



The
University
Of
Sheffield.

**Towards facilitating client change: an IPA study
based on lived experiences of clients, trainees and
supervisors.**

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A thesis submitted in partial fulfilment of the requirements for
the degree of
Doctor of Philosophy

The University of Sheffield
Faculty of Science
Department of Psychology

Submission Date April 2022

For Yiorgo and Annoula

Acknowledgements

I would like to begin by thanking my supervisors: Professor Andrew R. Thompson, Professor Gillian Hardy and Dr Suzie Savvidou for offering your time, support, direction and guidance throughout my PhD. I am very grateful for the skills and knowledge that I have learned from you during this journey.

I would also like to thank CITY College and SEERC and especially Mr Ververidis for supporting my studies and for encouraging me throughout the way.

To my mom, dad and partner Dimitri thank you for believing in me, for always being there to offer your practical and emotional support and getting me through tough times. I wouldn't have done it without you.

To my colleagues at CITY's psychology department who went through their own PhD studies, years before I did, I want you to know that your guidance, feedback and moral support was very comforting. Roxana Badea, Kristine Brance and Penny Hatzivalsama, thank you for your willingness, at times, to take over my workload, giving me time to work on my thesis. Special thank you to Dr Vassilis Hatzibiros for providing an audit for my work. I would also like to thank the administrative staff and especially Jayne Whitney and Zoi Xygalata who at times helped me to stay afloat with all my administrative obligations.

Furthermore, I would like to express my gratitude to all my teachers, trainers, supervisors and therapist throughout my psychology studies and psychotherapy training and especially to Dr Yianni Keramari, Dr Kosta Mona, Dr Elpida Vassilopoulou, Dr Jane Montague, Dr Suzie Savvidou, Mr Evangelo Sepeti, Mr Petro Theodorou, who have selflessly given me inspiration, insight and knowledge.

My greatest thanks and gratitude go to my participants for their generosity in giving me their time and for trusting me to share their experiences.

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Preface

Change as a result of therapy has been a central research topic over the years. Change process research as defined by Greenberg (1986), refers to research focus “on identifying, describing, explaining, and predicting the effects of the in-therapy processes and the unfolding sequence of client change that bring about therapeutic change” (*in* Elliott, 2010, p. 123). The change processes focus should move beyond the dichotomy between process and outcome; emphasis should not be given only to examining what happens in therapy or the comparison of two measurement points before and after therapy, but rather on identifying, describing, explaining, and predicting the effects of the processes that bring about therapeutic change over the course of therapy (Greenberg, 1986). There is a variation of how the different therapeutic approaches define what change is, on what it is that needs to change and how change occurs, but pursuing change is a common goal for all (Carey et al, 2007).

For a client, therapeutic change is characterized by a continuous flow of internal processes that emerge throughout their therapeutic journey and result in different outcomes due to this ongoing process (Gendlin, 1961; Elliot, 2010). This experience is implicitly meaningful and *felt* though not always verbalized (Gendlin, 1961). According to Elliot (2010), change process research refers to the processes that lead to a change in therapy; it does not focus solely on process-outcome, but emphasis is given to identifying, describing, and explaining all the different factors that contribute to change. The dynamic nature of the change process can be regarded as a complex system composed of interconnected components that show hierarchical structure over time (Gelo & Salvatore, 2016). The therapeutic process can be viewed as a series of client states or sub-outcomes interconnected on a path to an ultimate outcome (Safran et al., 1989). Therapy not only creates a stable and trusting environment for clients which fosters change, but it also utilizes interventions that challenge thinking patterns and/or behaviours and explores suppressed feeling and affect.

The field of the therapeutic change process is wide. There is a considerable range of research about the therapeutic relationship, factors that facilitate change, clients' perceptions of change, and reasons that lead clients to seek counselling (Boswell & Castonguay, 2007; Castonguay & Beutler, 2006; Castonguay & Holtforth, 2005; DeRubeis et al., 2014; Elliott, 2002; Elliott, 2010; Fonagy & Bateman, 2006; Gelo, & Salvatore, 2016; Greenberg, 1986; Hayes et al., 2007; Klein & Elliott, 2006; Williams & Levitt, 2007). Binder, Helgersen and Nielsen's (2009) used a descriptive and hermeneutically modified phenomenological approach to examine former psychotherapy patients' experiences of change processes in psychotherapy. Results show that a solid warm competent professional, therapeutic relationship can help patients to create new meanings and make new life connections. In a different study, the researchers used a hermeneutical-phenomenological approach to examine former psychotherapy patients' experiences of good outcome; the study showed, that clients consider as good outcome the decrease of symptomatic distress, the gaining of insight, and self-acceptance (Binder, Helgersen & Nielsen, 2009). Similarly, Clarke, Rees and Hardy's (2010) study used grounded theory methods to present five "end of therapy" evaluations conducted with clients who had received a brief cognitive therapy, using Elliott's (1996) Change Interview Schedule. Findings showed that clients, through therapy experienced behavioral changes, changes in the way they see themselves and others as well as changes in the ways they interacted with others. In addition, the study showed that clients seem to value the emotional and interpersonal components of therapy, as well as the articular therapy techniques (Clarke, Rees & Hardy, 2010). This is further supported by Klein and Elliott's (2007) study, which used Content analysis to examine change as experienced by clients who engaged in process-experiential therapy. Results indicated changes in affect and self-worth, as well as changes in relationships and functioning. In addition, clients reported changes at different intervals during the course of therapy but also post-treatment (Klein and Elliott, 2007). Comparably, Carey et al's (2007) qualitative study while investigating clients' understanding of change showed that change could be understood in terms of feelings, thoughts and actions, and it occurred gradually, but also at specific identifiable moments.

Findings overall suggest that therapy itself is a catalyst for changes and it might be gradual and linear, or can be abrupt and nonlinear (Hayes et al., 2007; Carey et al., 2007; Klein and Elliott, 2007).

As Kazdin (2009) discusses understanding why and how therapy leads to change is important for several reasons; first, by understanding the mechanisms of change, one could assess whether different therapeutic approaches have common mechanistic elements that contribute to this change. Secondly, by understanding the processes of therapeutic change, one could be better prepared to achieve this change. Thirdly, improving knowledge of treatment effects could help practitioners to enhance those elements. Finally, understanding the effectiveness variables can only be achieved by answering the question of how therapy brings about change. In addition, understanding mechanisms of change is important beyond the context of psychotherapy as experiences of change help clients better to cope with everyday stressors, crises and interpersonal relationships (Kazdin, 2007).

Learning about the effects and change processes in counselling and psychotherapy will result in improvement of skills and greater knowledge, which may inform competency development strategies that can be deployed during training, supervision, management and professional development (Laurenceau, Hayes & Feldman, 2007). These elements are important for both practical and ethical reasons as they ultimately lead to improvements in therapy outcomes.

Focusing on the complexity of the therapeutic process, Wampold and Holloway (1997) state that there are many intervening factors affecting client change including therapist variables (empathy, multicultural competence, self-awareness level), client variables (dedication to treatment, self-healing capacities, etc.) and supervision of intervention methods.

With such a complex system, it might be naïve to suggest that it is likely to be one linear process involved (Scaife & Inskipp, 2001). On the contrary, when examining client change processes, it is likely to be productive to examine experiences from as wide a perspective as possible.

The aim of this thesis

This thesis uses qualitative methods, specifically meta-ethnography (Noblit and Hare, 1988) and Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) to examine the lived experiences of clients, trainees and supervisors from counselling psychology and various professional psychotherapy programmes. The aim was to investigate the experience of processes involved in facilitating client change and the production of positive therapeutic outcomes for clients.

Developing a further understanding and knowledge about principles of change can be of greater value to the field of psychotherapy and counselling than focusing on particular change interventions and will lead to greater understanding as to how various therapeutic approaches assist clients to achieve positive outcome (Carey et al., 2007; Moltu, & Binder, 2014).

Structure of the thesis

Chapter 1- Introduction

This chapter provides some background information on the concepts of counselling, clinical psychology and psychotherapy, along with findings on essential aspects of effective therapy and the qualities, the characteristics and actions that effective therapists utilize to produce change and positive therapeutic outcomes. In addition, it examines findings on the parameters affecting the personal and professional development of mental health trainees. Throughout their training, trainees develop different competencies and go through different professional and personal changes by engaging in a reflective and educative, theory-driven practice-based processes. The experiences they encounter seem to be highly important as they affect them emotionally, cognitively and behaviorally and can provide a learned-based understanding of change process (Watkins & Scaturro, 2013).

Chapter 2- Systematic Literature Review

A systematic literature review synthesizes and critically evaluates findings from the empirical research that has investigated counselling, professional and clinical trainees' development and experiences in training. The review includes papers on clinical psychology trainees' experiences in training, as well as those of trainees from other professional psychotherapy programs, because many of the training steps are similar for clinical and counselling trainees. Counselling education and training requires trainee therapists not only to change their thinking and to develop new skills, but also to adapt aspects of their personality to meet the needs of their clients. As Skovholt & Rønnestad, (1992, p. 505) state, therapists' development is process that "includes change, is organized systematically and involves succession over time".

Chapter 3 -Methodology

Different studies have utilized different qualitative methods, such as phenomenology, consensual qualitative method and grounded theory to examine change process and therapy outcome from different perspectives and have made significant advances in our understanding of the process and of what promotes positive outcomes (Audet's and Everall; 2010; Binder, Helgersen & Nielsen; 2009; Carey et al.,2007; De Stefano et al., 2010; Hayes et al., 2007; Klein & Elliott, 2007; Midgley, Target, & Smith, 2006; Rayner, Thompson & Walsh, 2011; Timulak, 2007). Elliot (2010) provided an overview of four approaches that can be used to identify and evaluate psychotherapy change processes: the quantitative process-outcome design, the qualitative helpful factors approach, the significant events approach and the microanalytic sequential process design. According to Elliott (2010), the qualitative approach is an empowering tool to explore change in therapy. The examination of intents, primary concerns, therapy treatment effects and overall experience from various viewpoints, can only be undertaken through qualitative research (Elliott & James, 1989).

The methodology chapter further explores the philosophical and theoretical grounding for this thesis and provides a description of the steps taken for the analysis of the data, ethical considerations, quality control and reflexivity.

Chapter 4

The first empirical study contained within chapter 4 is based on the lived experiences of students reporting benefit from their experience in a University's counselling center. Existing literature focus on the counselling services provided by Universities' counselling centers and their efficacy (Stone, Vespia, Kantz, 2000; Tracey et al., 2014), but there has been very limited research on college student populations seeking mental help in college counselling centres focusing on how they experience change.

The study is based on international college students from various backgrounds and presenting problems and it provides a multidimensional perspective on how therapy delivered by counselling psychology trainees affect change process. In addition, it allows further exploration of how various factors affect therapy outcome. Results allow a better understanding of needs for and perceptions of counselling through clients' experiences, so that training programmes in counselling and psychotherapy can better guide and prepare counselling trainees to assist diverse population groups in need of mental health assistance.

The study was presented at EQuIP conference (Qualitative Research in Psychology in Europe, 18-20.06.2020). The EQuIP conference abstract is available on appendix B.

Chapter 5

In addition to gaining an understanding of the clients' perspective, exploring counsellors-in-training experience of working with clients is useful in understanding what might help or hinder the achievement of good outcomes during this professional development stage. Trainees' experiences are analyzed, in order to provide knowledge of their own understanding of their internal processes, as well as of client and supervision processes and intervention. These experience of how specific elements of their counselling practice develop can further shed light on what brings about therapeutic change.

Chapter 6

Even though various quantitative, qualitative and mixed methods studies encounter methodological challenges (Freitas; 2002), they conclude that supervision is demonstrated to have impact on trainees and their practice as the didactic element of supervision enhances trainees' knowledge skills and attitudes (Bernard & Goodyear, 2009; Hill et al. 2007; Kaslow, 2004; Ladany et al., 2012; Milne, 2009; Watkins, 2011; Vallence, 2004).

This study explores experiences of supervisors from different backgrounds in order to gain an understanding of how their involvement prepares counselling and professional psychotherapy trainees to support their clients in order to achieve change. The study examines supervisors' views of themselves and the supervision process. Furthermore, it examines supervisors' relationships with their trainees, as well as their experience of client change.

Chapter 7 -General discussion

Therapy outcome and client change is a complicated process that differs based on client, therapist, the therapeutic relationship, supervisors and various other external factors. Here, clients, therapists and supervisors had the opportunity to construct their own responses, to share what is important to them so as to establish a link between process and outcome. Having analyzed data from the three different studies and the through the metaethnography the general discussion focus on presenting common factors facilitating client change and positive therapy outcome as viewed by the lived experiences of trainees, supervisors and clients. In addition, the discussion presents opportunities and challenges that training programmes can examine and adopt aiming at preparing counselling and psychotherapy trainees to focus on client change processes. Contribution to existing findings, implications to practice as well as limitations are also discussed.

Chapter 1

An Introduction to theory and research in Counselling, Clinical Psychology and Psychotherapy training in relation to training and achieving change

Counselling, Clinical Psychology and Psychotherapy

Counselling psychology is a specialty within professional psychology, that integrates theory, research, and practice. The field addresses emotional, social, vocational, educational, health-related, developmental, and organizational concerns.

Counselling psychologists use an array of both brief and long-term interventions with sensitivity to diversity and cultural differences. Counselling psychology aims at, facilitating personal and interpersonal functioning across the life span; at alleviating distress and maladjustment; at increasing clients' ability to live highly functioning lives. (Society of Counselling Psychology, Division 17, American Psychological Association [APA], 2018).

In their review Gazzola, De Stefano, Audet & Theriault (2011) present the view that counselling psychology's premises are multi-theoretical and influenced by sociohistorical factors. Counselling as an identity can be effectively created through demanding and diverse knowledge acquisition, clinical practice, self-assessment and understanding, supervision and mentorship (Gazzola et al., 2011). Therefore, traditionally considered a person-centered approach, current counselling practice appears to be more eclectic integrating perspectives from different disciplines such as clinical psychology, psychoanalysis, and psychiatry (Hill & Kellems, 2002). It appears that the standards of proficiency, for psychotherapy, clinical psychology and counselling, are very close and seem to be defined in terms of the complexity of the problems addressed, and interventions used, with an expectation that psychotherapists

and clinical psychologists work with mental disorders, and counsellors with 'mental health and wellbeing'. Many different approaches and perceptions exist concerning the way we look at mental health, and what may affect wellbeing. As Kwiatkowski (1998) points out, it is not easy to differentiate between them as there is a significant overlap between the problems explored by each, the goals addressed, or in conscious and unconscious motivation. For example, cognitive therapists aim at internal dialogue and exploration of beliefs and feeling deriving through their beliefs; experiential therapists focus on experience of emotions and perceived meanings; and psychodynamic therapists aim at unconscious motivations, and unexplored emotions, as well as on restructuring relationships through therapeutic alliance (Elliott & James, 1989). Overall, as Wallin (2007, p. 2) states, psychotherapy is the "transformation of self through relationship" between a client and a therapist who provides a trusting environment for exploration.

