…[I] always watch the way I frame things, so it doesn't come off as if I'm judging someone”.

At the same time, he described the most challenging part of home-based counseling as working with noncompliant parents. Daniel reported he chose his theory of Existentialism due to its focus on “responsibility” and “freedom” as he believed his clients had “issue with taking on that responsibility”. He added that he did not use his theory as much due to the program in his agency being more behaviorally focused. Simply stated, “We have never discussed our theories with each other”. Daniel did not appear to have a great number of “moments” as defined by McCormack (2000a) where he might have had an “aha!” moment and come to a new understanding. Rather, his narrative processes flowed easily and with confidence. He spoke without pause concerning his identity, wanting to be seen as “aspirational” for his Black male clients. He noted “I always want [my clients] to feel comfortable”. Daniel’s desire for his clients
to experience comfort while engaging in counseling in the home is contrasted with Daniel’s own need for comfort and support, both within the home and within the structure of his agency.

Mary: With Little Power... Comes More Responsibility

Mary describes herself as a 32-year-old white female Licensed Mental Health Counselor (LMHC) in Massachusetts who has been providing community-based services for approximately 8 years. She has spent the last 5 years with her current agency and works now as a supervisor over a team of other home-based providers. Mary’s story focused on her supervisor identity and providing in-home services. Mary spoke on her identity as a supervisor as closely linked with the staffing issues in her agency stating, “We're supposed to have three clinicians besides myself as a team leader. But right now, we only have one. So I've been having to do a lot of that extra work”.

She tells several stories related to the staffing issues such having to do a suicide assessment without access to proper interpreter services. She noted, “I have some clients who are very uncomfortable with people with clinicians of color coming into their home. And...we legally are supposed to have interpreter services. But we use a lot of times the Spanish speaking staff who are bachelors' level who are not outreach, and I've done suicide assessments, asking people pretty personal questions through an interpreter.” Mary summarizes these experiences as a “huge discomfort”. While Mary has a responsibility to serve her clients, she also considers her responsibility to her supervisees and her own feelings of comfort in her decision-making processes.

She tells another story of an employee not understanding the boundaries related to home-based services. She reports, “We had an outreach worker on Friday, who was driving a client somewhere, his car had a flat tire. And the client was like, ‘Oh, I can bring you to my friend's place, they will fix it for you.’ And that was horrible. I was actually not even
here…when this happened. But I heard about it. I think he didn't understand…like, ‘Oh, why shouldn't I go through my client's friend?'...when someone's in a community, there's a certain level of control that we don't have, because we're not seeing what's going on.” Mary also told a story to illustrate the safety issues and tough decisions she faced as a home-based provider about a client’s husband behaving “violently” towards staff. She stated, “Her husband actually chased a staff member down the stairs with a bat. Her husband is a very heavy drinker. And so she's not an issue. So we've had to really navigate to getting her the services because she has a lot of medical challenges, where she can't leave the home. But also wanting to keep staff safe because she lives on a third-floor walkup that it can be very difficult to leave.” These stories not only illustrate Mary’s thought processes as a provider having to navigate unsafe situations for herself and her staff, but also how she has had to navigate safety for her clients. Mary’s feelings of responsibility towards client and supervisee safety are juxtaposed with her feeling a lack of control in the home or when her supervisees are in the community; while she might feel responsible for their safety, it seems that she simultaneously questions how much she can actually control within the context of the home.

Mary spoke of her own experience as a home-based counselor dealing with abusive relationships in the home and having to come up with creative solutions - such as having sessions on a back porch. She utilized humor and laughed while adding more context to the setting, saying, “I live in Massachusetts…wind chill is currently in the negatives today…it would not be a good day to be on the porch.” While she uses humor to provide context, her point also highlights the need for her to be flexible when providing services in the home; not only must she consider the complexity of the home environment, but she must also consider the barriers she faces outside the home, such as weather, when attempting to find a confidential, safe space to
provide services. She also told a story of creatively using CBT in the community with a client to challenge cognitive biases related to fears of others looking at her. On supervising new clinicians, Mary became reflective, adding, “They kind of reminded me a little bit of who I used [to be]. Maybe a few years ago before…[trying] to manage the demands of an agency.” She spoke on the disconnection between agency expectations and clinical practice where one “loses a lot of theory”.

The story of how she chose her theory of Cognitive Behavioral Therapy (CBT) is divided neatly into a beginning, middle, and potential end. She explained that when she first entered the field, she was not as “into” CBT as she is now, but she became more open to it once she learned there was a way to apply CBT while considering the client’s history. Her ending was open-ended - she described plans to move into private practice and start utilizing more Internal Family Systems (IFS) modalities. Overall, Mary’s story reads as one of transition and control. She reflects on her transition from graduate school to fieldwork and her transition into a supervisory role and now contemplates the future of her transition out of community work and into private practice. She appears hopeful about the level of control she will experience in private practice while also taking on less responsibility for her safety and the safety of her staff.

Michelle: Seeking Support

Michelle describes herself as a 49-year-old white woman with ten years of experience in community mental health providing home-based services. She reported starting a new supervisory position two weeks ago and told a story related to a safety issue she faced right before starting this new position. After informing her supervisor she left the home due to the safety issue, Michelle stated, “She said, you know, we just want to make sure that before you would leave a situation, that you just make sure that the other person is safe. And that I
understand, (we) have to make sure our clients are safe…But sometimes it's a little more scary when they're in the homicidal frame of mind. And some of the areas we go into are actually quite dangerous.” She told another story related to safety where she had reached out to her supervisor after her client’s husband pulled a gun out in the home. This story also adds more context in the form of setting, where the client was going to shoot chickens in his backyard - an atypically rural phenomenon in a typically urban area of New Orleans. Michelle described feeling unsupported by her supervisor at that moment. While most of Michelle’s stories revolved around seeking assistance from supervisors, she also told a story where she sought help from other agency supports including a nurse. Michelle reported, “The guy was a diabetic and shows me a really big red lump on his chest. And I had to call 911. After the nurse told me, that's what I should do…it took us like 30 minutes after the EMS arrived to convince him to actually go. Part of it was me talking to him, part of it was putting the nurse on the speakerphone to talk to him.”

