'A Baptism of Fire':

A qualitative investigation of a trainee counsellor's experience at the start of training

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Abstract

Background: Belief in the effectiveness of professional counselling and psychotherapy training is widespread and generally unquestioned. Few studies have attempted to understand the changes experienced by trainees, or identified which aspects of professional training programmes assist them in the process of becoming therapists. *Aims***:** to investigate how a trainee counsellor changes at the start of training, and to identify which aspects of a professional counsellor training programme were helpful in instigating and supporting change. *Method*: the experience of one trainee counsellor, Margaret, was captured through three semi-structured interviews that were conducted at the beginning, middle and end of her first term. The data were subjected to systematic qualitative analysis. *Results***:** Margaret experienced significant change during her first term. Each interview revealed a different phase of her development the core categories were: Becoming something new (week3); Growth in therapeutic confidence (week 6); Surviving 'stressful involvement' through supervision (week 11). Experiential learning, in particular group supervision, was helpful throughout. The presence of real clients was identified as the main driver for change. *Conclusion*: the findings were found to be consistent with a number of other studies which suggest that training is potentially painful because of the emotional demands it places on trainees, particularly at the start of practice. Consequently trainees require opportunities for experiential learning, peer support and supportive supervision to assist them in their development, but most importantly, given that supportive supervision can only minimize the harm of stressful involvement (Orlinsky and Ronnestad, 2005) they need early positive experiences with clients .
Key words: training; qualitative research; supervision, change.

'*A Baptism of Fire'*:

A qualitative investigation of a trainee counsellor's experience at the start of training

The notion that training is central to a therapist's ability to practice effectively has existed since the inception of psychological therapy itself (Freud, 1926). Little research evidence exists to support this belief despite the fact that therapist training is the most studied of all therapist variables (Beutler et al., 2004). Ronnestad and Ladany (2006), in their review of the literature, describe the research evidence in relation to therapist training as both 'meagre' and 'inconsistent'. Beutler et al., (2004), following their meta-analysis of the previous twenty years of training research, conclude that "*overall findings tend to cast doubt … on the validity of the suggestion that specific training. may be related to therapeutic success or skill" (p.239).*

Stein & Lambert (1995) comment that most researchers have failed to include even information about the trainees taking part in their research, or details of the training programmes upon which they are enrolled. The absence of research evidence has had little impact on the importance placed on therapist training. Extensive training remains the pre-requisite for professional accreditation in both the United Kingdom and state licensure in the United States (BACP 2007, CACREP 2001).

The majority of studies have investigated the relationship between training, (often only with regards to the level of academic attainment or training in specific models of therapy), and its impact on treatment outcomes, some of the most recent examples being Crits-Christophe et al. (2006) and Okiishi, Lambert et al. (2003). In these studies, as in others, the perspective of trainees is largely absent. There are, however, some exceptions.

Studies by Orlinsky and Ronnestad (2005), Bischoff et al., (2002), and Truell (2001) have revealed some of the changes experienced by trainee therapists, but also the stressful nature of training, based on retrospective accounts. A few studies such as De Stefano et al., (2007) and Howard et al., (2006) have attempted to understand the lived experience of training. De Stefano et al. focused on how trainees use supervision to manage impasses in counselling, and found that trainees associated such difficulties with personal failure. They also identified how supervision may help trainees to mitigate such difficulties. Howard et al., (2006) investigated critical incidents experienced by trainee counsellors during their first year of practice, at an American university through the use of reflective journal entries. Five major categories were found relating to critical incidents: professional identity; personal reactions; competence; supervision and philosophy of counselling. As far as we are able to determine no studies exist that investigate the experience of trainee counsellors, and the ways in which training programmes help them to change and develop as practitioners.

Therefore the impetus for undertaking this research was the desire to understand how trainee counsellors change and develop whilst in training in order to improve our practice as trainers. This report provides a detailed qualitative account of a pilot study which investigated the changes experienced by one student at the beginning of training, and identifies which aspects of a particular training programme were helpful in both instigating and supporting change.

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We decided to examine the experience of a trainee at the start rather than at the end of his or her training for two reasons. Firstly, to assess how far changes in training may mirror those of clients in therapy (Lambert, 2007), i.e. that the most dramatic changes may occur at the start rather than the end of training; and secondly, to provide the basis for a larger study investigating trainee change over the course of their training.