Based on these premises, since 2010, BACP has held the view that there is no difference between counselling and psychotherapy. In addition, various authors and researchers have deliberately used these two terms interchangeably (Patterson, 1986; Nelson-Jones, 2014; Corey, 2012). Following this precedent, this thesis will use both terms and the umbrella term "therapy".

Effective Therapists and client outcome

Effective therapists are highly perceptive and responsive to clients' needs and reactions even when these are unspoken. Moltu and Binder (2014) in studying how skilled therapists experience their own contribution to client change, performed a reflexive phenomenological systematic qualitative approach to analyze in depth interview transcripts of 12 therapists from various affiliations. They have found that multiple level awareness, being present in the process, being in touch with their own emotional suffering as well as their clients', contributes to the creation of a strong therapeutic relationship from which clients derive meanings and reach growth. In addition, therapists in the study believe that a

combination of self-regulation, empathy, but also training in ethically and scientifically sound psychotherapy models must be in place in order to have best client outcomes (Moltu & Binder 2014).

Several studies have shown that counsellors' behavior towards their client during their initial encounter affects whether clients will feel positive about their decision to seek therapy and whether they will engage with the therapeutic relationship (Ackerman & Hilsenrorth, 2001; 2003 Sexton et al., 2005). Pierce (2016) reiterates the essentiality, of counsellors' establishing a good rapport with their clients early in their therapeutic relationship. This is something that enables the clients to develop trust in both the counselling process and the counsellor as an individual. Folkes-Skinner, Elliott and Wheeler (2010) also perceived trustworthiness, to be one of the key factors that result in a successful therapeutic process. On their study, Rayner, Thompson and Walsh (2011) explored the client experience of receiving cognitive analytic therapy (CAT) using Grounded theory methodology. Results showed that different tools used by the approach, such as reformulation letters and diagrams are seen as an opportunity for an active and emotional experience when is facilitated by a trusting therapeutic relationship.

When therapists possess flexibility, respect, honesty, and vigilance as characteristics, they can foster an environment of trust, contributing to the therapeutic alliance (Ackerman & Hilsenroth, 2003). Genuine interest, friendliness, openness, confidence, and warmth are critical for influencing alliance (Urbani et al., 2002; Chapman, Tablot, Tatman & Britton, 2009).

Hovarth's (2001) review presents the codependent dialectical nature of the alliance, where both the therapists and the clients must be contributors; however, as the counsellors' own ability to relate is a more critical factor in the development of the alliance, they must monitor aspects of countertransference and bracket negative introject. Cooper (2013) who conducted interviews and workshops seeking therapist views of relational depth, found evidence that therapists who described themselves as agreeable, reported greater connection with their clients which increased over time. In addition, the participating therapists reported a

relational depth which encapsulates an enduring sense of interconnection with their clients, characterized by empathy and acceptance leading to a mutual trust. This serves as a corrective experience to the clients who may not have had the opportunity to experience such relationships in their past, and acts as an incubator of change.

Frzina's (2012) study explored the experience of relational depth between a therapist and a client using an archived single session video, where the client and therapist rated perceived depth of connection using a 0 to 10 scale. The findings showed that when it comes to connectedness, there is agreement among therapists' and clients' perceptions of this; when the depth of connection is experienced by the client, is very likely that will be equally experienced by the therapist. Nissen-Lie et al.'s (2015) findings suggest that therapists' interest and focus on their clients presenting problem, boost their own view of the alliance; in contrast, when therapists find it difficult to like or respect a client, they become unable to engage with their clients and to tolerate their clients' emotional needs.

In a study on therapists' insight, Henriksen (2017) found that therapists' ability to manage clients' ambivalence about therapy, to demonstrate confidence in the process and to show confidence in the client's competences, significantly contributed to successful outcomes. Henriksen's (2017) findings also suggest that better outcomes derive when therapists allow their clients to set their own therapy goals.

Nissen-Lie et al. (2017) study reported that therapists professional self-doubt only has a positive effect on working alliance and client change when the therapist also has a stable tolerance of their own personal self. As it appeared, therapists' healthy self-criticism and their ability to openly participate in a genuine relationship with their clients positively affected results. The findings also suggest that a healthy self-critical attitude, as well as a caring and nurturing personality help therapists to understand the complexity of their profession and to adjust therapeutic processes so as to better help their clients.

Self-commitment allows counsellors see beyond the published literature or the spoken words in order to truly connect with their client. Good counsellors enjoy helping others and get empowered whenever they help their clients to become their own problem

solvers (Wheeler, 2000). In their review of 50 books and articles, Grenavage and Norcross (1990) found that “therapist’s qualities”, such as positive regard, warmth, instilling of hope, and acceptance influence therapeutic outcomes (*in* Wheeler, 2000). Emotional receptiveness, cognitive complexity and ambiguity, awareness of emotional well-being; these are also key personality factors that can influence the therapeutic work (Wheeler, 2002).

As various studies indicate positive outcomes are better reached when therapists are able to differentiate their treatment plans according to the needs of their clients and therapists who learn to work with a range of problems, clients and approaches are better prepared to enter the profession (Norcross & Beutler, 2000; Castonguay & Beutler, 2006; Orlinsky & Rønnestad, 2005; Norcross & Wambold, 2011).

Training aims in Trainee Professional Development and Growth.

Studies show that after three years of training, counselling trainees report, that they have acquired the ability to regulate emotions and conceptualize client dynamics; they have gained advanced counselling skills such as confrontation, interpretations, and silence; and have developed better session management skills, including appropriateness and timing (Pascual-Leone, Wolfe, & O’Connor, 2012). Through training, counsellors in training develop an increased ability for observation; they learn to spot inclinations in conduct; they pay attention to the intonation in the client’s voice; they can acquire the aptitude of active listening and can help clients find the appropriate words to express themselves; they learn to pay attention to body language which allows them to detect buried emotions or meanings (Corey, 2012).

However, throughout the process, trainees are still concerned with their performance, their therapeutic skills, their ability to connect with clients, their self-efficacy, and their overall role in the process (Williams, Judge, Hill & Hoffman, 1997). As training progresses though, and as they accumulate client hours, they gain more skills and more confidence (Hill, Sullivan, Knox & Schlosser, 2007).

Trainees' Self-awareness, Experiential learning, and Personal Therapy

Personal development is another dimension of counselling and psychotherapy training; (Hill et al., 2007; Hill & Knox; 2013; Pascual-Leone, Rodriguez-Rubio & Metler, 2013). Mental health training programmes (counselling psychology, professional psychotherapy, and clinical psychology), aim at helping trainees to develop self-awareness through experiential learning, and supervision. During their training, trainees are required, in a way, to deconstruct themselves in order to make space for the new therapist-self to emerge (Folkes-Skinner et al., 2010). Their ability to self-reflect and their willingness to be open to new learning and experiences are key components of counselling work and lies at the base of ethical practice.

Self-awareness is the counsellor's ability to be aware moment-to-moment, of their feelings and bodily sensations as well of their behaviour and thoughts; it involves values, perceptions, understanding of interpersonal relationship processes and knowledge gained from experiences (Pieterse, Ritmeester & Collins, 2013; Williams, Hurley, O'Brien & DeGregorio, 2003). Counsellors may have unresolved personal issues and any failure to address and resolve them can create intense feelings for both the counsellor and the client (Stella, 2016). Self-awareness also encompasses awareness of cultural dimensions and the understanding of how this affects one's worldview; understanding of the sociopolitical realities that are associated with counsellors' affiliations; understanding of the existence and dynamics of racism and other prejudices (Arredondo, 1999). When trainees have a clear understanding and are perceptive of the role and the dynamics of culture, they can engage in a genuine exploration of their clients' worldviews and realities (Collins & Pieterse, 2007).

Self-awareness helps counsellors identify and understand how their personal and cultural biases influence their counselling relationships (Collins & Pieterse, 2007; Pieterse, Ritmeester & Collins, 2013). According to Decety and Lamm (2009), the counsellor's emotional understanding, their relational capabilities and ability to proficiently engage clients

are very important element of the therapeutic process. Skovholt & Starkey (2010) explained the importance of developing personal wisdom. They emphasize that a counsellor must develop self-understanding and deep self-acceptance; be genuinely understanding; and be able to grow and learn (Skovholt & Starkey, 2010). The idea was also supported by Yalom (2003) who suggested that the *therapist's self* is as important, as a carpenters' screwdrivers and hammers (*in* Skovholt & Starkey, 2010). Wampold (2007) emphasized that although learning therapeutic techniques can take only a few hours, becoming a wise person takes years.

In order to understand the inner feelings and experiences of trainees, Burnett and Meacham (2002) analyzed the weekly self-reflection journals that the trainees wrote throughout the semester. The authors highlighted that journaling ensures that students develop self-reflective skills which aid in the development of counselling capabilities. Similarly, Hill et al. (2007), and Cartwright and Gardner (2016) identified journaling as a critical training component which helps trainees to manage their internal processes including self-efficacy concerns, confidence, anxiety, and controlling their "hot buttons". Abbey, Hunt, and Weiser (1985) in an attempt to explaining how counsellors experiential learning experience, affect work with clients, use experiential learning theory by Kolb (1984). According to the model, change and growth can be facilitated by re-experiencing situations and feelings associated with these, by observation, analysis and modification. Abbey et al. (1985) show that, when trainees learn to identify experiences, including the feelings accompanying them they can assist clients to follow the same learning cycle and to adopt key healing techniques, where they learn to reflect on the past and present experiences that result in a particular feeling. Thus, by using the training model, counsellors are able to guide their clients through a healing process. Hill et al. (2007) also supported the idea of experiential activities, with enhanced open discussions on unsettling feelings and reactions.

Personal therapy has also been associated with trainee development, preparing them to better deal with client problems and concerns. Norcross (2005) noted that '*personal therapy*' encompasses the psychological treatment of counsellors through various theoretical

orientations and different formats of treatment. Counselling psychology students are expected to undertake personal therapy. According to Orlinsky, Norcross, Rønnestad, and Wiseman (2005), personal therapy is considered the most rigorous and deepest part of a trainee's learning process. Insight-oriented therapists believe that personal therapy is a prerequisite for practice, although its relevance varies with one's theoretical orientation and history of therapy. More recently, clinical and cognitive-behavioral therapy (CBT) training now considers personal therapy to be more important within practitioner development than has historically been the case (McMahon, 2017; Chigwedere et al., 2021).

Orlinsky and Rønnestad (2005) developed the idea that personal therapy is the epicenter of psychotherapy education. The authors stated that therapists' training, health, identity, and self-renewal are all defined by their personal therapy experience. To show the relevance of personal therapy in trainee development, Norcross and Guy (2005) conducted a review of 17 different studies which involved over 8,000 participants. The authors found that most professionals in the field have undergone at least one session of personal therapy, with mean and median percentages of 72% and 75% respectively. Several benefits have been associated with personal therapy, including improved therapy relationships, improved self-reported outcomes, and positive professional development. Across more than 70 studies reviewed by Orlinsky et al. (2005), over 90% of therapists find that personal therapy impacts the therapy outcome. Moreover, psychotherapists have associated personal therapy with improvement in different areas including work-functioning, self-esteem, social life, characterological conflicts, emotional expression, and severity of symptoms.

Client contact and supervision During Training

The transition from an educational /training environment where trainees engage in experiential and role-playing activities to client engaging environment is daunting and stressful but also rewarding as they progress from declarative knowledge into procedural knowledge (Bernard & Goodyear, 2004; Rønnestad & Skovholt, 1993; Watkins, 2011). At

this stage as Reiser and Milne (2012) indicate, trainees go through different personal and professional changes as they have many opportunities for observation and practicing along with individually- tailored supervision. Trainees work with clients presenting a variety of problems and representing developmental stages across the lifespan. The therapeutic practice they engage fosters therapeutic relationships comprised of a therapeutic alliance (Bordin, 1979) and real relationships involving genuineness and realism (Gelso & Carter, 1994). They are trained to focus on client factors, such as client involvement, expectations and hopes and they seek to help their clients to reach positive outcome. A common consequence of their interaction with clients is the experience of self-doubt, frustration and distress (Theriault & Gazzola, 2005).

Supervisors can play an important role in assisting trainees to feel present and effective. Trainees report several important and helpful contribution of the supervision relationship, such as instruction, support, facilitation of exploration, and challenge; they also note some negative and stressful experiences (Hill et al., 2007). As Wheeler & Richards (2007) conclude in their systematic literature review, supervision offers supervisees the opportunity to improve their therapeutic skills and to enhance their confidence level when working with clients, which raises the likelihood of better therapy outcome.

Summary and conclusion

Psychotherapy is a complicated process that varies based on numerous factors such as clients, therapists, supervision, treatment type and it is experienced differently for each individual client, therapist or supervisor. The counsellors' ability to engage in practice that demonstrates high levels of flexibility, respect, genuineness, openness and warmth can foster an environment of trust-building, can contribute to the strengthening of the therapeutic alliance and can bring about positive client outcome (Ackerman & Hilsenroth, 2003; Chapman, Tablot, Tatman & Britton, 2009; Urbani et al., 2002).

Complex types of intrapsychic client changes such as self-acceptance, increased insight, improved relationships and work functioning, integration, and autonomy can be achieved through the process (Hill, Chui & Baumann,2013).

Through training, counsellors in training can develop skills and attitudes that can support clients to reach these complex changes. Counselling, clinical and professional psychotherapy programmes can prepare trainees to develop competences through theory, experiential learning, through the development of self-awareness and through supportive supervision.

Chapter 2

Counselling, Clinical and Psychotherapy Trainees Experience in Professional Training: A Metaethnography

2.1 Background:

Counsellors' characteristics and skills are key influencers of therapeutic or counselling outcome (Orlinsky, 2009). Professional and interpersonal training is critical to trainees as this influences their relations with clients as well as the therapy outcome. Professional training in the field of counselling and psychotherapy is emotionally demanding as it requires trainees to gain self-insight, to adapt to new realities and transition from students to practitioners (Folkes-Skinner, et al., 2010; Howard, et al., 2006). Trainees must develop as people and as professionals; they must overcome barriers for the benefit of their clients. Williams and Fauth's (2005) study emphasizes the importance for trainees of reaching depth of insight in order to be able to emerge themselves into the therapeutic process. Experiential learning is seen as vital for trainee development (Bischoff et al., 2002; Howard et al., 2006; Orlinsky & Ronnestad, 2005). Hill et al., (2007), suggest that trainees' active involvement in their training, and their anxiety self-management abilities are dynamic factors in their professional development as therapists. Wheeler (2000) suggested that counsellors should understand that they need to be engaged in personal and professional growth in order to fully engage in the process. Training results in self-reported changes as trainees are able to experience personal development and growth (Hill & Knox, 2013; Pascual-Leone, et al., 2013).

Norcross and Guy (2005) report that therapists' personal therapy, improves their own therapeutic relationships, while it is associated with positive self-reported outcomes. In addition, it has been found that a therapist's own therapy enhances their professional identity sense, their empathy skills and their ability to express or contain emotional expression (Orlinsky & Rønnestad, 2005; Bellows, 2007).