Michelle appeared to be passionate about her theory as a method to guide her sessions, stating “I just think [CBT] is one of the most effective theories out there.” She also indicated relying on her supervisor to guide the application of her theory and how her use of theory has changed as agency practices have changed from longer sessions to shorter assessments. She stated, “When I first started using it, I did what one of my supervisors did, and brought like a lot of worksheets out to people and you know, a lot of tangible things.” When considering the sum of Michelle’s stories, her story is one of seeking support. Several times, she gives examples of seeking her supervisors’ or agency’s support through the challenges she faces in clients’ homes with varying levels of satisfaction. Even now as a supervisor, she turned to her own supervisor when she faced a staffing issue, adding “The funny thing was, my supervisor told me, she said, ‘Well, good luck doing that’...because she could not.” Despite the disappointments or rejections
Michelle has experienced throughout her long career as a home-based provider, she continues to turn to supervisors for support in her use of theory and other clinical issues.

**Shared Themes**

After writing the interpretive stories based on McCormack’s (2000a) lenses, the data was analyzed for what Dibely (2011) referred to as “shared themes”. While some qualitative researchers will only combine codes from the data into themes, this method runs the risk of losing context from the original transcripts. By using McCormack’s lenses to write the interpretive stories and analyze the data for shared themes, the researcher can share core themes and stories in an accessible, transparent manner with readers (Dibley, 2011). See Figure 1 below:
Figure 1 - Researcher interpretation of finding shared themes using interpretive stories and theoretical frameworks.

Safety

All six participants told stories related to feelings and themes of safety, or lack thereof. These stories of safety appeared to exist on a continuum, ranging from feelings of comfort and belonging, to discomfort, to perceived safety issues, and to verbalized threats. Sarah identified safety as “one of the biggest challenges (she’s) always worried about.” Stacey gave several
examples of safety issues she had faced including “bugs, or other people coming in and out, or COVID, people being sick”. Michelle and Mary spoke of the environmental factors of the home as safety issues, including “smoky environments”, with Michelle stating, “For me, that's very difficult because I'm an asthmatic.” Michelle, Daniel, and Stacey used the term “bad” or “difficult” neighborhoods when discussing safety issues, while Mike, the only white male participant, described safety issues as being out of one’s “comfort zone”.

Sarah was the only participant to speak directly on her identity and potential safety issues, stating, “I think first and foremost, being a female, going into, like, an older male's home, sometimes feels uncomfortable for me. And I know that definitely impacts my ability to provide services, not at the degree where I would need to like, change, or do anything like that, but I know that definitely impacts it.” Daniel contrasted his experiences in an office-based setting versus a home-based setting:

“…in an office setting, (you) feel more protected as far as safety wise. You have people there, you can always go to…there's a safety plan already established... So, there's instant security. When you're in a home..you don't know what to expect.”

Similarly, Stacey spoke on the gap between agency policy and application of safety procedures, stating, “You got a safety protocol, but they don't teach you that. You just kind of learn that through experience.” Michelle’s stories related to safety with potentially the most extreme examples of “homicidal” clients and weapons in the home.

Confidentiality

Several of the participants spoke on issues of confidentiality when working in clients’ homes. Mary and Sarah spoke on the difficulty of finding an “appropriate space” even within the client’s home and the difficulty in upholding boundaries around confidentiality in the home.
Stacey suggested that confidentiality was both the client’s responsibility and right, giving the example of saying to clients this was “your confidentiality” or “your private session”. Mary pointed out how even being physically present near the client’s home as a representative of her agency could break confidentiality, reporting, “I've had times where I've been knocking on the door and neighbors will be like, ‘Oh, who are you? You're looking for X and sort of trying to navigate who you are.”

Sarah told a story of lack of confidentiality explicitly affected how effectively she was able to apply her theory, where a psychodynamic approach involved processing childhood issues:

“...I remember a situation with a client where we were processing some links to childhood trauma. And knowing that their parent was in the other room, and this is granted, this isn't an adult client… And so that really, like shut down the ability [to be] fully present because there was that fear…that question of like, ‘Can they hear me?’”

Sarah’s use of the word “fear” suggests an emotional response on her part in relation to the lack of confidentiality. Due to this issue of lack of confidentiality in the home, Sarah felt the session “shut down” and was unable to focus on using her theory to guide the session.

*Control in Theory Choice and Application*

The perceived control in how participants chose and applied theory presented as a third shared theme within the interpretive stories and narrative interviews. This theme of control in choosing and applying theory was present across counselor development from graduate school to internship, to working in the field as an independently licensed counselor. Sarah discussed CBT being “pushed” and “drilled” into her head, first in graduate school, and then in her agency experiences. Later in her career, Sarah turned more towards a psychodynamic approach to be more in line with her “style”. Mike similarly spoke on “being told” he was Mindfulness-Based
Cognitive Therapy (MGCT) by a supervisor, and added he was “struggling” to figure out what to do with this information. When reflecting on barriers to applying theory as a home-based counselor, Daniel responded counselors in his position might be “stagnating” and that one must “water yourself down” to meet agency expectations. As previously explored in his interpretive story, Daniel’s use of these terms suggests that Daniel felt he must be something “less than” his full clinical identity (which is made up of one’s theoretical orientation) to fit within the expectations of his agency’s culture and that he felt as if he were “stagnating” in terms of his development as a counselor.

Both Daniel and Stacey, who provide Functional Family Therapy (FFT) home-based services, spoke on the difficulty of applying theory within a strict model of treatment. They described the theory as “second to the model” and reported they had little control over treatment direction without it being approved by their supervisor. Stacey stated she chose her theory of Solution-Focused Brief Therapy, not because it was her “favorite”, but because of how it fit within the agency model and the “brief amount of time” allowed for treatment. Michelle similarly reported following her supervisor’s lead in the application of CBT within the home, but ultimately had to change how she applied her theory due to the time constraints of sessions - sometimes capped at fifteen minutes.