A starting point for this study was Goldfield's (2005) suggestion that research methods, formerly used to study client experiences, be utilised to investigate change processes in trainee counsellors. The aim of the study was to investigate the changes experienced by one trainee counsellor during her first three months of professional training using an adapted version of a qualitative clinical instrument (Elliott et al.'s, 2001) *Change Interview* schedule.

The two main questions under investigation were: 1. How does a trainee counsellor change during her first term? 2. What helps a trainee counsellor to change?

Method

Design

We used a single case study design, with three fifty minute qualitative semi-structured interviews that took place at three points over an initial 12 week term:

- the beginning– prior to beginning practice (week 3),

- middle – early practice experience (week 6),

- end - end of first term (week 11).

Student Informant

Volunteers were required to: be about to begin work with their first client, have no prior experience of working as a counsellor, and have no existing relationship with the primary researcher. Interested students were asked to add their names and contact details to a list that was circulated during a course business meeting. The sampling strategy was primarily driven by convenience. The timescale was short with volunteers having only two weeks notice. There was no intention to select a 'typical' trainee or someone with particular characteristics. Instead the aim was to understand one person's experience rather than to produce generalisable findings. Therefore the first person contacted on a list of 11 trainees became the subject of this study because she met the selection criteria. This was also an attempt to reduce researcher bias by avoiding the dilemma of having to choose between volunteers without the guidance of more specific criteria.

Margaret, (not her real name), was a 50 year old woman with a professional business background of fifteen years. She had completed a two year pre-clinical, part-time training qualification, (undergraduate certificate), at the same university which had ended around five months earlier. Margaret's decision to train to become a counsellor had grown out of her experience of personal loss, voluntary work on a telephone help-line and a positive experience of her pre-clinical training course. At the time of the study Margaret worked four days a week. She had been in her current work role for over

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ten years. She had a network of friends and family and had been in a stable and supportive relationship for over twenty years. Margaret had some experience of personal therapy but was not engaged in therapy at the time of the study. Margaret was funding the course herself.

Margaret's supervision took place with two fellow students. The group met weekly and was supervised by an experienced psychodynamic therapist who had more than 5 years experience of supervising trainee counsellors.

Researchers

The researchers were the three authors of this paper.

The first author, is a white female lecturer in psychodynamic counselling and a part-time PhD student. She has over 10 years experience of training counsellors at two British universities in the midlands and 15 years of clinical experience. In collaboration with the second and third author she was the principal investigator: designing the study, recruiting the informant, conducting the interviews, analysing the data etc. This was her first experience of undertaking a qualitative investigation.

The second author is a white, male, American clinical psychologist and emotion-focused practitioner with over 30 years experience of training therapists, research and of clinical practice. He is currently a professor of counselling at a Scottish university. He collaborated with the first author at every stage of the study but was particularly involved in the development of the trainee version of the Change Interview schedule and in auditing the analysis of the data.

The third author is a white, female, British psychodynamic therapist and an academic with over 30 years experience of training therapists, research and clinical practice. She is currently a professor of counselling and psychotherapy at the same university as the first author. She collaborated with the first author at every stage of the study but was particularly involved in the original design of the project.

Prior to the commencement of the study the authors shared an assumption that most trainees at the beginning of training will experience a variety of emotions. For example the second author expected the student to feel anxious, vulnerable and overwhelmed during this period. However there was also a concern, as expressed by the third author, that the reliance on a single case, the short time scale and timing of the study may reveal little meaningful change.

The researchers regard knowledge as emerging from a context, therefore a degree of shared objective reality is assumed. The meaning of experiences was found through researcher engagement with participant accounts with the aim of developing an *insider view* (Willig, 2001), so the findings are rooted in Hermeneutic Phenomenology.

Instrument

The *Change Interview Schedule* (Elliott et al.'s, 2001), is a qualitative interview that is used with clients at either the end of therapy or every 8 - 10 sessions. It includes questions about what the client sees as having changed over the course of therapy, what the client attributes those changes to, and helpful and non-helpful aspects of therapy. The schedule was adapted to make it appropriate for use with trainee therapists. The final trainee version was a shortened form of the original. It was reduced from 10 topic

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areas to 6 and from 27 to 14 questions. (See Appendix for full details of the *Change Interview (Trainee Version) Schedule*).