Training encompasses the development of technical skills as well as the development of trainees' ability to interact on a deep personal level with their clients (Fragiadaki et al., 2013). Trainees must be willing to work with ambiguity, must develop their own goals, and need the capacity to appraise their own development (Bennetts, 2003). According to Kaslow et al. (2004), training offers the competencies necessary as the knowledge, skills, and attitudes that are key components of counselling and therapy.

Initial encounters with clients can be overwhelming for new therapists, who are concerned about their performance and its efficacy (Bischoff, et al., 2002; Howard et al., 2006). However, the most prominent benefits in trainee development derive from the experience of working with clients (Bischoff et al., 2002; Orlinsky & Rønnestad, 2005).

A trusting relationship between the trainee and the supervisors, strong peer relationships, and peer supervision; these are essential components of teaching trainees to engage emotionally in a therapeutic process (Kanazawa and Iwakabe, 2015). In contrast, depreciating supervision, weakens the supervisory relationship; it negatively affects the trainees' development and ultimately their efficiency level with their clients (De Stefano, et al., 2017; Ladany, et al., 2013).

Examining the lived experiences of trainees during their training is an important area of research aiming at identifying elements of training that positively or negatively affect trainees' development and knowledge. A clearer understanding of the trainees' multifaceted and dynamic developmental process will be helpful in establishing realistic goals in graduate education. Investigating experiences of training and practice could help understand important sources of confidence and competence for therapy work (Howard et al., 2006).

This systematic literature review synthesizes and critically appraises findings from empirical studies that have investigated counselling trainees' experiences of training. The review includes studies on clinical psychology trainees' experience in training as well as various other professional psychotherapy programmes trainees' experiences, as many of the steps both clinical and counselling trainees undertake for professional preparation are similar. More systematic research is needed in order to understand the elements that contribute to trainees' development and the internal changes they undergo (Folkes- Skinner et al., 2010; Pascual-Leone et al., 2012). Results will contribute to our understanding of the challenges counsellors encounter and the effective components of their training.

The Cochrane Library of Systematic Review and the Prospero and Scopus databases were surveyed for related, relevant titles prior to commencing this review. There were no extant systematic reviews of studies investigating trainees experience over the course of their training.

2.2 Review Aim

To identify qualitative studies that have investigated counselling, clinical and psychotherapy trainees' experiences of their professional training.

2.3 Review Objectives

To identify themes within the literature that might contribute to a better understanding of how people learn to become counsellors; to develop and identify core elements that might contribute positively or negatively to affect the development of counselling competence.

2.4 Study Design: Meta-ethnography (“a qualitative synthesis method in which researchers select, analyse and interpret qualitative studies so as to answer focused questions on a specific topic, to come up with new insights and conclusions.” (adapted from the eMERGe website)

2.4.1 Search strategy

The review is based on articles published in peer reviewed journals retrieved from electronic databases using predefined keywords, and by scanning through reference lists from relevant articles. PRISMA guidelines were followed.

2.4.2 Electronic databases

The following electronic databases were used: Scopus, PsycINFO, Ebsco-Psychology and Behavioral Sciences Collection, Web of Science and Google Scholar. Truncated search terms were selected so as to capture various spellings or phrasings of key terms.

A three-step search strategy was utilized in this review. An initial search at Scopus psycINFO and EBSCO was undertaken followed by analysis of the words contained in the title and abstract, and of the key words used to describe articles. A second search using all identified keywords was undertaken across all included databases. Thirdly, the reference list/bibliographies of all identified reports and articles were searched for additional studies.

2.4.3 Search Dates

Peer reviewed literature was identified through using the above-mentioned databases for papers up to and including 2019

2.5 Inclusion criteria

Sample

This qualitative review considered studies that include trainees in counselling, clinical and professional psychotherapy programmes.

Types of intervention(s)/phenomena of interest

It considered studies that investigate, the why and how of trainees' development, growth and the effect of them of counselling programmes, clinical psychology programmes, and various therapy programmes

Types of outcome

This review considered studies that include the following outcome: detailed investigation of trainee experience or views collected in a systematic fashion i.e. by using interviews, diaries or other forms of detailed qualitative data collection

2.5.1 Types of studies

The review includes qualitative studies that meet the criteria for a qualitative study as defined by CASP criteria (CASP, 2018) for qualitative data including, but not limited to, designs such as phenomenology, grounded theory, thematic analysis, using interviews, diaries, and case studies (Long et al., 2020). The Critical Appraisal Skills Programme (CASP) tool is a commonly used appraisal tool for quality evidence syntheses, that has an endorsement by the Cochrane Qualitative and Implementation Methods and has been found to measure transparency and intrinsic methodological quality (Long et al., 2020). The questions raised by CASP examines whether there is a clear statement of the paper's aims; the appropriateness of qualitative methodology used, and whether the design address the aims of the study; it examines data collection process; reflexivity; ethical considerations, rigor; clear statement of findings and value of findings (CASP, 2018)

The review considered the qualitative part of mixed methods studies where the qualitative aspect of the study was sufficiently rigorous to be judged as a qualitative study using CASP criteria.

2.5.2 Search terms This systematic review was conducted and reported in accordance with the SPIDER guidelines for Systematic Reviews (Cooke, Smith, & Both, 2012).

Sample/Population Search Criteria: Counsel* trainees, counsel* psychology students, psychotherapy* trainees, psychotherapy* students, clinical psychology trainees, clinical psychology students, therapy trainees, counselors in training

Intervention Search Criteria: “Counsel* training, psychotherapy training, therapy training, counsel* education, experiential learning, Family therapy training, cognitive therapy training, psychodynamic training, education, development.

Outcome search criteria: experience, personal experience, self-report, awareness, identity, perspective, views, accounts

Design: Qualitative studies, Interpretative Phenomenological Analysis, Grounded Theory, Phenomenology, interview, semi-structured interview, Thematic Analysis, Narrative Analysis.

2.6 Exclusion criteria

Studies that focus solely on the experience of personal therapy as a mandatory component of their training were excluded. For qualitative studies, there were excluded those that examine parameters such as disability, minority-related experiences, study abroad experiences, experiences from specific models of supervision (e.g. Triadic), recreational activities outside training that may affect trainee’s wellbeing, or attachment theories affecting alliance.

2.7 Procedure outline

Initially a search of electronic databases for potential articles was performed. The process continued by reviewing abstracts of the papers retrieved against the inclusion/exclusion criteria. The researcher then obtained full-text articles for those papers that meet initial criteria. A record of studies that are excluded was maintained. A closer inspection of full articles against the inclusion/exclusion criteria was performed. The Articles’ references were reviewed on all included papers and any additional articles identified were obtained through the different databases. The researcher recorded search process according to PRISMA guidelines. Data extraction record includes specific details about the aim of the study, the populations, the phenomena of interest, study methods, significant outcomes. Critical appraisal, according to the quality criteria was adapted from CASP (2018). After CASP evaluation, two further articles were excluded as they did not meet the topic criteria.

The supervising co-authors were responsible for assessing the quality of sample studies and wider data extraction to ensure accuracy of extraction and appraisal.

2.8 Quality Assessment

The quality of the individual studies was checked using the Critical Appraisal Skills Programme criteria (CASP, 2018). The process allowed an evaluation of a range of parameters. Only 2 studies were excluded, after CASP evaluation based on relevance of content to the topic of this review. The researcher did not exclude any studies on the basis of quality of findings, as even poorer-quality studies have the capacity to contribute raw material that can be processed by the researcher having in mind the aims of the metasynthesis (Campbell et al., 2011). An issue that the researcher needed to consider was the fact that the studies included, use different methodologies with different philosophical underpinnings.

Other issues arose and were considered; some studies did not elaborate on the research design, or on reflexivity parameters, or did not include a rigorous analysis or clear statement of findings. Then, a couple of studies did not include extensive excerpts, direct quotations of participants recorded words. However, the researcher decided to include all these studies as the aim was to reflect the diversity within the phenomenon of interest and even though rigorous research is more acceptable, a less rigorous design may still provide important findings and can contribute to the synthesis (Barbour & Barbour, 2003).

Figure 2.1
PRISMA Flowchart for the Selection of Eligible Studies

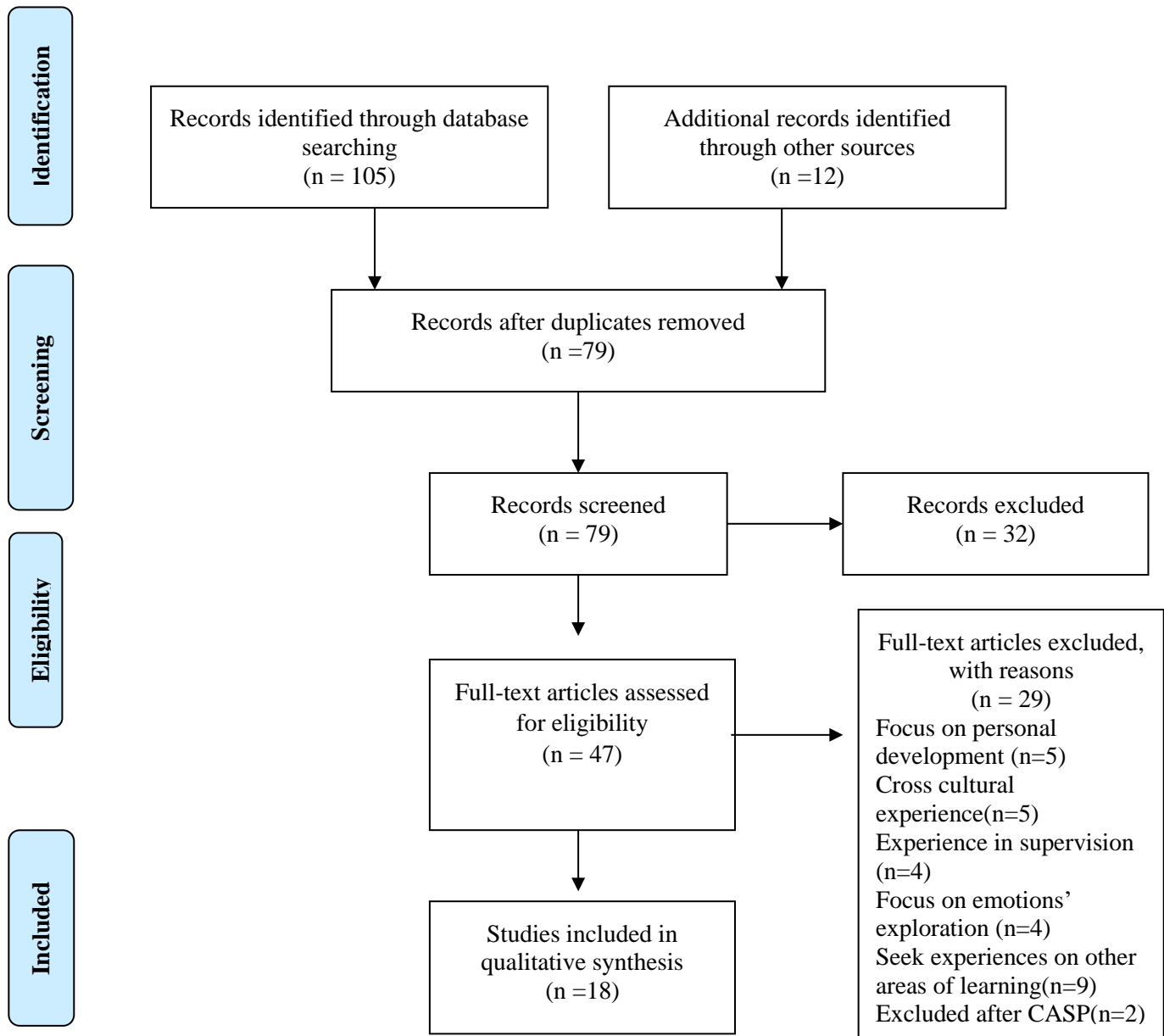


Table 2.2
Quality Appraisal Report

Authors (year)	Clear aims Stated	Qualitative methodology appropriate	Research design appropriate	Recruitment strategy appropriate	Data collection appropriate	Relationship & Reflexivity	Ethical considerations	Rigorous data analysis	Findings clearly stated	Value of research
Bennetts (2003)	✓	?	?	✓	✓	?	✘	✓	✓	✓
Cartwright et al., (2009)	✓	?	✓	✓	✓	✘	✘	✓	✓	?
Folkes-Skinner et al., (2010)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fragkiadaki et al., (2013)	✓	✓	✓	✓	✓	✓	✓	?	✓	✓
Gazzola et al., (2011)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hill et al., (2015)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hill et al., (1981)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hill et al., (2007)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Howard et al., (2006)	✓	✓	✓	?	✓	✘	?	✓	✓	✓
Jacob et al., (2017)	✓	✓	✓	✓	✓	✓	✓	?	✓	?
Kanazawa & Iwakabe, (2016)	✓	✓	✓	✓	✓	?	✓	✓	✓	✓

Authors (year)	Clear aims Stated	Qualitative methodology appropriate	Research design appropriate	Recruitment strategy appropriate	Data collection appropriate	Relationship & Reflexivity	Ethical considerations	Rigorous data analysis	Findings clearly stated	Value of research
Kannan & Levitt, (2017)	✓	✓	✓	✓	✓	✓	?	✓	✓	✓
Luke & Kiweewa, (2010)	✓	✓	✓	?	✓	✗	✗	✓	✓	✓
Pascual-Leone et al., (2013)	✓	✓	✓	✓	✓	?	✗	✓	✓	✓
Pierce., (2016)	✓	✓	✓	?	?	?	✗	✗	?	✓
Rønnestad, & Skovholt, (2003)	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓
Skovholt & Rønnestad (1992)	✓	✓	✓	✓	✓	✗	✗	✓	✓	✓
Truell, (2001)	✓	✓	✓	✓	✓	✗	✗	?	✓	✓

2.9 Data synthesis

Data synthesis involves the accumulation of findings, used to generate a set of common themes that represent this compilation, through presenting the critically appraised findings. Throughout the analysis process (Appendix C.3), the researcher, aimed at creating a metasynthesis of themes based on the participants experiences. The themes that were extracted through the analysis of the articles aim to generate a more comprehensive theory on the topic and provide insights into how counselling and clinical trainees experience their training and how different aspects of their training affect them on the personal and professional levels. Instead of generalization, meta-ethnography, seeks a *pattern* in the studies as a whole in order to look deeper into the meanings evident in the particular domain (Urrieta & Noblit, 2018).

A synthesis (Appendix C.3) of the existing qualitative studies aims at drawing deeper interpretations and new questions, and at providing useful information for implementation and interventions for various counselling, psychotherapy and clinical programmes. Meta-ethnography (Noblit & Hare, 1988) was used to interpret and combine findings. Meta-ethnography was originally used in the field of education, combining findings of ethnographic research and is considered a method that can provide a deeper level of analysis. Through comparisons, the researcher either utilized existing concepts from the studies included or created new concepts in order to facilitate the translation between different accounts (Urrieta & Noblit, 2018). Following Noblit and Hare (1988), there are three different types of translations: reciprocal (where studies are directly translatable into one another); refutational (where studies contradict one another); and line of argument (studies where overlap exists but at the same time different aspects of a topic are addressed).