Creative Integration of Theory

Several participants spoke on having to find creative solutions to integrating their theories in their work within the limits of the home in addition to the limits of their agency’s culture and policies. According to the participants, constraints of the home conducive to effective theory use included distractions or safety issues, visitors, and confidentiality issues. Mike discussed how choosing a theory within an agency setting often involved “integrating theoretical orientations
when possible”. Stacey correspondingly reflected on this process of integration and negotiation when she discussed choosing her theory based solely on how it “aligned” with her agency’s model, while Daniel reported he did not have as much “room” to integrate his theory but attempted to when possible.

Alternatively, Mary and Sarah spoke of the home environment not as a barrier to theory application, but rather a tool to use within the context of treatment. For example, Sarah expressed her appreciation of the home as a tool for her psychodynamic work with clients:

“I especially love my being in home, just because a lot of times…we’re in their childhood homes…childhood memorabilia, or that kind of stuff…we can talk about, "Oh, hey, like, what's going on there? Like, do you have any memories in this space? And how does being in this space impact you now?"”

A psychodynamic counselor will often focus on childhood experiences as a part of treatment, making a childhood home a rich source of contextual information to inform treatment. While Sarah does discuss the challenges of the home, she was also able to identify how the home environment can be useful in treatment solely by using the framework of her theory. Mary’s use of CBT within her work expanded beyond the confines of the home and into her use of the larger community, such as walking with a client in their neighborhood to challenge irrational beliefs about neighbors judging the client.

Counselor Identity

Counselor identity also emerged as a shared theme between interpretive stories, with each of the participants speaking on how their identity impacted their feelings about themselves and their role within the home. Participants reflected on their identities relative to the identities of their clients, where counselors might treat populations from a “completely different” background
as described by Mike. These intersecting identities included points on race, ethnicity, gender, and age. Sarah, Michelle, and Mike all spoke on gender as a major part of their identity when considering their experiences as home-based counselors. Sarah and Michelle spoke on their identities as women when considering safety in the home. Michelle gave examples of feeling “afraid” in “some areas” and contrasted this experience to her male coworkers that had a “I'm-not-afraid-of-anything kind of attitude”. Conversely, Mike spoke on his identity as a Black male as a tool to empower clients, adding “I think that it works to my advantage, because many males never really saw another male in this position.” Mike’s use of the term “position” could refer to his literal employment status, a position as a home-based counselor. However, it also suggests he is aware of both his positionality as a Black male in comparison with that of his clients and could also refer to his role as a home-based counselor in the home. His statement suggests that for his male clients to see him as male in a position of authority or that of a helper would be a meaningful experience.

Other participants spoke on socioeconomic differences, with Mike and Mary appearing unsure when describing their socioeconomic standing. For example, Mike described himself as coming from a “middle class, I guess, at best, family kind of thing” after contrasting his experiences to that of his clients. Mary expressed similar hesitation, noting the level of “distrust” her clients could have in someone like her who “appears middle class”. She told a story of a client calling her sunglasses expensive and being unsure what to say, noting she did not see herself as a “big spender”. Both Mike and Mary appeared hesitant to claim a concrete identity associated with socioeconomic status, suggesting that while they might appear to be in a certain social class according to their clients, they do not feel as if they fit into said class.
Clinical supervision and areas of alternative support emerged as the last shared theme. The participants spoke on a variety of supervisory relationships in their agencies, ranging on a continuum from “troublesome”, as described by Daniel, to “very supportive”, as described by Mike. Mary simply described her supervision experiences as a home-based provider as “interesting”. Stacey, Mike, and Daniel all spoke on “productivity” and “billable hours” as a major focus of supervision. Daniel noted that this focus on productivity took away from the “actual work” and added, “It kind of goes against (my) values as therapists”. Mike and Michelle emphasized that they could not rely on their supervisors at their agencies to assist with theory due to their supervisors being social workers and that their experience in counseling theory was “limited”.

Other participants brought up feeling unsupported by supervisors when facing safety issues in the field. For example, Sarah “voiced concerns …about safety or confidentiality” and felt that her concerns were not “received super well”. Michelle told a story of a client pulling out a gun during a session, stating “I called my supervisor…And I don't think (they) thought it was a big deal…but I definitely did”. Similarly, Stacey spoke of not feeling “adequately supported” by her agency supervisors when a hurricane destroyed her home as well as the homes of her clients.

However, several participants spoke on using alternative supports outside of agency supervision when figuring out problems in home-based counseling and how to apply their theory. Participants named alternative supports outside agency supervision including graduate professors, non-agency clinical supervisors for licensure hours, co-workers, medical professionals, and Google. Mike and Sarah both discussed their reliance on co-workers for consultation, with Mike noting, “(my co-workers) necessarily don't have…a core theoretical
orientation…We text a lot…about certain situations”. Sarah discussed how a peer assisted her in finding her theory:

“I have an incredible colleague…across the hall from me and she…provided support (in) helping me find that theory that worked for me, because she also had a similar experience like, ‘Hey…I don't always feel like these direct approaches like CBT or DBT…are helpful’.

Sarah’s story of support stands out among the stories of other home-based counselors due to the literal sharing of space between her and her colleague “across the hall”. Her story points out the disparity between home-based counselors and office-based counselors; while Sarah might have been able to access natural supports within an office setting at times, a home-based counselor who does not have similar access to an office environment might struggle to access alternative supports due to the isolating nature of the work.

Shared Themes Consistent with Theoretical Frameworks

In addition to creating interpretive stories from the data and finding shared themes, transcript interviews were analyzed according to the theoretical frameworks of the study including Rogers’ Diffusion of Innovation Theory (DOI) and Stoltenberg’s Integrative Developmental Model (IDM) to explore emergent themes and to move towards data saturation.