Training Course

Trainee counsellors enrolled in an undergraduate programme at the beginning of a two year part-time course which was comprised of a number of elements: weekly course business meetings; theory and clinical seminars; in-house group supervision provided by course staff; a personal development group; and a two year trainee counselling placement in a variety of agencies. Progress was assessed through on-going academic and clinical assignments along with annual supervisor and placement reports.

Ethical Considerations

Ethical approval was obtained from the University prior to the commencement of the study. The consent form and the research process were reviewed at the beginning of each interview. Margaret understood that she had the right to withdraw from the study at any time. Margaret was encouraged to contact the researcher by email between interviews with any queries. During the investigation most email contact concerned practical arrangements for interviews. Only one email was received relating to the content of an interview where Margaret requested that five lines of the transcript be deleted.

Both Margaret's supervisor and personal tutor were aware of her involvement in the study, (they had no knowledge of the process of the research or the interview data), but were available to provide additional support to her should it be needed. Margaret was given the opportunity to review and comment on the final draft of this article and consented to its publication.
The interviews took place in a teaching room at the University but away from tutor offices and the rooms used by Margaret's course. The aim of each interview was to investigate two general questions: How does a trainee counsellor change during her first term? What helps him or her to change? All interviews were recorded using a digital audio recorder and transcribed.

Data Analysis
The interview data were analysed qualitatively using Interpretative Phenomenological Analysis (IPA), (Smith 2003) and generic principles of qualitative analysis as outlined by Elliott & Timulak (2005). From each interview meaning units were extracted, coded and organised under subject domains. From these codes, higher order categories, sub-categories and a core category for each domain and each interview were identified. This was followed by a further analysis of the relationship between domains through a process of narrative reconstruction. The data analysis was then audited by the second author and this resulted in a further refinement of the categories . From this a theory relating to the changes experienced by Margaret during her first term was generated.

Results

The analysis generated 125 meaning units that were organised under five domains, see Figure 1. Forty-one percent of meaning units related to Change, and 41% to helpful processes.

Lower order categories

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No higher order or core categories were found for the other domains of Anticipatory Reflections, Unhelpful Processes, and Research Process, (see Figure2). The domain with the most lower order categories was anticipatory reflections, most of which look forward to future development as a therapist. Unhelpful processes concerned primarily minor disappointments with practical aspects of the course e.g. amenities and the organisation of teaching groups. The research process generated only one category and this concerned the informants suggestion that more time be given in the first interview to her personal history in order to put her training experience into context. Given the small number of meaning units that relate to these topic domains i.e. 24 (19%) out of a total number of 125, and that no core categories could be found, these topics areas can be regarded as peripheral to the informant's experience. Therefore, only higher order

categories i.e. those organised under the topic domains of Change and Helpful processes will be presented in detail below because it is these that encapsulate Margaret's experience during her first term.

Prior to practice: interview one – week 3.

> *I started the course thinking oh right I've lost the plot here…. I've been very quickly put back on track* by *the course tutors. I've really enjoyed it, it's quite exciting, [and] a bit scary.*

Margaret's experience of training begins with loss and recovery. These changes are unexpected. There is a loss of certainty in what she had learnt during her pre-clinical training and some anxiety regarding her ability to do the work of a therapist effectively. What is recovered is confidence in what she knows but she also gains a deeper understanding what being a therapist means. An embryonic therapist self grows in response to the prospect of 'real' clients, but becomes organized around theory and rules and a sense of belonging to a particular therapy tradition. This enables Margaret to prepare for her first meeting with her client.

Topic domain: change.
Sub-category: **The loss of old certainties, the formation of an embryonic therapist-self.**
Real clients looming - a therapist in waiting *Real clients looming makes the difference, so it's not theoretical anymore. It suddenly became meaningful* **Loss of certainty Loss of certainty** *I wonder whether I'm actually going to be able to help the clients at the end of the day.*

Domain: helpful processes.

> *The whole course is being developed in a way to allow us space this term, to prepare for client.*

> *It's putting [prior learning] on a different level of understanding, I need to know it now because I'm going to be doing it…as opposed to something that's purely for essay writing purposes.*

What Margaret finds helpful at this stage is her relationship with her course and the course staff. 'The Course' is experienced in a holistic, positive way and she begins to make connections between herself and theory through experiential learning. Margaret feels helped by the course and her tutors and in a matter of weeks, feels well prepared for her first meeting with a client.