Based on the premises of the approach, the researcher applied all three types of translation of ideas, concepts, and metaphors across different studies, corresponding to the translation given in the primary qualitative method of each study. As meta-ethnography was built on a metaphoric understanding of words, interpretation of the themes presented was an

integral part of the process (Thomas & Harden, 2008): Interpretations aimed at presenting the researchers understanding of the various participants experiences.

The researcher extracted all excerpts and discussion points in each study, giving her the opportunity to make her own interpretations for all the excerpts from each study, considering the aim of the study and the context which excerpts were taken from. Data were extracted from all 18 studies. The researcher decided to include summaries of trainees' experiences when raw data were not available, thus making sure that important data, from valuable findings would not be excluded or lost. The researcher, during the first phase of the analysis, included authors' commentaries on themes as this offers further insight into the phenomenon of interest, bearing in mind that the excerpts provided did not reflect the totality of participants experiences. Adherence to the approach (Noblit & Hare, 1988) allowed the researcher to preserve the original connotations of each study and consider any contextual impact on findings.

In determining how the studies were related, a list of themes that derived from the different studies was put together, determined by associations. The four following organizing principles were developed as the aims and themes emerging from the different studies varied considerably.

1. Common themes presented in each study were grouped together, under a new superordinate theme named by the researcher.

2. A brief summary/explanation of what each named superordinate theme encompasses was given.

3. New subthemes were created from the available primary data in each article.

4. These themes were colour coded and grouped together through close interpretation and analysis of how they were related and by referencing them to the original text.

Following the meta-ethnographic method concepts and themes from each article were translated to the next article. Translation incorporated a comparison of the themes between the different papers, aiming at finding commonalities and/or differences among them, ensuring that that each final theme presents all similar aspects of all the studies involved

(Atkins et al., 2008). Papers were initially arranged by phenomenon of interest, and then chronologically, (as the time period examined was wide, starting from 1981 and ending in 2017); comparison across times was incorporated in the translation of themes. As previously stated, throughout the process, other parameters considered were the educational level of trainees participating in the studies, cultural parameters, and type of training (clinical, counselling, professional psychotherapy training). Synthesizing studies from an array of perspectives was challenging, but also important as it allowed the investigation of whether similarities and differences existed.

Tables of initial themes per paper, as well as new themes that derived by the researcher's interpretations, are shown on Table 2.4 below.

2.10. Results

2.10.1 Description of Studies

Eighteen studies that were published between 1981 and 2017 were included in the review. The studies were conducted in the USA (10), the UK (3), Canada (1), Australia & New Zealand (1), Japan (1), the Czech Republic (1), and Greece (1). As not all studies report ethnic backgrounds, there is no comprehensive list of these; however, from those that do so report, data shows that participants identify as, European, European American, African American, Hispanic, Hispanic American, Japanese, Asian, American, Czech and Greek. Out of the 18 studies included, 16 of them report the number of participants, to a total of 197. Rønnestad and Skovholt's study, (2003), as well as Skovholt and Ronnestad, (1992), do not report a specific number of participants per group, as these are cross-sectional studies; the overall number of participants for their studies was 200. Participants' reported ages range from 20 to 50 years old. However, a few studies do not report the age of the participants. The majority of the participants reported are female (105 reported out of 197).

Eight out of 18 studies focus on trainees' experiences in master's level programmes, both in counselling and in clinical psychology; 6 out of the 18 focus on experiences in

professional doctorate, and clinical doctorate programmes, and 3 explore experiences of trainees in counselling diploma programmes. One incorporates participants from counselling programmes of various levels (Pierce, 2016). Participants report following, or being trained in various therapeutic approaches, such as, person centered, psychodynamic, interpersonal, family therapy, feministic, cognitive behavioral and integrative.

Three studies used mixed methodology, but only the qualitative section of these studies was incorporated in the synthesis. These three studies used thematic analysis and CQR methods of analysis. The remaining 15 studies were purely qualitative. Five studies used Grounded Theory for the analysis of data, two used phenomenology, one used Inductive Analysis; one Discovery Oriented Analysis; One CQR; two Interpretative Phenomenological Analysis, and two were just reported as using qualitative approaches.

Eight studies discuss in detail the role of the researcher, while four briefly refer to it. Six studies do not include such information. As far as ethics goes, eight studies discuss ethical considerations, 2 partially mention these and 8 do not discuss them.

Hill, Charles and Reed's (1981) study does not provide any excerpts. However, it is included in the review as, chronologically, is the first qualitative study that was found to explore the topic.

Table 2.3 presents an example of the summary of the papers included to the review. The full table is available on the Appendix C.2

Table 2.3*Articles Included*

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
Self-evaluation and self-perception of student learning in person-centred counselling training within a higher education setting. (Bennetts, 2003)	'What are the experiences of mature learners on person-centred counselling courses within higher education?'	6 UK female participants aged between 42 and 55 with a certificate level prior training	Experience of mature learners in person centered professional counselling course	Person centered Interviews and focus groups Analysis based on transcripts (no specific methodology for the analysis is mentioned)	An acknowledgement for in-depth training. Concerned more about the supervisor's feedback or whether another student is watching- concerned about "not doing it right". The issues of process and reflection played a regular and vital part in their counselling training Having difficulty writing reports Students perceived their own learning needs to be the same as client learning needs	1.Aim: Yes 2.Methodology: Partial 3.Design: Partial 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with participants: Partial 7.Ethical Issues: Not 8.Rigorous Analysis: No 9.Clear Statement of findings: Partial 10.Valuable; Partial Notes: No ethical consideration. Unclear analysis method. The role of the researcher in not clear. How some themes derived is unclear or not supported. Some assumptions are unsupported

2.10.2 Description of Themes

Nine superordinate themes were derived from the analysis of the 18 studies included in the synthesis. Each included several subthemes as shown in Table 2.4.

Table 2.4

Themes emerging from the included studies.

Final Superordinate Themes	Metasynthesis Sub-Themes	Initial Studies' Themes
Aspects of training	Multifaceted training* Experiential learning and role-playing* Self-reflection & training instruments [e.g. Observation, recordings, journal * Conceptualizing of the dimensions of concepts & process * Helping Skill training* Incorporating theory and research	There is a need for more training * Emphasized the importance of the trainer * training helped them to deal with their weaknesses * the positive influence of institutionalized training * doctoral program helped them learn about becoming a therapist * learning and using the helping skills, and session management * professional development requires careful attention * Intense Commitment to Learn * conceptualizing issues increases throughout training * counselling skills* Having Difficulty writing reports
Tutors	Idolizing Tutors * Tutors' feedback and self-doubt * Inspiring to be * Wanting to impress the tutor	The importance of role models and mentors * beginning Practitioners Rely on external expertise
Supervision	Supervision bringing everything together. * Supervision, anxiety & performance* Transference feelings for supervisors* Alliance and trust* Supportive supervision and challenge enhances reflection and correction	Concerned more about the supervisor's feedback * stressful involvement' through supervision * Supervision identified as helpful * Individual supervision helped trainees learn about doing psychotherapy * problems in supervisory relationships needed to be repaired * positive changes because of supervision * essential components of learning were close interpersonal contact between trainee and supervisor * supervisors gave more negative than positive feedback * a mixed range of reactions when it came to supervision
Trainees and Peers	Need for support, acceptance and trust* Peer sharing allows exploration of emotion * Confinement inhibits growth * Different perspectives' exploration * Groups enhances growth * Building ability to relate * Effects of judgement	Found group self-disclosure to be challenging, but also a chance for self-observation * relationships with programme peers * fear of self-disclosure in the classroom and questioned their own state of mental health * group supervision, was helpful throughout)
Self-conscious Emotions during the process of training	Experiencing guilt/questioning abilities* Self-criticism and doubt* Anxiety about the training process* Feeling accomplished and proud	Trainees generally felt more self-efficacious* *Enhanced self-awareness*anxiety, and emotions * self-criticism * emotional engagement * criticism is mitigated by a sense of interpersonal safety * being overwhelmed * worry * loneliness * anxiety * varying levels of distress.

Initial Emotions about clients	Projection of therapist needs/views on to client* Feeling responsible for the client * Issues of Countertransference * Being entuned with client feelings	Students perceived their own learning needs to be the same as client learning needs * trainees becoming overinvolved and feeling responsible for clients' problems * empathy shifting into an over-identification * managing client reactions * client awareness; emotional reactions were evoked * Clients Serve as Influencers and as Primary Teachers
Experiencing change & development	Client contact hours enhancing abilities *Deconstruction and rebuilding of self * Gaining professional insight (Work with Countertransference, alliance building, developing a therapeutic style) * Personal therapy and or/self-reflection as tools of dealing with complexities of the profession *Cultural parameters, acceptance and respect	Significant change during her first term * Each interview revealed a different phase of her development * training as a journey in personal and professional meanings * Trainees indicated that they had become more curious about client and relationship dynamics * able to be present in the therapy room * Trainees generally felt more self-efficacious* Enhanced self-awareness was another change * Better understanding of their own biases, countertransference * Changes in more abstract and less operational higher-order abilities, such as timing, appropriateness of intervention, ability to conceptualize client dynamics, planning treatment strategies, with resistant and defensive clients & termination * learning and using the helping skills * becoming less self-critical * being able to connect with clients * The presence of real clients was identified as the main driver for change
Person & professional self	A holism of values, beliefs and practices * Person and professional as one * Training brings personal changes	Resonance between the personal and the professional * an induction into the professional community * graduate school had a tremendous impact on lives * professional identity * Professional Development Involves Integration of the Professional Self and the Personal Self * Personal life strongly influences professional functioning
Labels	Label as a student * Being approached as less competent/or knowledgeable * Professional titles * Seen as an expert * The "rescuer" * The stress of belonging to a professional organization * Acceptance * Validation	Not feeling comfortable enough to attribute the title 'therapist' to themselves * participants felt that they will 'becoming' therapists * psychologists being superior to counselors * vulnerability of self-criticism in therapists' training experiences, especially when they related to balancing the "expert" role while maintaining authentic interactions with their clients

These nine superordinate themes are critically discussed below combined with participants quotes. The themes discussed represent the participants' experiences as they lived it. At times there is an overlap of the facets of the experiences within themes as there is an interconnection and reciprocal influence among them.

Aspects of Training

Trainees commented on multiple aspects of training and how they experienced it. In fifteen studies, areas that seem to be important for them are these: the importance of experiential learning and role-playing, learning to use and learn from various instruments such as journals for self-reflection. Helping or supporting skills along with the conceptualization of the dimensions of different theories and processes, as well as the support of research and theory seemed to be important for them (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Folkes-Skinner, Elliott & Wheeler, 2010; Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Hill, Charles & Reed, 1981; Hill, Sullivan, Knox & Schlosser, 2007; Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017; Luke & Kiweewa, 2010; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Skovholt & Ronnestad, 1992; Truell, 2001).

Trainees found that role playing exercises assisted them in learning to be tuned to and to ‘listen even to unspoken words, to test their role and counselling abilities in a safe environment, and to understand the pressure clients might be experiencing with different interventions, while coming to a realization that human nature is complex and that there are many different dimensions that influence lives (Bennetts, 2003; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Kanazawa & Iwakabe, 2016; Luke & Kiweewa, 2010). At the same time experiential activities helped the trainees to reflect on their abilities, and their feelings during role playing practice and also to gain insight (Folkes-Skinner, Elliott & Wheeler, 2010; Luke & Kiweewa, 2010). One participant shared this:

“Looking back, I’m glad I let myself feel all that I felt...” (Luke & Kiweewa, 2010, p.375)

Even though trainees seem to welcome self-reflection and experiential learning, they also seem to feel anxious, vulnerable and overwhelmed by the way their self-reflection assignments are being evaluated; meaning that they mostly receive academic feedback but no

feedback on their depth of insight or the content of sharing (Bennetts, 2003; Luke & Kiweewa, 2010; Truell, 2001). One participant reported:

“When I would write something personal in an essay and not get any feedback, I would wonder what the tutor thought of me. I felt vulnerable. Knowing how far to go with how much personal stuff was difficult”. (Truell, 2001, p.82).

Trainees also comment on the importance of using tools such as journals to capture their thoughts and feelings during the training process (Hill, Sullivan, Knox & Schlosser, 2007; Luke & Kiweewa, 2010), or recordings and observations in order to enhance their professionalism (Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016).

Trainees seem to find it important to gain understanding of theories’ philosophical underpinnings; they feel that doing research and learning to use different measures enhances their depth of insight (Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Kanazawa & Iwakabe, 2016); however, the process of researching and writing reports seem to be rather daunting for them (Bennetts, 2003). At times some feel that theoretical learning, and essay writing cannot be considered sufficient preparation for the profession (Folkes-Skinner, Elliott & Wheeler, 2010) while others think that more theoretical concepts must be explored so to avoid gaps that might hinder understanding of what a client might be dealing with (Gazzola, De Stefano, Audet & Theriault, 2011). At the same time, they feel that topics in diversity and culture further contributed to gaining self-awareness and becoming a more competent counselors (Gazzola, De Stefano, Audet & Theriault, 2011).

Through training, the studies’ participants came to a realization that this is a life-long process and that what matters the most is to be present with their clients rather than focusing on what else needed to be learned (Bennetts, 2003; Folkes-Skinner, Elliott & Wheeler, 2010; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Skovholt & Ronnestad, 1992).

Other dimensions of concepts and process that trainees conceptualize during training are the importance of empathy, the importance of listening, and of dealing with silence, of setting boundaries as well as the processes involved in transference and countertransference

(Cartwright, Rhodes, King & Shires, 2014; Hill, Charles & Reed, 1981; Hill, Sullivan, Knox & Schlosser, 2007; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016; Pascual-Leone, Rodriguez-Rubio & Metler, 2013).

Helping or supporting skills such as learning to adjust concepts and techniques to the client's needs (Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Pascual-Leone, Rodriguez-Rubio & Metler, 2013); or learning questioning techniques and summarizing (Hill, Sullivan, Knox & Schlosser, 2007) these are examples of technical aspects of training that help trainees to feel more confident (Kannan & Levitt, 2017; Luke & Kiweewa, 2010).

“Being able to summarize what I heard in terms of the client’s thoughts and feelings made it easier to tune in to the point that the client was trying to make, and it seemed to, in most cases, help the client to focus on their problems and to continue to talk.”

(Hill, Sullivan, Knox & Schlosser, 2007, 441).

Tutors

Several of the studies included in this review show that programme tutors or academic staff, have a major impact in trainees' development. (Bennetts, 2003; Folkes-Skinner, Elliott & Wheeler, 2010; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Gazzola, De Stefano, Audet & Theriault, 2011; Luke & Kiweewa, 2010; Pierce, 2016; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Truell, 2001).

Trainees feel that their tutors create or enhance a desire for practicing in the field and the creation of a professional identity (Gazzola, De Stefano, Audet & Theriault, 2011). They often idolize tutors and aspire to be like them. They look on them as role models, and often try to imitate their demeanour or therapeutic interventions. (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Truell, 2001).