Rogers’ Diffusion of Innovation Theory (DOI)

Rogers (2003) suggested that the diffusion of new theories and innovations is a social process by which new theories are adopted according to the social processes within a group or organization. He proposed that there were characteristics of both the theory and the organization that affected the adoption of said theory by those in the organization.
Characteristics of the theory affecting its likelihood of being adopted include the theory’s relative advantage to other theories, compatibility with current practices, the complexity of the theory, triability (ability to test the theory), and observability. Characteristics of the organization affecting its ability to adopt new theories include a culture of innovation, a flat hierarchical system, and a leadership committed to best practices.

Theory Characteristics

Several of the participants spoke on the characteristics of theories that related to how likely they were to adopt these theories. For instance, both Michelle and Sarah spoke of the relative advantage of their theories over other theories. Michelle reported she “did research” and found that CBT “interested” her the most in comparison to other theoretical orientations. Sarah similarly noted that she chose psychodynamic over CBT due to its relative advantage according to her criteria; that her theory be less “direct” and more “helpful” than CBT.

Other participants spoke about how compatible their chosen theory was with current practices. Stacey and Michelle noted applying their theory was difficult due to time constraints in their agency model, with Stacey emphasizing she chose SFBT due its compatibility within her agency’s model. As less complex theories are more likely to be adopted over complex theories, Sarah noted she originally chose CBT because the theory was “pushed” as a “super easy” theory.

The participants also discussed the triability of their theories, with Michelle and Mike emphasizing that they had difficulty testing out their theories due to clients not being a good fit or “just because of the way that this job works” as noted by Mike. Lastly, participants spoke about their ability to observe their theories being applied in community settings. Michelle reported she originally was able to follow her supervisor's utilization of “tangible things” when using CBT in the home but did not use this method anymore due to the time limits she had with
clients. Michelle and Mike explained that they did not see their supervisors using theory due to their supervisors being social workers, and Sarah noted she was able to observe her supervisors use EMDR (Eye Movement Desensitization and Reprocessing) and DBT (Dialectical Behavior Therapy) but did not find it helpful as she was not trained in these approaches.

Organization Characteristics

In addition to characteristics of their theories, participants discussed characteristics of their agencies related to the adoption of counseling theories. Rogers (2003) suggested that organizations with a culture of innovation were more likely to adopt new innovations. Stacey and Daniel, whose programs worked within a Functional Family Therapy model, noted that they were required to work closely within the model to “have fidelity within the mode”. Stacey spoke on the importance of the model being “evidence-based” suggesting the agency might both be adopting the latest scientific innovations or discouraging innovation outside of the model. In terms of a flat hierarchical system, Daniel described his agency structure as “unfair” noting that “there are the bosses and then there are (the) case workers who (are) really doing most of the work”. Alternatively, Mary described the unclear division of power on her team as “weird” with both a team leader and assistant team leader. Lastly, participants spoke on how committed the leaders in their agencies were to best practices. Again, Stacey and Daniel noted their agency’s dedication to their model. However, Stacey described herself as an “advocate” and expressed feeling upset when reprimanded for advocating for best practices. In contrast, Mary and Michelle discussed the effects of staffing shortages on agency practices, with Mary reporting that her agency was not using professional translators and relying on outreach workers which she described as “not good”. Michelle similarly reported not having “enough people” to cover all
positions. Stacey described herself as an “advocate” and expressed feeling upset when reprimanded for advocating

**Stoltenberg’s Integrative Developmental Model (IDM)**

The Integrative Developmental Model (IDM) is a framework to conceptualize counselor development (Stoltenberg & McNeill, 1997). According to the IDM, counselors' development can be organized and assessed in a matrix, first across three domains including Self- and other awareness, Motivation, and Autonomy, and then across three levels of development from least advanced to most advanced.

**IDM Domains**

Participants spoke on themes consistent with the three IDM domains. In terms of Self and Other Awareness, Mike expressed how being aware of his identity led him to “keep differences in mind” when relating to his clients. Daniel similarly expressed that his identity could affect how he related to his male clients differently than his female clients, adding that he did not want to “intimidate” them. Almost all participants spoke on themes consistent with the domain of Motivation, where beginning counselors might be less confident in their role when they feel confused. For example, Michelle described feeling “afraid” and “unsure” when she first started her career as a home-based counselor. Lastly, participants discussed themes consistent with the domain of Autonomy where more advanced counselors rely less on supervisors for direction. For instance, Sarah discussed how she originally felt “pushed” towards utilizing CBT in her home-based job but came to choose a psychodynamic approach that she felt was more consistent with her “style” suggesting an increase in confidence as she developed her clinical identity.

**IDM Levels**
In addition to the three domains of IDM, several participants discussed themes pertinent to IDM’s three developmental levels. At the first level, beginning counselors rely heavily on their supervisors for support. Stacey discussed how when she first started her role as a home-based counselor, her supervisor was “just learning how to be a supervisor too” which she described as a “barrier” to her own development. At the second level, counselors have developed some skills and are effective with at least some clients. Mike reported he originally “had no idea” what he was “getting (himself) into” and described himself “struggling” in relation to applying theory consistently. However, he noted his ability to work effectively with some clients and discussed his seeking out support from his supervisors and co-workers.

Lastly, counselors at level 3 in the IDM framework can be effective in environments with increasing complexity. All participants spoke on the challenges they faced in complex home environments and “unknown situations”, suggesting that counselors with advanced skills and training should be working in those complex environments according to the IDM. However, most participants were provisionally licensed, meaning they had completed their graduate training recently compared to independently licensed clinicians. Sarah noted that one should enter a client’s home “without expectations as much as you can” and that office-based settings are more “controlled and stable”. Mike echoed this need, stating that it was important for home-based counselors to “keep an open mind”, suggesting the need for flexible thinking in these environments.