Topic domain: helpful processes.
Sub-category*:*   **Having clients in mind, a driver for change. The course: supporting the way to be.**
The prospect of real clients: making it real. *I've realised that I'm going to be the counsellor.*
Tutor guidance & emotional holding: modeling a way to be. *I've been very quickly put back on track again by the course and the tutors*
Group discussion bringing insight into practice on the *study day*, *again I knew it because we covered it on the certificate but it suddenly takes on another significance when you're actually going to be doing it.*
Supervision: normalizing feelings *The whole thing has helped* … supervision has been quite comforting... *didn't know the answers at the beginning but I feel much happier now, clearer in my head as to what I've got to say.*
The prospect of real clients: making it real. *I've realised that I'm going to be the counsellor.*
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Supervision: normalizing feelings *The whole thing has helped* … supervision has been quite comforting... *didn't know the answers at the beginning but I feel much happier now, clearer in my head as to what I've got to say.*

Prior to practice summary

At the start of her training Margaret experiences change in relation to a loss of certainty but also gains a deeper level of understanding and the formation of an embryonic therapist self. These changes are driven by a number of factors: the prospect of real clients, a supportive course environment, tutors who offer clear guidance, learning opportunities that facilitate insight and tutors who model the core approach.

The core category for this phase therefore is : **Becoming something new – finding a way to be with future clients.**

Early practice experience: interview two – week 6.

> *I'm a quite hard-headed person but I was sitting there with the client and I began to experience* [things I had not felt before] *it was absolutely incredible, I wasn't expecting that.*

During this time Margaret reports a period of rapid growth in potency as a therapist and a new awareness of herself and the therapy process. There is excitement and relief in beginning work with her first client.

Topic domain: change.
Sub-category: growth in self-awareness and potency.
Growth in potency *I'm not necessarily doing it but I know what I'm meant to be doing. It feels good to know that I can help.* **A new self-awareness** *It's almost taken on a mystical feel.*

> *A role-play client asked me what qualifications have you got, which I suppose is my worst nightmare… I ignored it which was the worst thing for me to do.*

> *Supervision is helping me very directly with the client work* [it gives me] *reassurance.*

Margaret's growth in therapeutic confidence and her stronger sense of professional identity is influenced by role play exercises, through which she discovers new ways of experiencing herself and valuable opportunities for her to reflect on her client work. Supervision becomes more distinct at this time from other aspects of the course. It provides another arena for experiential learning that validates clinical decisions and thus provides reassurance.

Topic domain: helpful processes.
Sub-category: learning through real clients, role play and reassurance.
Experiential Learning -supporting work with clients *The workshop gave me the chance to realise that it is something that I've actually got to think about and practise some sort of answer for.* **Group Supervision** *Supervision is helping me very directly with the client work for reassurance probably to check out I'd done the right thing. [It] widens my experience , I learn from other group members.*

Early practice summary

At the heart of Margaret's experience is her work with her client. There is a growth in therapeutic confidence but also an awareness of how much she has to learn. What helps her during this time are opportunities to experiment through role play and the reassurance she receives from supervision. The core category for this phase therefore is:

Growth in therapeutic confidence through: practice, role play experimentation,

and reassuring supervision.

End of term experience: interview 3 – week 11.

> *The client work has been quite painful, that I wasn't expecting, the way the client's impacts on you … I'm very able to go on a guilt trip, let's put it that way, so I thought it was me, … I really was quite upset when I got home from work, it's just the sudden realisation that this is what it means to work with a client … what I really do question now is, is that something I'm going to have to cope with always? Or is it something I'm going to get a handle on? I really don't know the answer to that.*

Margaret's work with a troubled client has become extremely stressful. Her sense of potency has disappeared and has been replaced with anxiety, disillusionment and self-blame. Margaret is overwhelmed by the experience of '*Stressful Involvement*' (Orlinsky & Ronnestad, 2005). Her work with her client has come to negatively impact on her life; there is room for little else including other aspects of the course.

Topic domain: change
Emotional pain, self doubt and disillusionment - a 'baptism of fire'.
It's been a baptism of the fire, there is no way to prepare you for what that feels like. I didn't expect to relive her life. I just hope I'm strong enough to stick to it.