“One of the most important things for me [. . .] was that there was a man who was many things at the same time, he is the facilitator, the therapist . . . the person

contributed a lot, for me to make the approach appealing.” (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013, p.294)

At the same time trainees report experiencing dependency, helplessness and self-doubt towards the tutors. At times they feel resentment for the doubt they experience from the feedback they receive (Bennetts, 2003; Luke & Kiweewa, 2010); while at other times they feel encouraged and supported (Folkes-Skinner, Elliott & Wheeler, 2010; Pierce, 2016; Truell, 2001). Trainees also feel the need to impress their tutors (Rønnestad & Skovholt, 2003).

Supervision

This superordinate theme refers to a specific and strong relationship between counselling or clinical trainees and their supervisors and is considered a critical component of effective practice as through supervision trainees further develop therapeutic skills (Rønnestad & Skovholt, 2003). The theme of supervision is found in 13 studies. Alliance and trust issues between supervisors' and trainees affects their development and training (Hill, Sullivan, Knox & Schlosser, 2007; Hill et al., 2015; Hill, Charles & Reed, 1981; Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016; Kannan and Levitt, 2017).

Some participants share how confrontation and then reparation of the supervisory relationship can create bond and trust (Howard, Inman & Altman, 2006):

“I confronted my supervisor about underlying dynamics in our relationship and attempted to process the potential effects they are having... I’m glad that I did, because it helped strengthen our bond and relationship”. (Howard, Inman & Altman, 2006, p.96).

Other trainees discuss how a close supervision relationship created a feeling of security, where the supervisor was supportive, congruent and willing to share knowledge (Hill et al., 2015; Kanazawa & Iwakabe, 2016; Kannan and Levitt, 2017). The supervisor “teaches” trust and the importance of building a relationship, which is something the trainee can learn

and take to the therapeutic relationship (Hill, Sullivan, Knox & Schlosser, 2007). For example:

“I really like my supervisor. I find her incredibly easy to relate to and talk to at a personal level. She comes across as kind, caring and very supportive—an environment that makes me feel safe making mistakes and trying new things . . . She is very attentive to my needs and learning styles and personal issues going into this process of learning therapy.” (Hill, Sullivan, Knox & Schlosser, 2007, p.442).

As Hill, Charles & Reed (1981) also found trainees’ relationships with their supervisors shift over time, inspiring them to feel trust in themselves and in their abilities to work with clients.

At times, studies show, that trainees exhibit transference feeling towards the supervisors feeling judged or pressured (Cartwright, Rhodes, King & Shires, 2014; Hill, Sullivan, Knox & Schlosser, 2007; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017).

“My supervisor was very incisive in pointing out my weaknesses... I really felt as if I were being cut to pieces. But later on, I realized that what I was doing was not in the client’s best interests. I understood that the supervisor revealed what I had been repressing” (Kanazawa & Iwakabe, 2016, p.283-284).

Supportive supervision enhances reflection and correction (Folkes-Skinner, Elliott & Wheeler, 2010; Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Sullivan, Knox & Schlosser, 2007; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015; Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017). Often supervisors help trainees to examine aspects of countertransference, or they facilitate depth of insight for the trainees (Folkes-Skinner, Elliott & Wheeler, 2010; Hill, Sullivan, Knox & Schlosser, 2007) or help them find where they belong therapeutically (Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Howard, Inman & Altman, 2006).

“Well definitely the supervision that I’ve gotten. So that would highlight for me things like the way I’m working. So, for example, now where I’m doing my

internship, my supervisor wanted me to work a certain way, and sort of struggling with this new way of working highlights to me how I really had been working before. It became more explicit.’’ (Gazzola, De Stefano, Audet & Theriault, 2011, p. 264).

Trainees often commented on how supervision affected their anxiety level, feeling pressured by the supervisor’s tone and demeanour, which intensified feelings of inadequacy (Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016; Truell, 2001; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Kannan & Levitt, 2017). One trainee said:

“I responded with crying [in supervision] ...it was hurtful feedback to get and it wasn’t critical feedback of, “You did this wrong and you did this good.” It was just all bad....” (Kannan & Levitt, 2017, p.208)

On the other hand, supervision can bring about security and comfort, alleviating anxiety and lack of confidence (Folkes-Skinner, Elliott & Wheeler, 2010; Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Skovholt & Ronnestad, 1992).

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”. (Folkes-Skinner, Elliott & Wheeler, 2010, p.87)

Overall, trainees reported that supervision as a process brought “everything together”. Supervision seemed to be very beneficial in adding knowledge and understanding of important aspects of theories and techniques; but also dealt with helping trainees understand themselves better, in gaining insight, in allowing themselves to be challenged (Hill, Charles & Reed, 1981; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Kanazawa & Iwakabe, 2016; Rønnestad & Skovholt, 2003; Truell, 2001).

Trainees and peers

Group or peer sharing in training has been found to be a challenging but rewarding process for trainees, as it gives them the opportunity to further explore aspects of themselves

and to work with unexplored emotions. It brings up issues that participants might be dealing with in their personal lives and they get to see how these may affect the group dynamic. It is yet another way that leads to self-reflection and awareness (Bennetts, 2003; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013). Peer support and sharing is considered to be very important in gaining knowledge as trainees feel equal and try to learn from one another; peers have the opportunity to work with suppressed emotions. (Kanazawa & Iwakabe, 2016; Luke, & Kiweewa, 2010). Peer support has a very soothing effect as trainees know that others are going through the same process (Pierce, 2016; Truell, 2001).

“When . . . others share about their grief . . . [it] empowers me to explore the feelings and emotions that I once was afraid to explore. I somehow feel braver allowing myself to open up about them and to let some of my walls down . . . [and] allow us to confront issues we normally wouldn’t on our own”. (Luke & Kiweewa, 2010, p.378).

Through the process of sharing and listening, participants in group meetings learn trust and acceptance of self and others, becoming less defensive and more open to each other’s differences. Acceptance, respect and congruence in the group allows participants to self-explore and to be present for others self-exploration and disclosure (Bennetts, 2003; Luke & Kiweewa, 2010)

In contrast, when group members did not feel a strong alliance or trust with their peers, or when groups did not have a clear purpose or goals, sharing was inhibited, and strong negative emotions were developed in the groups. In those cases, trainees who shared felt exposed and vulnerable (Luke & Kiweewa, 2010; Truell, 2001)

“The most stressful was self-disclosure in the group and nobody would say anything, all I could see was their facial expressions. Nobody was responsible in the class to support people when they self-disclosed...” (Truell 2001, p.82).

In addition, trainees report that through group work and sharing they had the opportunity to see things from different perspectives and to learn aspect of relating with others (Bennetts, 2003; Folkes-Skinner, Elliott & Wheeler, 2010; Fragkiadaki, Triliva,

Balamoutsou & Prokopiou, 2013; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015; Luke & Kiweewa, 2010)

Self-conscious emotions during the process of training

Findings show that emotions and any lack of exploration of them, deeply affect trainees during their training (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Gazzola, De Stefano, Audet & Theriault, 2011; Howard, Inman & Altman, 2006; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015; Hill, Sullivan, Knox & Schlosser, 2007; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Pierce, 2016; Rønnestad & Skovholt, 2003; Truell, 2001)

Trainees are dealing with anxiety in regard to the growth and acquisition of counselling skills, they feel guilt and question their abilities. They feel insecurity as regards providing support to their clients, and as a result they lose focus on the clients (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Kannan & Levitt, 2017; Pierce, 2016; Pascual-Leone, Rodriguez-Rubio & Metler, 2013), or they are dealing with defeat because of premature client termination (Kanazawa & Iwakabe, 2016). One trainee shares this:

“I have definitely struggled the most with incorporating my shy, quiet nature into being an effective counselor” (Pascual-Leone, Rodriguez-Rubio & Metler, 2013, p. 586)

while another observed,

“I often felt like if I asked too many questions or when I explored how they felt about a certain topic that I was being too intrusive.” (Pascual-Leone, Rodriguez-Rubio & Metler, 2013)

Self-doubt is continuous throughout the course of their training (Bennetts, 2003) and when they are dealing with clients they wonder if they said or did the right thing (Howard, Inman & Altman, 2006; Hill, Sullivan, Knox & Schlosser, 2007; Luke, & Kiweewa, 2010; Pierce, 2016). At times intense emotions come to the surface through the need to “fix” their

clients, feeling they are not good enough to provide this type of help. (Truell, 2001). For example:

“Guilt, like I shouldn’t have been doing this work. Sometimes I felt like I was taking advantage of the client and just practicing on them and I felt terrible about that. I felt ashamed that I didn’t have the skill I should have had. It was pretty bad; I would spend a lot of time crying about that”. (Truell, 2001, p.81).

Felt anxiety about the training process itself was also documented in several studies (Bennetts, 2003; Howard, Inman & Altman, 2006; Hill, Sullivan, Knox & Schlosser, 2007; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017; Pierce, 2016), as trainees came to understand the different parameters involved in becoming a therapist. On the other hand, trainees also experience feeling of accomplishment and pride throughout the process (Bennetts, 2003; Gazzola, De Stefano, Audet & Theriault, 2011).

“I was really happy! Yeah, it was a proud moment! (Interviewer: A deep sense of being a helper or professional.) Yes. Yeah! And also, because it had been very difficult . . . it was a client that I found our work to be quite challenging together, so that made it even more rewarding, I guess.” (Gazzola, De Stefano, Audet & Theriault, 2011, p.263).

Initial emotions about clients

When it comes to clients, trainees are often overinvolved, they feel responsible for their reaching their goals; they often identify with them or project their own needs onto the clients, but they are also emotionally attuned with their clients setting the pace of a therapeutic relationship (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Folkes-Skinner, Elliott & Wheeler, 2010; Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Sullivan, Knox & Schlosser, 2007; Howard, Inman & Altman, 2006; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992).

They express agonizing over of the thoughts and feelings they are experiencing as they withstand the client’s incapability for movement, making a client’s limitations their own

problem (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Hill, Sullivan, Knox & Schlosser, 2007; Kannan & Levitt, 2017; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Rønnestad & Skovholt, 2003). One participant shared:

“Somehow, I have it in my head that they’ve come to see me so that I can fix everything. And I know that isn’t the case, that it would actually be detrimental to try, but I find myself wanting to anyway. My biggest concern has been that I would become too invested in my clients’”. (Pascual-Leone, Rodriguez-Rubio & Metler, 2013, p.586).

Studies show that at times, trainees ‘need to save the client is derived as a projection of their own needs and feeling onto the client, wanting to make their clients life “better”, or to identify this with their own world view (Cartwright, Rhodes, King & Shires, 2014; Gazzola, De Stefano, Audet & Theriault, 2011; Howard, Inman & Altman, 2006; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Skovholt & Rønnestad, 1992; Truell, 2001).

Trainees often deal with experiences of countertransference regardless of the therapeutic approach they are trained in. They report losing themselves in the client who is in despair, identifying with the vulnerability of their clients, or recognizing their own pain in their client’s experiences (Cartwright, Rhodes, King & Shires, 2014; Kannan & Levitt, 2017). At other times, they feel controlled, intimidated, or criticized by the client as a result of unresolved personal issues, or unexplored emotions (Cartwright, Rhodes, King & Shires, 2014; Pascual-Leone, Rodriguez-Rubio & Metler, 2013) or they feel rejected by clients’ decision to skip therapy (Hill, Sullivan, Knox & Schlosser, 2007).

“I was feeling really disappointed coming into last Wednesday because my client from the week before had cancelled. And while I know that it wasn’t necessarily because of what I had done in the session, there is definitely a part of me that thought it was.” (Hill, Sullivan, Knox & Schlosser, 2007, p. 441).

On the other hand, trainees also report being present empathetic and attuned to what their clients were feeling, allowing themselves to explore emotions, being aware of objective

countertransference, not having the need for a facade (Cartwright, Rhodes, King & Shires, 2014; Folkes-Skinner, Elliott & Wheeler, 2010; Hill, Sullivan, Knox & Schlosser, 2007).

Experiencing change and development

Trainees in 16 studies discuss experiencing change and development on a personal and professional level through the course of their training (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Folkes-Skinner, Elliott & Wheeler, 2010; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015; Hill, Charles & Reed, 1981; Hill, Sullivan, Knox & Schlosser, 2007; Howard, Inman & Altman, 2006; Gazzola, De Stefano, Audet & Theriault, 2011; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017; Luke, & Kiweewa, 2010; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Truell, 2001). The concept of change is examined from two different perspectives; one deals with the parameters that contributed to the change or development, while a second one deals with the effects of change or development in practice.

The concept of client contact has a reciprocal affect (as seen above). Trainees report that the biggest changes they experience over time in training come from client contact; through this, trainees come to develop their “therapeutic self”, finding meaning in theories and concepts they were examining through the theoretical components of their studies when they get to see the significance of dealing with people and not cases or problems (Folkes-Skinner, Elliott & Wheeler, 2010; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Skovholt & Rønnestad, 1992; Truell, 2001). Over time they gain a deeper insight of the approaches they follow, which they end up tailoring to their own personality, values, and belief system (Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Skovholt & Rønnestad, 1992).

Trainees seem to experience a positive shift away from anxiety when they start seeing clients. The perception of how it would be was daunting in comparison to the reality of how it is. Self-doubt diminishes, confidence increases, and it seems that everything they were

learning and exploring comes together (Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Charles & Reed, 1981; Hill, Sullivan, Knox & Schlosser, 2007; Kanazawa & Iwakabe, 2016)

“when I read about it, it doesn’t give me a sense of competency. To regurgitate what’s coming from a book doesn’t give me a feeling of what I’m doing (laughs). When I apply it, and it’s practical work, and I feel confident in my ability, that’s when I feel competent . . . it makes me feel a sense of self-worth in a sense because this is what I have been working toward, and I feel more confident now to say that I’m a counsellor . . . I’m not timid to having different clients with different issues.”

(Gazzola, De Stefano, Audet & Theriault, 2011, p.263).

Client feedback was considered to be very valuable in this process (Bennetts, 2003; Hill, Sullivan, Knox & Schlosser, 2007; Kanazawa & Iwakabe, 2016).

Another parameter that contributed to trainee change is the willingness to gain self-awareness and to deconstruct and rebuild themselves as therapists; that is to detect unexplored feelings, to reflect on these while trying to find out what may have caused the stirring-up of emotions and behaviours and to deal with unfinished business from their past (Cartwright, Rhodes, King & Shires, 2014; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Kannan & Levitt, 2017; Luke & Kiweewa, 2010).

Trainees comment that their change and development had been achieved through personal therapy and /or active participation in experiential and self-reflection activities (Hill, Charles & Reed, 1981; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Rønnestad & Skovholt, 2003; Truell, 2001); however, some trainees felt pressure from mandatory self-exploration, and it was perceived as a judgment passed onto them for not being good enough (Truell, 2001). Personal results of therapy convinced trainees that change is possible (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013); that self-care prepares them to deal with the complexities of the counselling profession (Hill, Charles & Reed, 1981; Pascual-Leone, Rodriguez-Rubio & Metler, 2013; Rønnestad & Skovholt, 2003) and acts as a shield against burnout (Skovholt & Rønnestad, 1992).