**Summary**

This chapter reviewed the purpose of the study and included a summary of data analysis procedures. Results were presented in the form of interpretive stories and shared themes, including safety, control in theory choice and application, creative integration of theory,
counselor identity, and supervision and alternative supports. Themes consistent with the study's theoretical frameworks were also presented including the Diffusion of Innovation Theory (DOI) and the Integrative Developmental Model (IDM).
Chapter 5

Discussion

This chapter reviews the philosophical foundations of this study and places the findings within the context of the literature. Implications for clinical practice, counselor education, and supervision are discussed as are limitations and delimitations of the study. This chapter concludes with recommendations for future research.

Philosophical Foundations

The theoretical frameworks for this research included the Diffusion of Innovation Theory (DOI) and the Integrative Developmental Model (IDM). Rogers (2003) developed the DOI theory as a model to conceptualize how new methods and theories diffuse across contexts and how likely organizations and individuals are to adopt new practices. DOI suggests that the process of adopting new theories depends on social processes within the organization. Alternatively, Stoltenberg’s Integrative Developmental Model (IDM) is a framework used to conceptualize how counselors develop skills associated with self-and-other awareness, motivation, and autonomy. This model suggests that beginning counselors are more likely to be effective in structured environments, and that counselors can practice in increasingly complex environments as they develop their clinical identity and skills.

The purpose of this qualitative narrative study was to understand the stories of home-based counselors applying theory in these settings. This study utilized both frameworks to explore how home-based counselors at different development levels might conceptualize their own stories when applying theory in complex home environments relative to office settings.
Research Findings Related to Literature

This study sought to understand the stories of counselors applying counseling theory in home-based settings. Providing services in clients’ homes can aid in removing barriers clients face to receiving counseling such as living in a rural area, lacking access to transportation or childcare, or being home-bound, bed-bound, or otherwise disabled (Bowen & Caron, 2016; Cortes, 2004). A foundation in counseling theory can help home-based counselors effectively conceptualize client issues and plan treatment accordingly (Tate et al., 2014). Due to the lack of a model and standards for practice in the field of home-based counseling (Hammond & Czyszczon, 2014), it becomes much more imperative to understand the narratives of counselors utilizing theory in these settings. The analysis of the findings focused on three major areas relevant to the literature including theory selection, theory application, supervision, and multicultural considerations all within the context of home-based counseling.

Theory Selection

The existing literature on how counselors choose their theoretical orientation suggests that theory selection is a multifaceted process. The research itself appears to be divided into two overarching ideologies, that counselors should either choose their theoretical orientation according to their personal values and experiences (Auxier et al., 2003; Poznanski & McLennan, 2003) or they should choose their core theory according to the context in which they see clients (Freeman et al., 2007; Worth & Blow, 2010).

This study offered an additional narrative: home-based counselors as individuals in community mental health agencies might not have as much choice over which theories they utilize in the home. The participants spoke on choosing their theory based on a variety of influences, including their supervision and graduate school experiences, their agency program’s
model, and constraints on lengths of sessions and overall treatment. These findings align with research that suggests managed care organizations push for counselors to meet with clients for shorter amounts of time and with less frequency, and that this movement towards limiting sessions can affect how counselors utilize theory (Evans et al., 2002).

Theory Application

Counseling literature on theory and practice has long noted the existence of a gap between research on counseling theory and the application of theory in clinical contexts (Harley, 2015; Kazdin, 2008; Murray, 2009; Wilson et al., 2017). The participants described barriers to applying their theory, with Daniel using terms such as “stagnating” or an act of having to “water yourself down” which is in line with the research on the theory-application gap in community-based settings that suggests a gap between what counselors are taught on theory in graduate school and how they apply theory (Garland et al., 2013; Shevellar & Barringham, 2016; Stinchfield, 2004; Thompson et al., 2007). The research suggests that multisystemic therapy (MST) can be helpful in home-based settings (Glebova et al., 2012), especially in terms of closing the theory-application gap for recent graduates (Henggeler et al., 1995). However, Stacey and Daniel, the participants who utilized MST under their agency’s model suggested they chose additional theories to use within the MST model (solution-focused brief therapy and existentialism respectively). As evidenced in this study, even counselors working at agencies that utilize a particular approach may rely on alternative theories to guide treatment. Murray (2009) suggested there are organizational factors about an agency itself that can hinder the application of theory. These factors include “high clinical turnover rates, limited availability of financial resources, and high client caseloads” (p. 112). Michelle and Mary, the two supervisors, spoke on issues related to staffing shortages at their agencies leading to higher client
caseloads and the use of paraprofessionals and nonprofessionals to provide professional services. Hammond & Czysczzon (2014) suggested that the complexity of the home environment necessitates the use of licensed, trained professionals. Stitchfield (2004) found that home-based counselors often feel unprepared for utilizing the knowledge and skills they learned in graduate school within the context of the home. Participants in this study similarly spoke of feeling unprepared for the challenges they faced in the home, with the findings reiterating the need to understand how participants themselves described their experiences within the context of a story - beginning from graduate school to their time in fieldwork. The findings suggest that theory choice and application in home-based settings is a complex process with variables related to staffing issues, counselor identity, safety, and supervision.

Supervision

The literature suggests that supervision can be a helpful tool for bridging the gap between theory and practice (Asheim 2012; Bernard & Goodyear, 2019). However, the literature on home-based counseling suggested that beginning counselors are less likely to receive regular supervision in home-based settings (Lawson, 2005; Lawson & Foster, 2005) and that supervisors themselves might not be practicing from a particular theoretical lens (Cox, 2021). Participants highlighted difficulties in supervision, ranging from navigating differences in values between supervisee and supervisor to feeling unsupported when confronted with a safety issue in the home.