Topic domain: helpful processes.
Supportive supervision – helping her to focus, gain a new perspective on herself and the therapeutic relationship.
I didn't think it was to do with the client, but my supervisor helped me to see that it's probably a mixture of both, …she helps to keep me focussed, she put it into perspective for me, which was brilliant.

End of term: helpful processes

The course has become supervision, and not only the supervision usually provided but additional emergency supervision that is offered on an individual basis. Margaret is able to ask for extra help and to tell her supervisor what she is feeling, which is indicative of the trust she has in her and the supportive nature of their relationship. The supervisor helps Margaret to explore her feelings and to understand the impact the client is having on her.

End of term Summary
Margaret's experience of stressful involvement is very difficult. Supervision enables Margaret to continue in her work with her client, however her ambivalence about being a therapist and her feelings of self-doubt remain. The core category for this phase therefore is:
Surviving stressful involvement through supervision that puts her pain into perspective, but doubts about her future as a therapist persist.

Conclusion: summary of core categories.

The core categories are presented together in Figure 3. This table clearly indicates that Margaret experiences dramatic changes during a short period of time i.e. eleven weeks, and that these are related to specific aspects of her training, in particular the presence of real clients. The notion that trainees, like clients, may experience dramatic changes in therapy at the start rather than the end of therapy (Lambert, 2007) is supported in Margaret's case. Each interview reveals different kinds of change that are related to different phases of her development over the course of the term. The impact of each change deepens Margaret's experience and understanding. A dramatic shift takes place over the course of three months from a desire to become 'it', i.e. a therapist through to the relief of doing 'it' i.e. working with a client in a helpful way, to the agony of 'stressful involvement' (Orlinsky and Ronnestad, 2005) for which she is unprepared. At each stage different aspects of the training programme are helpful. At the beginning the course helps her to prepare for practice through deepening her intellectual understanding while at the end of the term supervision has the most influence. Experiential learning is however helpful throughout as is the presence of real clients who are the main driver for change.

Discussion

These single case findings are limited in that they represent one person's experience of a particular training programme; however, Margaret's experience is consistent with the results of a number of group studies (e.g. DeStefano et.al.,2007, Howard et.al., 2006, Bischoff et.al. 2002). All of these indicate that training to be a therapist is stressful and that it inevitably involves significant shifts in identity, self-knowledge and confidence. Most of these changes appear to be linked to starting work with clients.

Bischoff et al. (2002) state that the development of clinical self-confidence is the primary task of therapist training. Therefore it should be no surprise that Margaret's work with clients becomes the focus of her experience. Having clients in mind, or having the experience of working with clients, appears to change the nature of every aspect of the course for Margaret and her desire to be a good therapist drives the process

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of change. This is consistent with Orlinsky and Ronnestad (2005) who identify the most influential factor in the development of beginning therapists to be the experience of working with clients, particularly in Margaret's case when preceded by a period of preparation and training in a particular theoretical model.

Howard et al's. (2006) findings indicate that trainees in the first few months of practice, as is the case with Margaret, are able to engage with clients in sophisticated ways. They suggest that learning to become a counsellor involves considerable 'intra-psychic and outward practical adaptation' (p. 98), and that because these adaptations occur in the context of limited professional experience their significance is greater in the professional development of trainees than in more experienced practitioners. In short, early client experience has the potential to increase professional competence and confidence, but conversely to damage emerging therapist confidence and identity, as was the case with Margaret.

Orlinsky and Ronnestad (2005) and Bischoff et al. (2002) agree with this notion suggesting that trainees are therefore more likely than experienced practitioners to suffer stressful involvement with clients. Orlinsky and Ronnestad (2005) state that trainees who experience failure such as client drop out, clients not improving or deteriorating early in practice can easily accumulate doubts about themselves as therapists. De Stefano et al. (2007) also found this to be the case with the trainees they studied who experienced fluctuating levels of confidence and self-esteem. This is true of Margaret, whose early growth in confidence quickly evaporates when faced with a difficult client. Bischoff et al. (2002) suggest that this is caused by a lack of internalised experience as a counsellor and that this reflects 'the inability of beginning therapists to monitor their own experience.'(p.10).