Overtime, trainees were able to reflect on biases, limitations, emotions, countertransference, importance of client involvement and alliance (Bennetts, 2003; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015; Hill, Sullivan, Knox & Schlosser, 2007; Howard, Inman & Altman, 2006; Kannan & Levitt, 2017; Luke & Kiweewa, 2010; Rønnestad & Skovholt, 2003).

“I think I’ve become less critical as I come to see therapy as more of a collaborative process rather than me being in charge of the direction of how things are going”

(Kannan & Levitt, 2017, p.206).

Other areas where trainees have grown as professional are the understanding of the importance of being congruent and present in the therapeutic relationship, and the attempt to understand their own emotions and their clients’ emotions without expecting anything to be perfect (Cartwright, Rhodes, King & Shires, 2014; Hill, Sullivan, Knox & Schlosser, 2007; Kannan & Levitt, 2017; Luke & Kiweewa, 2010).

“I noticed that this made me feel angry towards her (the client). “But then I realized that apart from using this as a defense, she was perhaps feeling anger towards herself...” (Cartwright, Rhodes, King & Shires, 2014, p.238).

Personal and professional self

Studies show that training had a tremendous impact on trainees’ personal lives. Training has an effect on their personal relationships, the way approach family and friends, (Bennetts, 2003; Luke & Kiweewa, 2010; Pascual-Leone, Rodriguez-Rubio & Metler, 2013)

I feel like I can understand people in my life a lot better than I could before, simply by listening, not just to what they are saying but to what they are not saying’. (Pascual-Leone, Rodriguez-Rubio & Metler, 2013, p.588).

At the same time though, personal values, beliefs and cultural parameters have been shown to be affecting how trainees view themselves as professionals and how they chose to work. Personality and age affects the approach and style of therapy they use. (Bennetts, 2003; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Gazzola, De Stefano, Audet &

Theriault, 2011; Hill, Charles & Reed, 1981; Rønnestad & Skovholt, 2003; Skovholt & Rønnestad, 1992; Truell, 2001)

“I believe it is a sort of art, it really has to do with our need, to be useful and helpful. At least for me [. . .] I think what makes a therapist is how you can use in a valuable way what you are.” (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013, p.296)

Labels

Students at various levels preoccupy themselves and experience tension and anxiety concerning the titles related to their professional identity in the field. The pressure that they experience, may come from within, from their clients, or from other professionals in the field of mental health (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013; Gazzola, De Stefano, Audet & Theriault, 2011; Hill, Sullivan, Knox & Schlosser, 2007; Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015; Jacob, Roth, Flanders, Jackson, Park-Davidson, Grubrova & Chehayl, 2017; Kanazawa & Iwakabe, 2016; Kannan & Levitt, 2017; Truell, 2001).

At times, trainees are self-conscious about the services they provide, and they feel less effective with their clients, just because of being trainees (Bennetts, 2003; Gazzola, De Stefano, Audet & Theriault, 2011; Kanazawa & Iwakabe, 2016; Truell, 2001).

“I was only a practicum student (in a clinical setting), yet I felt that a professional performance was expected of me. I didn't know what my role included and how I was supposed to operate there ... I struggled for half a year as a practicum student.”
(Kanazawa & Iwakabe, 2016, p.286).

Often, clients reinforce this self-doubt by devaluing the services provided by trainees (Bennetts, 2003; Cartwright, Rhodes, King & Shires, 2014), but some also looking on trainees as being experts and as their rescuers (Hill, Sullivan, Knox & Schlosser, 2007; Kannan & Levitt, 2017). Some trainees feel more valued when they have the opportunity to provide services outside the colleges' counselling centres (Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas & Gelso, 2015).

Counselling trainees around the world are often preoccupied with the professional title they will be using upon completion of their studies, they feel uncomfortable with adopting the title of a “therapist” and they agonize about whether they will be granted a license to practice and whether they will be accepted by the mental health community (Bennetts, 2003; Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013). Membership of professional organizations is another stressor for trainees as this affects the license to practice (Gazzola, De Stefano, Audet & Theriault, 2011).

“I think that’s important because it gives it legitimacy. Like as much as I don’t like the idea that that’s what happens, that is what happens.... And when you are recognized that way, then society’s . . . like will recognize you and then you’re more legitimized, and I don’t think it’s the same; like in Canada, we just have the CCA [Canadian Counselling and Psychotherapy Association], if you want to be a counselor. It’s like nothing. So. I do think it’s important that society legitimizes the profession more especially in Canada. (Gazzola, De Stefano, Audet & Theriault, 2011, p.265).

Counselling trainees struggle to convince or educate others about the profession and about the education of a counselling psychologist, recognizing the difficulty of convincing clients and colleagues in the wider mental health industry, about the level of depth and education involved in becoming a counselling psychologist (Gazzola, De Stefano, Audet & Theriault, 2011; Jacob, Roth, Flanders, Jackson, Park-Davidson, Grubrova & Chehayl, 2017)

2.11. Discussion

The present review aimed to systematically identify, appraise and synthesize qualitative literature investigating counselling, clinical and psychotherapy trainees experience in professional training, using metaethnography (Noblit & Hare, 1988).

Initial interpretations by the authors of the papers suggested that professional training in mental health is complex and dynamic and is affected by trainees’ personal parameters, by

the nature of the training programmes, but also by the interaction of trainees with tutors, supervisors, clients, and family members. Finally, emphasis was given to the legal and professional boundaries set by the profession. These interpretations have influenced this metasynthesis and the interpretations made by the researcher, which refined the translations into a new more complete interpretation which incorporates all of the above.

Based on this translation, a new synthesized paradigm was created and presents 9 new superordinate themes; Aspects of training; Tutors; Supervision; Trainees and Peers; Self-Conscious Emotions during the process of training; Emotions & clients; Change & Development; Person & Professional self; Labels. These are discussed below. Implications for practice as well as limitations of this study are also discussed.

Experiential learning and role-playing seem to be at the center of the trainees' interest, as they found that these could enhance their counselling abilities. This is in accordance with evidence in five studies (Bischoff, Barton, Thober, & Hawley, 2002; Howard et al., 2006; Pascual-Leone, & Andreescu, 2013; Skovholt & Ronnestad, 1992; Orlinsky & Ronnestad, 2005). In addition, self-reflection exercises and assignments seem to be perceived as valuable in gaining self-awareness; this supports Wheeler's (2000) findings on counsellors' deep realization of the need to be engaged in personal and professional growth in order to fully engage in the therapeutic process. However, these experiential activities were also found to be stressful and even overwhelming as at times as they were subject to formative evaluations. In addition, aspects of trainees' self-reflections were not approached therapeutically, leaving them feeling exposed. This supports Truell's (2001) suggestions that class discussion is a useful method for reducing anxiety from self-disclosure.

Studies in the review show, that even though trainees appreciate gaining theoretical knowledge, they feel that more emphasis should be given on practical components that will lead to an in-depth experiential understanding of concepts. This was also supported by the studies of Bischoff et al. (2002) and Orlinsky and Ronnestad (2005). Tools such as journals or audio and video recording have been found to be very helpful in order for them to capture feeling and thoughts and to self-reflect throughout the process. In their study, Pascual-Leone,

Wolfe, and O'Connor (2012) used trainees' journals to search for change, and documented professional and self-development, showing that journals can be a valuable tool for trainees' self-reflection on change and development.

Skill building activities, with emphases on empathy understanding, listening skills, questioning skills, summarizing, reflecting feelings and emotions as well as on aspects of relating and building therapeutic alliance seem of high importance; the results support studies by Williams et al. (1997) and Hill et al., (1981).

Tutors and academics teaching trainees were perceived as role models, helping trainees to develop a professional identity. Findings show that trainees often depend on them for feedback and directions. This is supported by previous research carried out by Rønnestad & Skovholt (1993) reporting that trainees rely on external expertise for feedback on their performance and seek inspiration from tutors.

Equally important seem to be the relationship trainees develop with supervisors. Trainees' accounts reveal that they have a need for the supervisors to be supportive, congruent and willing to share knowledge (Neimeyer, 2009; Orlinsky and Rønnestad 2005; Rønnestad & Skovholt, 2003). The supervisory relationship can act as an incubator for the future relationships of trainees with their clients, a relationship of trust. Supportive supervision enhances reflection and correction as also supported in Ogren and Sundin's (2009) study. Contrastingly, studies show that strict, overly critical and cold supervision can intensify feelings of inadequacy and raise trainees' anxiety level, which can have negative affect on clients. This is in line with studies by De Stefano, et al. (2017), Ladany, et al. (2013) presenting how deprecatory supervision, weakens the supervisory relationship, negatively affects the trainees' development, and ultimately reduces their efficiency level with their clients.

Trainees find work with peers a very valuable and influential component of their development. Through group sharing they get to further explore aspects of themselves and to work with unexplored emotions. Peer support and sharing, in a controlled and structured environment, with proper direction are considered to be very important in gaining knowledge

as trainees feel equal and try to learn from one another. Ogren and Sundin's (2009), and Corey & Corey's (2006) findings support the view that a safe and trusting environment of group sharing, enhances self-disclosure, immediacy and learning.

Findings show that emotions and lack of exploration of them, deeply affect trainees during their training. Their personal and professional identities are shown to be intertwined, one affecting the other. When it comes to clients, trainees are often overinvolved, they feel responsible for their reaching their goals; they often identify with them or project their own needs onto the clients. Countertransference issues, if not addressed properly can undermine the therapeutic relationship with their clients. Self-conscious emotions need to be identified and worked on. Hayes, Gelso, and Hummel's (2011) meta-analysis, established that countertransference reactions are linked with therapy outcomes and that effective management of these brings about positive therapy outcomes.

Even though client contact seems intimidating and daunting for trainees, it also seems to be the most influential factor in developing a professional identity. This is in accordance with the findings of Orlinsky and Rønnestad (2005) and Bischoff, et al. (2002) presenting contact hours as the most influential aspect in trainees' development and can be seen as close to findings by Hill et al. (2007) on trainees feeling challenged in relating to clients.

Results showed that personal therapy had a positive effect on trainee development. Through personal therapy, a more concrete professional identity is created which supports not only their work with their clients but also better personal relationships. Norcross and Guy (2005), Orlinsky and Rønnestad, (2005), as well as Bellows, (2007) found several benefits associated with therapists' personal therapy, including improved therapeutics relationships and positive professional development. Norcross and Lambert (2011) and Norcross and Wampold (2011) provide substantial evidence demonstrating that who the therapist is as a person greatly affects the therapy outcome. A clear self-view can create a strong professional identity, which, however, by itself can be a source of anxiety for trainees.

Trainees are in the process of changing their role from being a student to being a professional, and as this process has not yet been secured, they are left feeling vulnerable

(Skovholt & Rønnestad, 1995). In addition, trainees can be preoccupied with assuming the appropriate professional title they will be using upon completion of their studies and may agonise about licensing issues and acceptance. As Skovholt's & Rønnestad's (2003) review reports, professional doubt can become a major stress factor for trainees, which negatively affects both the therapeutic process and their own wellbeing.

Overall, studies show that trainees experience anxiety and self-doubt at multiple levels throughout their training. Gazzola, De Stefano, Audet & Theriault, (2011) suggest that tutors, supervisors and professionals in the field should help alleviate this anxiety.

2.12 Training Implications

As this review shows trainees deal with multiple anxieties throughout their training. It is essential to support them in further identifying self-conscious emotions as well as unidentified personal issues that might hinder relationships with clients. Supportive supervision not overly critical, can enhance the understanding and the importance of trust and alliance in the therapeutic relationship. Constructive feedback and challenge can further enhance growth and development in trainees' professional identity. Finally, support in preparing them to assume the responsibilities of their profession should come from tutors and academics from different disciplines in the field as well as supervisors and senior practitioners.

2.13 Limitations of this review

For this review, a systematic search was undertaken using a range of databases aiming at identifying appropriate papers. However, the researcher did not search the grey literature and future studies may wish to address this limitation. A quality assessment of the studies included in this review was performed in order to identify strengths and limitations of the studies; the researcher did not exclude any studies on the basis of quality of findings. Other limitations include that the quality ratings and paper identification were only completed

by one person, which may have biased the ratings and selection, and no validation of the themes was used. The studies included used various methodologies and the researcher had to find ways to overcome the differences among them in order to synthesize the data. Finally, a couple of studies did not include extensive excerpts. However, the researcher decided to include all these studies as the aim was to reflect the diversity within the phenomenon of interest. Moreover, the researcher decided to include studies exploring trainees' experiences in clinical and counselling setting at both master's and doctoral levels. A different approach might utilize papers from only similar programme levels. The studies included, come from eight different countries. Cultural parameters did not seem to interfere with findings; however, a future researcher may want to incorporate more information on how varying legal and professional standards may affect trainees' experiences. Many studies included small samples (even a single case study). Even though this is considered appropriate in qualitative studies in order to gain a deep understanding on individual experiences, the transferability of findings is limited.

The researcher of the review is herself a counselling psychologist who is currently undertaking professional training in a psychodynamic approach, thus the translation of themes might be influenced by personal bias.

Data was synthesized using Noblit and Hare's (1988) meta-ethnography guidelines. The process adhered closely to these instructions and was completed thoroughly and rigorously. However, no audit was undertaken during the analytical process.

2.14 Conclusion

This systematic review examined the lived experiences of trainees from various educational and cultural backgrounds. It aimed at identifying elements of training that have positive or negative effects on trainees' development and knowledge. As all the included studies demonstrate, counselling and psychotherapy training encompasses much more than merely learning to use intervention techniques with clients. As research has shown the

relationship that develops between a therapist and a counsellor cannot be replaced by a handbook of techniques. To be prepared to build effective relationships with clients, counselling and psychotherapy trainees are required not only to gain theoretical knowledge on various aspects related to the process and, to develop therapeutic skills but also to enhance aspects of their own personality in order to prepare for the profession. An important part of the process consists of their own personal development and their gaining deep levels of insight. Through experiential learning, trainees can grow as a people and as professionals, be authentic and construct clear therapeutic and personal values. By participating in group reflective exercises, trainees reflect upon their thoughts, feelings, beliefs, and personal assumptions.

Personal therapy during training seems to be instrumental to this process. It helps the trainees to move beyond the obvious, to reach a deeper self-awareness, to shed facades and further develop important therapeutic skills, such as empathy, compassion, and the ability to relate and to build trust.

Client contact becomes an essential part of the training process, giving the trainees the opportunity to engage in the process, to test their abilities, to reflect on their performance and its efficacy, but it is also a source of stress and self-doubt. When working with clients, many different emotions are evoked in trainees as the process entails emotional engagement.

Issues of professional and personal doubt and stress can be best dealt with through the support and guidance of supervisors. Encouragement by supervisors seem to be of great importance to trainees, as this is another important relationship in their professional lives. Transparency in supervision, knowledge sharing, constructive feedback, acceptance and congruence can be used by supervisors to mirror to trainees how important a therapeutic relationship can be.