In terms of theory application, Rogers (2003) and Murray (2009) viewed the diffusion of innovation and theory as a social process. In contrast, Bowen and Caron (2016) found that home-based counselors often experienced extended periods of isolation from peers and supervisors. Sarah and Mike reflected this notion of isolation when describing the difficulties of
not having a supervisor in the same physical office space. However, the findings of this study imply that while participants may feel isolated or unsupported in their supervision experiences, they do not resign to providing counseling without theory or supervision - rather a major theme that emerged was that of participants searching for support with theory and application outside of their agency supervisor. Each participant discussed alternative support such as coworkers, graduate professors, non-agency clinical supervisors for licensure hours, co-workers, medical professionals, and even Google.

**Multicultural Considerations**

Multicultural considerations in home-based counseling are often more complex than other settings due to the nature of the home environment (Tate et al., 2014) which is significant considering that those in marginalized groups are more likely to receive home-based services (Cortes, 2004) while providers are more likely to be white women with higher levels of education (Glebova et al., 2012; Worth & Blow, 2010). The findings of this study reiterated this dynamic, with the participants mostly identifying as white women and describing their clients as being from lower-socioeconomic backgrounds, unhoused, or finding difficulty in accessing varying types of support.

Specifically, home-based counselors must have strong case-conceptualization skills - skills that are dictated by a counselor’s theoretical orientation - to effectively work with clients in marginalized groups (Cox, 2020; Tate et al., 2010). Effective home-based counselors utilize the context of the home to conceptualize client issues and treatment (Glebova et al., 2012; Tate et al., 2010). Sarah and Mary gave examples of using the home as a part of treatment, whether utilizing psychodynamic theory to examine childhood memorabilia in the home or using CBT to explore irrational fears in the larger context of the neighborhood.
Implications

The results of this qualitative, narrative study have implications for both counselor education and clinical application in terms of preparing and supporting counselors in their use of theory in home-based settings. There are also systemic implications for potential policy changes to improve outcomes for clients who receive these types of services.

Theory Instruction in Counselor Education

Given that home-based counselors are often recently graduated or at the initial stages of their careers (Cox et al., 2021; Hammond & Czysczon, 2014; Worth & Blow, 2010), the need for graduate programs to prepare counselors to work in these settings is evident. In fact, most participants noted that they started working as home-based counselors while in the internship portion of their graduate training. Despite this need, most graduate programs teach theory where office-based counseling is the assumed modality (Stichfield, 2004; Thompson et al., 2007). One of the shared themes of this study implies that counselor education programs could be an additional alternative support to theory application in addition to agency supervision. Programs might create and promote specific classes on community and home-based counseling with an emphasis or portion of the curriculum on theory application in home-based settings.

In addition to serving their students that could potentially work in agency settings, the results of this study imply that counseling students in general might benefit from additional training on counseling theory and theory application. For example, counseling students might benefit from discourse on theory selection and creative integration of theory so that they might find a theory best suited to their style and needs. As CACREP identifies counseling theory as a core component of its standards for counselor education programs, programs accredited by CACREP would benefit from integrating theory into more classes to better align with CACREP
standards. Counselor education programs might also consider competencies in theory application as part of their gatekeeping practices to protect the profession, the program, and, ultimately, the clients served by their students. Specifically, the results of this study indicate that home-based counselors may work with a variety of complex client issues that include difficulty accessing basic needs such as food, healthcare, or housing, among others. As home-based counselors often work with some of the highest needs populations (Lawson, 2005), the need to gatekeep students who are ill-prepared to provide counseling in complex settings becomes apparent to protect both the students and other involved parties.

Supervision of Masters-Level Practicum and Internship Students in Agency Settings

As previously noted, most of the participants reported they began providing home-based services in partial fulfillment for their graduate level practicum and internship courses. The participants spoke of their reliance on their professors and supervisors associated with their graduate programs in addition to seeking, and sometimes in place of, support from their agency supervisor. While CACREP (2016) only requires students to participate in individual or triadic supervision with either a site supervisor or a supervisor in their graduate program (faculty or student supervisor under the supervision of faculty) (Section 3.L.), the findings of this study imply that the participants benefited from having dual support from both their graduate programs and agency site supervisors. These findings emphasize the importance of counselor educators properly vetting potential practicum and internship sites and continuing to support students in the practicum and internship stages of their program. As CACREP requires students to participate in 1.5 hours of regular group supervision with a supervisor from their graduate program in addition to individual/triadic supervision, group supervision could be invaluable to programs seeking to support students in agency settings in addition to complying with CACREP standards.
Due to the safety issues presented in this study as well as the literature, counselor education programs must carefully consider the safety of their students, as well as potential liability for university supervisors and the overall program, when choosing whether to allow practicum and internship students to provide home-based services within an agency setting. Programs that decide to allow their students to complete their practicum and internship in home-based settings should be attentive to potential safety issues and should be prepared to provide additional supports to these students potentially outside of regular program requirements.

Post-Masters' Supervision in Agencies

This study's findings agree with literature supporting the need for improved and consistent support from supervisors in agency settings. The participants named several barriers to positive supervision experiences including their supervisors not discussing theory with them to supervisors minimizing safety issues. The findings of this study suggest that the absence of supervisors in the home environment, or even the lack of structure typically found in the structure of an office, might be a defining factor of home-based counseling. The lack of structure in supervision appears to relate to the overall lack of structure in the home-based model of treatment. This in turn suggests that these sessions might be less rooted in theory as home-based counselors might experience less reminders in an office-based setting to utilize theory and conduct sessions according to the treatment plans. One potential solution would be additional training for agency supervisors and clarifying agency policies concerning safety issues and best practices as suggested by Hammond and Czysczcon, (2014).

Furthermore, supervision practices could include assisting supervisees in finding alternative support outside of supervision to supplement individual supervision with an agency supervisor. Several participants spoke on the benefits of having a supervisor outside of their
agency that they turned to with questions concerning theory and safety in their agency jobs. This finding suggests the importance of post-masters' counselors potentially seeking supervision outside of their agency to prevent conflicts of interest and to aid in their development. Additional potential solutions to issues concerning supervision of home-based counselors are discussed under policy changes for home-based counseling.