Therefore it is essential for trainee counsellors at the beginning of practice to be able to depend upon other more experienced professionals who can help them to monitor their development. For most trainees, as with Margaret, this appears to be a key function of supervision.

De Stefano et al. (2007), Howard et al.(2006), Orlinsky and Ronnestad (2005) and Bischoff et al. (2002) all identify supportive supervision as a key component in therapist training and development, not only as a training tool but also as a means of helping trainees to develop confidence as therapists and to limit the damage of early stressful involvement with clients. This mirrors Margaret's experience. In Margaret's case supervision is characterised by a sensitive and adaptive personal relationship with her supervisor that supports changes in her practice and her self-awareness. It enables her to survive stressful involvement but not to overcome it. Orlinsky and Ronnestad (2005) recommend that such experiences are best avoided early in practice by ensuring that less difficult clients are referred to trainees. Easier clients provide counsellors with positive initial experiences of seeing clients improve thus giving trainees time to develop confidence and a positive professional identity which they can draw on later in their practice when clients become more challenging.

The advantage of single case methods is that they capture detailed accounts of a participant's experience. In the existing group studies, details of the training courses are at best alluded to, making comparison in relation to this aspect of the present study difficult. There are however some points of comparison.

Experiential learning is seen as important (Orlinsky and Ronnestad 2005, Bischoff et al., 2002, Howard et al., 2006), although few details of what constitutes experiential learning are given. Margaret was able to identify role-play exercises and guided meditations as having a significant impact on her development. Howard et al., (2006), Bischoff et al. (2002) and Orlinsky and Ronnestad (2005) identify the support and encouragement of peers as an important part of therapist development. What the present study highlights is how role-play exercises with peers can be helpful in that they provide opportunities to experiment with ways of responding to clients. Group supervision also enabled client experiences to be shared, offering Margaret the chance to learn from her peers and to find reassurance. These experiential aspects of the taught part of the course had the greatest influence on Margaret's early development as a counsellor.

In addition, developing theoretical knowledge played an important role in the formation of her emerging identity, providing not only answers but also a sense of belonging to a particular therapy tradition. Finally, tutor modelling of the theoretical orientation and ways of working with clients through course seminars and supervision, supported Margaret's learning and instigated change. The trainees in Truell's (2001) investigation also valued tutor modelling and suggested that more tutor self disclosure regarding their own professional development and practice dilemmas would have been helpful.

There is therefore some support in the existing research literature for the helpful training processes identified in this study. However, more research is clearly needed in this area.

Limitations

The main limitation of this study is that it presents one person's experience of training over a short period of time. In addition, the use of the interview schedule may have prevented important topic areas from emerging because of its specific focus. However, this is also the study's strength in that it provides an in depth analysis of the experience of training at a critical period of change i.e. the beginning of work with clients. No previous study of this type has been found in the literature and therefore this study offers a unique account.

As with all case study research, the aim of this investigation was not to present findings that can be generalized but rather to depict an in-depth account of a lived experience. Despite these limitations Margaret's experience does appear to be similar to that of trainees who have taken part in other studies. Therefore, it is possible to suggest that from the very beginning of practice, trainee therapists are likely to experience dramatic change particularly in relation to self confidence, and that they are prone to damaging levels of stress because of their lack of prior experience and their embryonic professional identity.

Margaret came to professional training with an existing professional self and with prior experience of being in training. Although surprised by what occurred she can be seen as someone who is already committed to change. Like other trainees who have been studied, Margaret attached significance and meaning to her experience of the course and made some causal connections between how she was changing and the training she had already participated in. Furthermore, other factors, such as her personality and history, her close relationships outside the course, her work, and her placement will have inevitably made a contribution to the changes that occurred. The extent to which other

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factors contributed to the changes she experienced was not investigated in this study and therefore their influence remains unknown. There is a need for systematic interpretive analyses regarding change processes such as those suggested by Bohart (2000) and Elliott (2002), in order to understand the influence of training on therapist development.

Conclusion

While all education demands change, trainee therapists are required to change not only their thinking and to develop new skills, but also to adapt aspects of their personality to meet the needs of their clients. Training is therefore a potentially disturbing personal journey that requires a deconstruction of the self in order to make space for the new therapist-self to emerge. This change process appears to be influenced and supported by experiential learning exercises such a role play and group supervision, but may be fundamentally driven by the experience of working with real clients.