Chapter 3

Methodology

In this chapter, I present the philosophical, theoretical grounding for my thesis, and a description of the steps taken for the analysis of the data. In addition, I address the concept of quality control, an evaluation of the validity of my findings as well as ethical considerations and the concept of reflexivity. The studies presented in this thesis were conducted using a qualitative method, specifically Interpretative Phenomenological Analysis (IPA) (Smith, 1996).

Every researcher embarks on their qualitative research journey by reflecting on experiences that helped them to consider what they view as significant or/and crucial to their to their research (Carter & Little, 2007). I have structured my methodology chapter interconnecting personal, methodological, and theoretical reflexivity as it is deemed as a methodological tool to account for the position and personified nature of knowledge construction (Etherington, 2004).

My personal values influence my view of counselling and psychotherapy, but also how I chose to conduct my research in this field. However, the aim of this thesis was not to defend personal views of how to promote client change and positive outcomes, but to examine how participants view the topic from their own perspectives. In my role as a researcher, I aimed to empower participants to reflect on their experiences, choosing to examine multiple perspectives through interview protocols that elicit individual thoughts, feelings, and actions. My worldview is characterized by the notion that the structure and dynamics of our psyche, our micro and macro environments, as well as, cultural, historical and biological parameters, all affect how people perceive their “self” and the world, inevitably leading to a strong sense of relativism.

Qualitative methods are compatible with paradigms and methods that are closely associated with counselling and psychotherapy's constructivist nature, often examining processes, using language to grasp the deeper meanings of an experience (Morrow, 2007). Qualitative research explores elements within the individual and focuses on the individual; each person is distinct, and the variations in who they are and how they respond to various situations in their lives are valued just as much as the similarities (Maltby, Day & Macaskill, 2010). Qualitative research is emic as viewpoints derive from within a group, and idiographic as it focuses on the individual as opposed to etic where viewpoints are determined by the researcher, or to nomothetic focusing on a large population sample (Maltby, Day & Macaskill, 2010). Qualitative research, studies how people experience their world, focusing on perceptions, ideas, feelings, ideals, and subjective viewpoints. A range of psychotherapy and counselling approaches, including existential, person-centered, Gestalt, and even various psychodynamic approaches, see the concept of the individual subjective viewpoint as essential to the therapy process (Corey, 2012).

Qualitative psychotherapy process research works inductively as the researcher aims at understanding the meanings that participants give to their experiences; it allows a closer examination of individuals, dyads (therapist-client) or even triads (supervisors-therapist-client), an acceptance of multiple realities, and respect for unique perspectives (Elliott, 2010; Hill, Chui & Baumann 2013; Klein & Elliott, 2006; Morrow & Smith, 2000; McLeod, 2011; Zetzer, et al., 2020). Qualitative research in psychology is concerned with meaning making processes aiming at a deeper understanding of human experience (Willig, 2001).

Core Assumptions and Characteristics of Qualitative Research

The "*basic set of beliefs that guides action*" (Guba, 1990, p.17) is known as a paradigm. The qualitative research paradigm is characterized by specific philosophical assumptions about the nature of reality (ontology), our understanding of what is known; "*the study of the nature of knowledge and justification*" (Schwandt, 2001, p. 71) (epistemology),

the presence of values (axiology), and a specific system from which findings are emerged and structured based on ontology, epistemology, and axiology(methodology), (Creswell, et al.,2007). The existence of multiple realities, the subjective view of experiences and an inductive logic of investigation and analysis are common to different qualitative research designs (Morrow, 2007).

Qualitative research paradigms can be divided into postpositivism which takes an ontological stance of critical realism with a value-free axiology; interpretivism-constructivism, assuming a relativist ontology where multiple realities exist so meanings are constructed by the participants including the researcher, therefore denoting a transactional as well as a subjective-stance epistemology; and ideological-critical where the researcher's axiology is embraced and becomes an integral part of the research (Guba & Lincoln, 1994).

There is a range of qualitative methods. However, an emphasis will be given to the philosophical underpinning of Phenomenology and Interpretative Phenomenological Analysis as this is the methodology, I chose for my research studies for this thesis.

Phenomenology

Phenomenology is a philosophical concept but also defines a range of research methods and is of central importance to IPA as a guiding underlying approach (Willig & Rogers, 2017). As Larkin and Thompson (2012) eloquently state, "*Phenomenology is the philosophical study of 'Being'*" (i.e., of existence and experience)" (p. 102).

It has been developed as we know it, through the works of Husserl, but also through the work of other philosophers such as Heidegger and Merleau-Ponty. Husserl built upon his theoretical foundations on the philosophy of experience (Moran, 2002).

Husserl had a transcendental approach to phenomenology; his philosophical quest focused on the study of the universal essence of things, postulating that when experience is studied rigorously, objectively and critically, this can reveal the core essence of a phenomenon (Lavery, 2003). His ontological assumption about reality was that it is internal

to the knower; epistemologically he adopts the position that observers must separate themselves from the world, including their own physical hypostases till they reach a state of the transcendental (Davidsen, 2013). Through the process of reduction, Husserl's transcendental phenomenology, aims at identifying the fundamental structures of experience through bracketing of our everyday knowledge of a phenomenon, of everything surrounding the phenomena under investigation but also of our phenomenal self (Larkin & Thompson, 2012). Bracketing is part of a reductive attitude (with several steps in reduction: the epoché of the natural sciences, the epoché of the natural attitude, the transcendental reduction, and the eidetic reduction) characterizing a phenomenologist who strives to remain aware of one's own understanding of a phenomenon, and to negate any sense of a generally accepted idea of this reality which might be distorted by previous experience (Finlay, 2011).

According to Husserl throughout the research process the researcher is obliged to set aside the natural world and the world of interpretation in order to see the essence of a phenomenon (Finlay, 2011). Husserl's phenomenology "*brackets the reality of the natural, taken-for-granted lifeworld*" (Finlay, 2011, p. 47) and instead aims at understanding how subjective emotions, attitudes and beliefs affect this presentation of the lifeworld (Finlay, 2011). However, as Cohn (2002, p.24) says, the "world could not be bracketed. Existence is always a Being-in-the-world. The world is our context" a philosophical stance supported by Heidegger who claims that human beings cannot be separated from the world (Cohn, 2002)

Even though Heidegger initially aligned with Husserl's work, he later argued against several of the major viewpoints of transcendental phenomenology, suggesting that the reduction to the abstract cannot be achieved, as our observations are always constructed from *somewhere* (Larkin & Thompson, 2012). Heidegger's philosophy takes an ontological interest in the nature of being and in temporality as he believed that we come from a past, that we are present in the moment, but that we also look into the future, envisioning our experiences (Finlay, 2011). For Heidegger the human being is a *Dasein*, meaning being there, a "*Being-in-the-world*" with intrinsic mutuality and circularity (Eatough & Smith, 2008). Human beings are actors in the world and a relationship between humans and their lifeworld is inevitable as

their realities are influenced by the world they live in (Smith, Flower & Larkin, 2009). Individuals always have a perception of themselves in connection with the world they live in, and within the relationships they form in this lifeworld; however, they are not always consciously aware of this, and they are not always, effortlessly able to step out of this intertwined perception. Nevertheless, when experiencing a phenomenon, they go back to this lifeworld in their search for an understanding (Stolorow, 2006).

Intersubjectivity and the relational nature of how we engage with our world there are central to Heidegger's philosophy. This innate, procedural, preverbal mutuality centered on affective attunement is further discussed by Merleau-Ponty, along with his ideas on embodied existence (Eatough & Smith, 2008; D'Agostino, 2019). Another key concept of Merleau-Ponty's and Heidegger's is the concept of "*situated freedom*" that underlines the presence of entrenched choices, constrained though by specific conditions, and social and historic situations (Neubauer et al., 2019). So, in order for researchers to approach a phenomenon, considering that human existence cannot be approached directly, they need to examine what Heidegger called a 'factual' existence; to examine experiences in their own way, and not as something one directly beholds as a 'factual' nature of inanimate existence (Eatough & Smith, 2008). Heidegger thus, suggests an interpretative approach to factual nature of an existence, where reality is experiential. Phenomenology relies on description, as descriptions encompass interpretations; hermeneutics, which is rooted in the interpretations of biblical texts, is the theory and practice of interpretation (Smith, Flowers & Larkin, 2009). Through the process of hermeneutics, a researcher seeks to move beyond a surface of awareness, to understand the deeper levels of an experience (Neubauer, et al., 2019). Heidegger described a "*hermeneutic circle*," which "*moves between question and answer, where the researcher starts with a pre-understanding*" and "*moves on to being open to discovering something*" (Finlay, 2011, p. 53). Heidegger considered that only through language could, *being-in-the world* be understood and Gadamer further addressed and discussed ontologically, epistemologically and methodologically the use of language and interpretation as understanding is interpretation (Davidsen, 2013). The recognition is that our understanding of how we engage with the world

could only be accessed through interpretation and, thus through language influenced hermeneutic phenomenology.

Interpretative Phenomenological Analysis

IPA is a hermeneutic methodological approach committed to investigating how people make sense of their experiences. (Smith, et al., 2009). As Pietkiewicz and Smith (2014) observed, IPA integrates ideas from both Husserl and Heidegger's traditions *"resulting in a method which is descriptive because it is concerned with how things appear and letting things speak for themselves, and interpretative because it recognizes there is no such thing as an uninterpreted phenomenon"* (p.3).

Based on Heidegger's and Gadamer's philosophical underpinnings, IPA utilizes language, seeking not just to understand an experienced phenomenon but to reach an in depth understanding of the participants' *being in the world* – their subjective experience (Finlay, 2011). IPA assumes an epistemological stance where the researcher explores how people assign meaning to their experiences and does not just examine the role of language in describing an experience, which is one of the main epistemological stances of discourse analysis, and one of the biggest differences between the two methods (Biggerstaff, & Thompson, 2008).

IPA as a research method is phenomenological as it focuses on the particular experience, being carried out empirically and systematically with a hermeneutic approach by a researcher who is actively engaged in an analysis of participants' voiced words (Smith, 2004). IPA strives to understand the psychological essence that constitutes a phenomenon through the analysis of lived experiences of the phenomenon in the participants' unique lives focusing on the diversity and variability of human experience bringing us closer to shared, important aspects of humanity (Eatough & Smith, 2008). The aim of IPA is to give voice to participants and to analyze their experiences and concerns from a psychological and social perspective (Biggerstaff & Thompson, 2008; Larkin, Watts & Clifton, 2006). IPA seeks to

explore insights and examines in depth reasons behind beliefs and experiences (Brocki & Wearden, 2006). IPA's importance is based on participants' individualization and the array of their attitudes, opinions and needs (Larkin & Thompson, 2012).

The researcher in IPA collects detailed data from participants, giving them not only a voice but an opportunity to "make sense" of their experiences, while reflecting on and interpreting how participants make sense of these experiences (Larkin et al., 2006). As Brocki and Wearden (2006) note, people have an active role in the way they interpret situations in their own life; reality is formulated on the basis of individual experiences.

The researchers intend to understand the experience of the participant, listening to the stories through the filter of their own experiences while aiming at suspending their own preconceived beliefs and at revisiting an understanding of the world of the participants by being open to this world, by taking a stance of not-knowing and by constant self-reflections on their interpretations (Finlay, 2008). IPA engages in a dynamic process where the researcher assumes an active role, trying to dive into and get closer to the participant's personal world while also diving into their personal world, to capture their own perceptions in order to make sense of that other personal world through a process of interpretation which combines empathic hermeneutics with a questioning hermeneutics (Larkin, Watts & Clifton, 2006; Smith, 2019).

This is known as double hermeneutics, a dual process in which the researchers are trying to make sense of the participants attempt to make sense of their own experience (Smith, Flowers & Larkin, 2009; Smith & Osborn, 2003). "The participants are trying to make sense of their world; the researcher is trying to make sense of the participants trying to make sense of their world." (Smith & Osborn, 2003, p. 51). IPA researchers strive to link people's speaking, thinking and emotional state while at the same time they consider the apprehension and difficulty participants may experience when dealing with emotions, and in self-disclosing and expressing their thoughts and feelings (Smith & Osborn, 2003). In IPA the researcher uses rich and comprehensive ways of interpretation by examining areas such as: what was the intention of the participant engaging in a phenomenon; what is meaningful

about that which the participant is expressing; wonder as to whether something else lies beneath the participant's awareness (Pietkiewicz & Smith, 2014). Often interpretations do not simply involve comments on an individual person's words but rather employ use of theoretical and personal knowledge to further explore deeper meanings. This differs from other phenomenological methods which argue that IPA's way goes beyond traditional phenomenology, but as Finlay (2013) indicates, interpretation constitutes an inevitable and basic structure of our being-in-the-world because when we experience a thing as something, it has already been interpreted.

One of IPA's underpinnings is the idiographic perspective; focusing on the particular rather than the universal (Smith et al., 2009). The term idiographic denotes the study of the individual which is in contrast with the nomothetic tenets which investigate *things in general*, allowing generalized statements about larger population samples (Larkin et al., 2006). Idiography offers a shift from cause-effect principles, from an either/or stance, to a focus on the right to individualization, on the meaning of individual life and on a perspective that the derivation of universal laws and structures logically proceeds from the idiographic to the nomothetic (Eatough & Smith, 2008). In IPA idiography is concerned with an in-depth analysis of single cases, exploring individual perspectives. Key ideas of the approach are to rigorously examine and analyze every available case; to produce case studies and to make specific statements about each case; to move between important generated themes based on the analyses, comparing and contrasting them prior to producing general statements (Pietkiewicz & Smith, 2014). Hermeneutics in IPA constantly moves between the parts and the whole of gathered data, helping researchers to maintain a larger picture of the phenomenon and to determine shared or unique participant experiences (Shaw et al., 2014)

There are many forms of idiographic research, such as narrative analysis, but IPA has the uniqueness of capturing the experience of a particular experiential phenomenon as lived and understood by an individual; IPA offers a deeper level of interpretation, based on the premises of hermeneutic philosophy, seeking explanations for the phenomenon (Smith et al., 2009). In addition, IPA remains grounded in the raw data, allowing a clear trail of raw data,

descriptions and interpretations which are always rooted in psychological theories and concepts, allowing, the possibility that new findings may challenge previous assumptions (Eatough & Smith, 2008).

IPA has been criticized as being simplistic and unscientific due to its flexible working methods, and for not being linear or prescriptive (Larkin et al., 2006). However, one may argue that it is this flexibility and creativity which cater to the philosophy and epistemology that it serves. As Smith et al., (2009) argue, when the researchers draw on their own understanding of the underlying philosophy, it can be expected that they will develop their IPA work in ways that surpass prescribed procedures and to “*produce more consistent, sophisticated and nuanced analyses.*” (p.5). IPA’s spirit and sensibility extends much farther from just a research tool to an instrument that is searching to expand in its capacity, drawing widely and selectively from a range of philosophical ideas (Alase, 2017). However, this flexibility has been criticized by Giorgi (2010) who argue that the fact that IPA strives not to be rigid but rather to be free of rules, makes it unscientific, lacking replicability and a coherent theoretical and methodological foundation. Larkin et al. (2006) pinpoint that rigor is a key premise of IPA research, and rigor should not be mistaken for flexibility. In addition, as Parker (2004) discusses, inflexibility and attachment to rigid research protocols might be too restrictive, as different research questions require different methodologies.