Clinical Application in Agencies

The barriers to effective clinical practice and theory application are reflected by the participants and previous research. Participants discussed feeling uncomfortable or unsafe in certain situations in the home which make it more difficult for these counselors to effectively apply theory to conceptualize client issues and build rapport (Glebova et al., 2012; Tate et al., 2014). Community mental health agencies that provide home-based services could better support home-based counselors and theoretically improve outcomes for clients with agency policies that prioritize counselor safety and comfort. Since participants also emphasized the safety and practice issues caused by staffing shortages, there is also the need to either increase the number of home-based programs or counselors or limit caseload sizes as large caseloads and high turnover rates can potentially limit counselors in their use of theory and best practices (Murray, 2009). Increasing insurance reimbursement rates for home-based services could assist agencies in hiring more professionals in these positions, thereby feasibly decreasing caseloads for individual counselors and their supervisors.

Policy

As much as this study underlines the need for individual agencies to improve supervision practices, the systemic implications must not be overlooked. For example, participants noted the difficulty of practicing in a client's home without immediate access to a supervisor that one
might have in an office. By allowing and encouraging virtual, or teleconferencing, supervision, versus limiting supervision to face-to-face interactions, state-led governing bodies of community mental health agencies and licensing boards could increase access to supervision for home-based counselors. Furthermore, allowing some form of telephonic supervision (supervision by phone call) could further increase access for counselors working in rural areas who lack access to strong internet connection.

Several participants also reported that they had been supervised by or were themselves unlicensed or provisionally licensed mental health professionals supervising other home-based counselors. As Hammond and Czyszczon (2014) called for, professionalizing the field of home-based counseling would involve developing clear policies on who is allowed to supervise other counselors in agency settings and what training would be appropriate for these supervisors. Similarly, Cox et al. (2021) noted that home-based supervisors were not receiving formal training in supervision and were instead relying on their own previous experiences as home-based providers to guide decision-making processes.

Unambiguous policies on supervision requirements and caseload ratios (not only the number of clients per supervisee but also the number of supervisees per agency supervisor) could potentially aid supervisors in teaching and evaluating theory application and aid providers in effective theory application. While several state-level health departments, accrediting bodies, and agencies themselves might have policies concerning supervision requirements, the findings of this study suggest a gap between written policies and execution of these policies. For example, the Louisiana Department of Health requires that agency supervisors under Behavioral Health Service Providers have “two years of qualifying clinical experience as an LMHP (licensed mental health professional) in the provision of services provided by the provider” (Behavioral
Health Service Providers [BHSP], 2022, p. 352) and that they must “provide supervision utilizing evidence-based techniques related to the practice of behavioral health counseling” (p. 352). However, participants in this study reported being supervised by newly licensed clinicians or reported that they themselves were provisionally licensed counselors providing supervision.

The passing of the Mental Health Access Improvement Act (H.R.2617), which allows licensed marriage and family therapists and mental health counselors to bill Medicare, could mean that agencies providing in-home services could increase job opportunities for counselors as well as improve access to care for clients. However, Medicare variations in coverage and standards reflect complex negotiations between state and federal laws resulting in confusion for clients and home-based providers (Ng et al., 2010). The findings of this study indicate that home-based counselors might already experience confusion in the provision of services, suggesting the need for reform of both Medicaid and Medicare programs.

**Limitations and Delimitations**

The results of this study were limited to the stories of six provisionally licensed and independently licensed home-based counselors who graduated from CACREP accredited programs, meaning the results of this study are not generalizable to additional populations due to the nature of qualitative research. The data in this study was also self-reported meaning that the results cannot be verified, and the data was collected via HIPAA compliant Zoom, meaning participants had to be familiar with that technology. The study was further limited to home-based counselors within the United States. Lastly, my positionality as a home-based counselor may have impacted my interpretation of the data. To address this limitation, I engaged in reflexive journaling and utilized member checking to increase trustworthiness in the results.
Recommendations for Future Research

This study sought to understand the stories of counselors applying theory in home-based settings utilizing narrative inquiry. Future qualitative researchers could shed further light on the process of how theory potentially diffuses from office-based settings to home-based settings, with grounded theory particularly well suited to exploring social and psychological processes (Glaser & Strauss, 1967). Furthermore, future qualitative research could expand to include more participants and a wider variety of participants in terms of race, gender, socioeconomic status, and other identifying characteristics as counselor identity emerged as a shared theme in this study. A third recommendation would be to explore potential barriers to the effective use of theory in home-based settings through quantitative research so that researchers could identify the most common barriers counselors face when applying theory in these environments. Quantitative research and even mixed methods research could additionally shed light on the relative advantage of certain theories over others within the context of home-based counseling. Lastly, quantitative studies could compare theory application behaviors and skills between counseling masters' students and post-graduate practitioners. A longitudinal study would be particularly beneficial in understanding theory application in home-based settings across a counselor's development from graduate school to potentially supervising other home-based counselors.

Conclusion

Chapter five reviewed this qualitative narrative study's purpose and situated the study’s findings within the context of the current literature. The philosophical foundations of the study were discussed as well as implications for counselor education, supervision, clinical practice, and policy. Limitations and delimitations to the study were presented and, lastly, recommendations for future research.
This study sought to understand the stories of six home-based counselors who utilized counseling theory within this setting. The findings suggest that theory application in home-based settings is a complex, multifaceted issue and that counselors may turn to multiple areas of support beyond traditional agency supervision to understand their role within the home. The results emphasized the need for counselor educators to improve curriculum on theory and for agencies and policy makers to identify potential areas for improvement in terms of safety and efficacy. Looking to the future of home-based counseling, this study provides a jumping off point to standardizing home-based services and for closing the theory-application gap.
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Appendix A: Letter of Informed Consent (For Adults)

Dear Participant:

I am a graduate student under the direction of Dr. Christopher Belser in the Department of Educational Leadership, Counseling, & Foundations at the University of New Orleans. I am conducting a research study to explore the narratives of counselors applying theory in home-based settings.