Biographical Details

Julie Folkes-Skinner is a Lecturer in Psychodynamic Counselling at the University of Leicester, a BACP accredited psychodynamic counsellor and a supervisor.

Robert Elliott is a Professor of Counselling at the University of Strathclyde and Professor Emeritus at the University of Toledo. He is a clinical psychologist and a practitioner of emotion- focused therapy.

Sue Wheeler is a Professor of Counselling and Psychotherapy at the University of Leicester and Director of the Counselling and Psychotherapy. She is a Fellow of the BACP and a psychodynamic counsellor and supervisor.

Appendix: *Change Interview (Trainee Version)*

<u>Introduction</u>

1a. Review consent form

1b. What has training been like for you so far? How has it felt to be on the course?

1c. How are you in general?

<u>Change</u>

2a.What <u>changes</u>, if any, have you noticed in yourself since the course began/the last interview?

2b. Has anything changed for the <u>worse</u> for you since training began/last interview?

2c. Is there anything that you <u>wanted</u> to change that hasn't since the course started?

2d. What <u>changes</u>, if any, have you noticed in your work with your client (s) since training started?

<u>Change Attribution</u>

3. In general, what do you think has <u>caused</u> these various changes?

. **<u>Helpful Aspects</u>:**

4. Can you sum up what has been <u>helpful</u> about your training so far?

<u>Problematic Aspects</u>:

5a. What kinds of things about your experience of training have been <u>hindering</u>, unhelpful, negative or disappointing for you?

5b. Were there things that have happened on the course (since we last met) which were <u>difficult</u> or <u>painful</u> but still OK or perhaps helpful?

What were they?

5c. Has anything been <u>missing</u> from your experience of the course

<u>Suggestions</u>:

6 a.Do you have any <u>suggestions</u> for us, regarding the research or the course?

6. b.Do you have <u>anything else</u> that you want to tell me?

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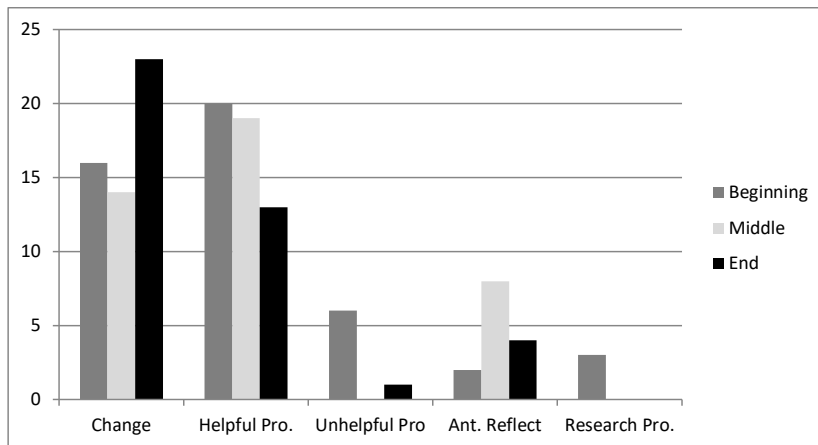**FIGURE 1.** Distribution of meaning units by interview and domain**.**

FIGURE 2. Lower order categories by interview and domain. (Meaning Units)

BEGINNING	MIDDLE	End
Split teaching group (3MU's)	Hoping to be better able to help clients (6MU)	Fear of failure & wanting to succeed (2MU)
Acknowledgement of personal history (3MU's)	Will it be worthwhile? (2 MU)	Too many voices in personal development groups (1MU's)
Hoping course will meet personal therapy needs (1MU)		Be better at asking for help (1 MU)
Conflicting demands (1MU)		More tutor demonstrations of how they do it. (1 MU)
Limited amenities (1MU)		
Fear of being undervalued as a counsellor (1MU)		
Didactic Teaching (1MU)		

☐ Unhelpful Processes   ☐ Anticipatory Reflections   ☐ Research Process   MU =Meaning Unit(s)

FIGURE 3. Core categories for each phase of training.

Prior to Practice

Becoming something new – finding for a way to be with future clients.

Early Practice

Growth in therapeutic confidence through: **Practice, role play experimentation & reassuring supervision.**

End of Term

Surviving stressful involvement through supervision, that puts her pain **into perspective, but doubts about her future as a therapist persist.**