I am requesting your participation, which will involve one hour long interview that will take place between 1/1/2023 and 07/1/2023. Your participation in this study is voluntary. If you choose not to participate or to withdraw from the study at any time, there will be no penalty. The results of the research study may be published, but your name will not be used.

Although there may be no direct benefit to you, the possible benefit of your participation is adding to valuable research on the application of theory in home-based settings.

If you have any questions concerning the research study, please call me or Dr. Belser at 504-280-6834.

Victoria Rodriguez, LPC, CCTP, NCC

By signing below you are giving consent to participate in the above study.

_________________________________________  ____________________________  _________
Signature Printed Name Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact Dr. Roberto Refinetti at the University of New Orleans (504) 280-3990.
Appendix B: Interview Protocol

Introduction

Welcome and thank you for your participation today. My name is Victoria Rodriguez and I am a doctoral student at the University of New Orleans. This interview is to provide data for my research class in partial fulfillment of the requirements for the degree of Doctorate in Counselor Education and Supervision. This interview will take approximately 1 hour and will include 11 questions regarding your experiences as a mental health provider in a community setting. I would like your permission to tape record this interview so I may accurately document the information you convey. If at any time during the interview you wish to discontinue the use of the recorder or the interview itself, please let me know. All of your responses are confidential meaning that the resulting research will not include any identifying information.

The aim of this study will be to form an understanding of how masters-level mental health professionals at mental health agencies are currently applying theory in community settings. At this time I would like to remind you of your written consent to participate in this study. I am the responsible investigator, specifying your participation in the research project: Application of Counseling Theory in Home-Based Settings. You and I have both signed and dated each copy, certifying that we agree to continue this interview. You will receive one copy and I will keep the other in a HIPAA compliant encrypted jump drive that will be kept in a locked file cabinet on UNO’s campus. Your participation in this interview is completely voluntary. If at any time you need to stop, take a break, or return a page, please let me know. You may also withdraw your participation at any time without consequence. Do you have any questions or concerns before we begin? Then with your permission we will begin the interview.

Demographic Questions:

1. Race:
2. Ethnicity:
3. Sex and gender identity:
4. Age:
5. Degrees earned/currently seeking:
6. Level of Licensure:
7. Years in counseling program:
8. Years at agency:
9. Years in community mental health:
10. Years in mental health field:

**Interview Questions**

1. How would you describe the structure of your agency and the treatment model (if any) your agency uses?
2. How did you come to work as a home-based counselor?
3. How would you describe your experience as a home-based counselor?
4. How does providing services in a client's home differ from providing services in another setting?
5. What are some challenges you have faced when providing home-based services?
6. What is your theoretical orientation and how did you come to choose your counseling theory?
7. How do you use your theory in your home-based practice?
8. What are examples of barriers that have prevented you from using your theory effectively when providing home-based services?
9. What are examples of times when you have used theory successfully in home-based practice?
10. How do you believe your identity (racial, ethnic, gender, age etc.) relates to your experience as a home-based provider and/or how you utilize a theory or model?
11. How does your supervisor and/or supervisory experience relate to how you use theory in a home-based setting?
12. What are times when you have been able to discuss your theory with other home-based counselors?
Appendix C: Recruitment Letter

My name is Victoria Rodriguez, and I am a doctoral student in the Counselor Education and Supervision Program at the University of New Orleans. Under the direction of Dr. Christopher Belser, I am completing my dissertation research on theory application in home-based counseling.

I am inviting you to participate in my research study regarding the stories of counselors applying theory in home-based settings.

If you 1) are a master's-level pre-licensed or licensed counselor in Louisiana 2) provide services in the community or in clients’ homes 3) have graduated from a CACREP accredited program 4) identify with a particular counseling theoretical orientation, and 5) are employed full time in this setting, then you are eligible to participate in the study. Participation will involve up to a 1 hour interview about your experiences as a home-based counselor. This interview will take place over a HIPAA compliant Zoom platform.

Your responses are voluntary and will be kept confidential. There are no foreseeable risks from participating, nor are there any benefits. Any information that could identify you will not be shared with others or in any publications or presentations created as a result of this study. Refusal to participate in this study will not result in penalty or loss of benefits to which you are otherwise entitled. You may also discontinue participation at any time without penalty.

To participate, please email vfr Rodriguez@uno.edu to schedule a Zoom interview.

If you have any questions about the study, you may contact Christopher Belser, PhD (principal investigator), ctbelsner@uno.edu (e-mail), 504-280-6834 (office), Department of Educational Leadership, Counseling, and Foundations, University of New Orleans. Any questions you have regarding your rights as a research subject, or complaints about the research may be directed to the Committee for the Protection of Human Subjects in Research by email at unoirb@uno.edu.
Appendix D: Institutional Review Board Approval Letter

THE UNIVERSITY OF NEW ORLEANS

INSTITUTIONAL REVIEW BOARD

Memorandum

Principal Investigator: Christopher Belser
Co-Principal Investigator: Victoria Rodriguez
Date: December 13, 2022
Protocol Title: Theory Application in Home-Based Counseling
IRB Number: 06Dec22

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has deemed that the research and procedures of the above-named protocol are compliant with the University of New Orleans and federal guidelines and meet the standard for expedited IRB review according to:

A. Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. [...] 

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Review of the submitted protocol indicated that all procedures are in compliance with 45 CFR 46. Any changes to the procedures must be reviewed and approved by the IRB prior to implementation. All approvals are valid for one year and can be renewed upon request.

I wish you much success with your research project. If you have any questions, please do not hesitate to contact me at 280-7481.

Sincerely,

[Signature]

Roberto Refinetti, PhD
IRB Chair
Vita

The author was born in Miami, Florida. She received her bachelor's degree in psychology from Nicholls State University in 2016 and completed her master’s degree in Clinical Mental Health Counseling at Nicholls State University in 2019. She has worked in community mental health providing home-based counseling as a Licensed Professional Counselor and started her private practice in 2021.