Others, such as Brocki and Wearden (2006) argue, that IPA is not adequately interpretative, but mostly descriptive. However, IPA is a methodology committed to a dialogic subjectivity, accepting the complexity of the social realm, enabling the self to engage with itself and with others; through this process individual participants and researchers, continuously author lives and actively seek to make sense of these lived experiences, which supports IPA’s aim of double hermeneutics (Smith et al., 2009).

Carla Willig (2008) raised criticism on IPA on four different axes; she argued that IPA doesn’t adequately recognize the integral role of language, emphasizing its explanatory dimension. This criticism is rebutted by Smith et al., (2004) and Eatough and Smith (2008), who argue that language is always intertwined with experience and that narratives and

metaphors support meaning-making. In addition, IPA, claims that the specific words shared by participants during a study do not diminish the significance or the essence of this lived experience. Another criticism raised by Willig (2008), is concerned with the necessary communication skills both participants and researchers need in order to eloquently communicate the essence of their experience. As Tuffour (2017) discusses though, this criticism could be perceived as an elitist one, implying that only a few are allowed to discuss their experience; however, even a less verbally eloquent participant can be fully engaged in a process of sharing an experience that is important for them, to a researcher who is entuned and dedicated to the collection of rich data (Smith et al., 2004; Eatough & Smith, 2008). In fact, IPA studies exist examining the various lived experiences of people with autism spectrum disorder, dysexecutive syndrome, or traumatic brain injury (Punshon et al., 2009; Leedham et al., 2020; Preston et al., 2014; Hooson et al., 2014). Thirdly, Willig (2008) argues that a valid research method should seek to not only understand lived experiences but will also pay attention to understanding and exploring the origin and socio-cultural dimensions leading to a particular experience (Tuffour, 2017). Eatough and Smith (2008) argue that explanation and support of the “why” is embedded in the phenomenological underpinnings of IPA. Finally, Willig (2008) raises a concern as to whether aspects of phenomenology are compatible with cognition as per IPA. However, Eatough and Smith (2008) argue that cognition is a central aspect of human existence, as humans grasp it, and reflect on it.

Reflexivity

Reflexivity may be defined as both a central element of understanding the dimensions of one’s persona, recognizing the role of emotions in shaping these dimensions and also as the ability to take a “*step back*” approach from these dimensions and ponder upon the data (Biggerstaff & Thompson, 2008). Reflexivity is a key component of qualitative research (Finlay, 2008), and is particularly important in IPA where the researcher actively seeks to use interpretation within the method. Heidegger’s view of interpretation led to a reevaluation of

the role of bracketing, leading to a repeated circular process of thorough and constant reflexivity during the analysis of the phenomenon of interest; the researcher considers and discusses and suspends, when necessary, preconceived notions and the threefold structure of fore-having, foresight, and fore-conception (Davidsen, 2013).

For me as a researcher, who is studying and working in the field of counselling psychology, it could be impossible to totally suspend gained knowledge in the field and my pre-conceptions and lifeworld experiences. However, as a researcher I had always to be aware of my influence on the interpretive analysis while striving to comprehend how my personal views, beliefs, prejudices, limitations and subjective assumptions might interfere with my analysis in a way that might interfere with bringing meaning to the participants' experiences and contribute to existing theory (Finlay, 2008; Smith, Flowers & Larkin, 2009; Shaw, 2010). For this reason, I kept a reflexive journal throughout the process, prior to and after the interviews, making notes on my own views, thoughts and emerging emotions as a result of the interview answers, but also as a result of the research process. This self-reflection diary was regarded as a data source. I engaged in self-introspection (Russell & Kelly, 2002) since the commencement of the data collection, so as to facilitate the bracketing of presuppositions.

Reflexive rationale for use of IPA as the dominant method in this thesis

Reflexivity is both personal and methodologically appropriate. The grounding for this thesis takes the philosophical stance that individual experiences are unique and that research participants need an opportunity to provide their own responses, to discuss what is important according to their world view, allowing me, as the researcher, the opportunity to discover things that I didn't necessarily expect to discover. The input and interpretations of participants' experiences are affected by the relationship between me, and the participants at a particular point in time, all of whom take a constructive and interpretive approach to presenting human experience.

I am aware that the methodology choice I have made has been affected by my studies and psychotherapy training. I see myself as an integrative counselling psychologist within the

interpretivism-constructivism philosophical strand, believing that there is no objective and absolute “truth” but rather that multiple realities exist, and that meanings are constructed by human beings. I also align myself with the phenomenological and hermeneutic philosophical stance which honours experience and individual meaning-making processes, being rooted in humanistic existential-phenomenological psychology but also in psychodynamic theory, in which the search for understanding and meaning is fundamental while individual values, beliefs and relationships are central to human existence. According to Stolorow (2013) “phenomenological contextualism,” seeks to overcome mechanistic Cartesian philosophy and to embrace psychodynamic models of a relational context from which therapeutic transformations begin emphasizing that human phenomena are not solely products of isolated intrapsychic mechanisms, but of mutual interactions between embodied subjects (D’Agostino et al.,2019).

In particular, I wanted to examine and understand how different participants, from different standpoints, experience the therapeutic process, what change meant for them, and how this multifaceted relationship affects each member of the process as well as the process itself. It was important for me to choose a rigorous methodology from which findings could be presented to trainees, practitioners, supervisors and educators in order to provide an understanding of how each of their roles affects client change. In addition, I wanted to work with an approach that would allow me to be present, that would reflect my own philosophy and journey, as a client in therapy, as a psychotherapy trainee, and later as a therapist and an educator.

My decision to use Interpretative Phenomenological Analysis (IPA) (Smith, 1996) was based on the approach’s three key philosophical underpinnings – phenomenology, ideography and hermeneutics (Smith, 2004). IPA was a suitable approach for this thesis as it sought to grasp the core essence of participants’ lived experience from their unique perspective and their subjective worldview (Alase, 2017). Each participant can be accepted as an expert on their personal experience and is selected intentionally because of this experience of the phenomenon of interest (Smith, 2004). I wanted to gain an insight into the participants’

view of their experience (Larkin, Watts & Clifton, 2006) and to construct an interpretation of how the participants make sense of this experience and what it means to each one of them taking into consideration differing social and cultural parameters.

I aimed at making the most out of diversity of views and opinions and to offer a credible interpretative perspective on how the participants' experiences interact and overlap (Larkin, Shaw & Flowers, 2019). The phenomenological component was important for this study because it sought to examine the participants' experiences of change. As Finlay (2011) discuss, there is a transformative power in reflecting on an experience, through which I hoped to provide the participants of this study with a new understanding of how they experience and understand change therapy process.

I wanted to investigate not only the similarities but also the differences that might derive from different viewpoints around the same phenomenon constantly moving between the parts and whole (Shaw et al., 2014). This is why I chose to construct different interview protocols for 3 different groups of participants concerned with the same phenomenon. It was also important for me to consider existing literature on the topic. Heidegger's theory (Smith at al., 2004) suggests that an important task in IPA is to be aware of our existing knowledge, which will add to a comprehensive and holistic analysis of data. I believe that choosing an IPA as a methodology for this work, allowed me to further satisfy my professional obligation, hoping to gain knowledge that will transform research into practice and to enable sharing of this knowledge (Finlay, 2011). As a researcher I retained IPA's commitment to rigor and understanding of participants' views, paying attention to the variation among experiences, and to presenting insights gained through the inclusion of different perspectives.

Research Ethics

Guidelines were followed as per the University of Sheffield ethical research principles. In addition, the research adheres to the ethical principles set out by the British Psychological Society (2018) aiming to ensure the privacy, safety, and welfare of the participants. Ethical

considerations have been present since the planning phase of the thesis, through ethics courses and supervision discussions on ethical research practices. (Thompson and Russo, 2012).

After approval (Appendices A.1, A.2, A.3) was received by the Ethics Review Committee of the university, the participants were contacted. During the recruitment phase, I considered factors that could influence participants, as many of them were members of university or training programmes. For this reason, it was made clear to the participants, that information would be kept confidential, except in cases that information shared could be considered harmful towards therapy clients

Confidentiality and anonymity were maintained at all times with both the pilot study and final participants. All data were kept securely on password protected devices. All participants were asked to sign a consent form prior to the interviews (Appendices D.3, D.3, E.3, F.2, F.3). All participants were briefed prior to the study and debriefed at the end of the interviews. Participants were informed of their right to withdraw within specified time frames. Copies of the material for consent, briefing and debriefing are presented in Appendices D, E, F. The interviews were audio-recorded on a password-protected device. The interviews were aiming at allowing the participants to freely express themselves on the topic without in any way judging their views or experiences.

Empathy and active listening were an integral part of all interviews; however, the researcher tried always to be aware not to unconsciously misuse these skills to gain access to information a participant may not have wished to disclose during the research related interview (Thompson & Russo, 2012). The researcher ensured that no judgmental comments were made at any time and that there was no pressure to explore areas that the participant would not feel safe disclosing.

Participants

IPA aims to represent the perspective of the individuals participating in the study who have experiences relevant to the aims, rather than attempting to cover the views of a whole

population (Larkin & Thompson, 2012; Smith 2015). IPA's methodology, with its commitment to idiography, recommends fewer participants examined at a greater depth (Larkin & Thompson, 2012; Reid et al., 2005). In contrast to thematic analysis and grounded theory, in IPA sample size is not particularly important; indeed, there is a concern that large sample sizes may prevent the identification of detailed nuanced themes (Smith, 2015; Willig, 2001). Eight to ten participants participated in each study, and this is commensurate with the published literature that has used this approach (Hefferson & Rodriguez, 2011; Smith 2015; Willig, 2013). As required by IPA methodology, number of homogeneous participants was purposively sampled for each study (Smith, Flowers & Larkin 2009) as the goal of the methodology is to seek insight into a specific experience. The following chapters further discuss participants and the recruitment process.

Interviews

Semi-structured, in-depth interviews are one of the best ways to obtain rich data of experiences. Interviews allow participants to share their experiences, their thoughts, and their feelings about the phenomenon and to engage in a dialogue where constructed questions can be modified in the light of the participants' responses (Smith & Osborn, 2003).

Prior to constructing my interview protocols, I had thoroughly examined my thoughts and knowledge on the topic, trying to develop questions that were not leading but rather exploratory. I am aware that my interviews are not neutral in this sense, but I made sure, with the support and guidance of my supervisors to construct protocols that include both general open-ended questions and probes, hoping not to lead but rather give a push to participants to share and to dive into their experience, trying to make sense of it, while expressing it to me.

Interviews took place either in the University's setting or later online as we were dealing with the Covid-19 pandemic. I made sure to explain to all of my participants my role as a researcher and their rights as participants, ensuring a safe space for them to freely express their thoughts and feelings about their experiences. In addition, a few minutes of "light"

conversation was encouraged aiming at putting participants at ease and building a sense of trust (Smith et al., 2009). We again discussed the aims of the study, allowing participants to ask questions that had arisen since the recruitment phase.

Prior to each interview, I spent some time going over my questions, thinking about the aims of each study, preparing myself to clear my mind of any preconceived ideas, to truly listen and to engage my participants in a meaningful discussion. At all times I kept in mind that the order of my interview protocol was not of the highest importance, and that what was truly critical was to follow my participants thoughts, feelings, interests or concerns (Smith & Osborn, 2003).

I kept a reflective journal after each interview (Appendices D.8, E.7, F.8) trying to capture my thoughts and feelings, as I believed that this might free me during the analysis process. I also concentrated on putting aside thoughts of previous interviews and any assumptions I had made from each of these, prior to moving on to the next one. This process helped me to be open to the uniqueness of the experience of each of my participants. I aimed at giving my participants time to understand questions, and to choose their own words to share their lived experiences, asking additional probe questions only when I felt there was space to further explore a thought they had shared. As Eatough and Smith (2008) write the IPA researcher aims at entering a participant's world, at keeping a balance between guiding and being guided, at openness to uniqueness and ambiguity.

Transcription

Each interview was transcribed verbatim using the audio recorded interviews. As I am not a professional transcriptionist, this was a lengthy and time-intensive process. Working on my own transcription allowed me to listen again and again, recalling the actual feeling and tone of each interview, as well as capturing some of my thoughts when I had been present with the participants. At times, I had to go back to the audio file and listen again to the interview while reading the transcript, hoping to make sense of areas that were not clear.

Throughout the process I followed the University of Sheffield transcription and data storage guidelines (Appendix H)

IPA Analysis steps

The analysis of the data followed a sequential method, starting with a detailed analysis of each of the participants account prior to proceeding to a group level analysis, seeking to identify common themes or processes amongst participants (Smith et al., 1999). To do so, I read and re-read each transcript separately, performing a line-by-line analysis of the transcript to code interpretations of each participant's experiences (Smith et al., 1999). Right margins were used to note down comments on possible associations and preliminary interpretations, and colored notes were used to capture key concepts. (Smith et al., 1999). The first step was to try to understand and reflect on each participant's answers to questions at a descriptive level (Larkin et al., 2006). The second step was to provide a "critical and conceptual commentary" (Larkin et al, 2006, p. 104) on each participant's account. The interpretative stage drew on existing theory, and participants' responses were explored in depth (Larkin & Thompson, 2012). During my analysis, I always tried to answer such questions as; What is the person trying to achieve here? Is something leaking out here that wasn't intended? Do I have a sense of something going on here that maybe the participants themselves are less aware of (Smith, 2019)?

I was looking for connections between emerging themes, grouping them together according to conceptual similarities and providing each cluster with a descriptive label. Left margins were used to identify common emerging subthemes. Identification of themes as well as an identification of relationships between themes emerged as the process continued. Engaging in a process in order to explore all possible meanings of each theme was essential in an "attempt to make sense of the participants trying to make sense of what is happening to them," (Smith & Osborn, 2003, p. 3). The process led to coding, identifying patterns in the transcript and placing similar concepts together in meaningful categories (Patton, 2002).

Subthemes were grouped together and after being shifted them around according to emerging meaning were grouped into the appropriate superordinate category. Some of the themes were dropped or shifted around as they did not fit well with the emerging structure or because they had a weak evidential base.

Once this had been achieved, I focused on an interpretative synthesis of the analytic work (Larkin & Thompson, 2012). As Smith comments (2004), since IPA is strongly idiographic, one needs to reach closure of the analysis of each case prior to moving on to the next one. Only then might one conduct a cross-case analysis searching for convergence, divergence, commonality and nuance (Larkin & Thompson, 2012). Analysis was not grounded only on the text, but it moved beyond, to a more interpretative and psychological level, as multiple levels of interpretation are possible (Smith, 2004).

Analysis in IPA continued during the writing phase as well (Smith et al, 1999). A narration of the themes is presented in a way that the reader will be able to follow the important parts of the interviewee's experiences and the researcher's interpretations of them. Both verbatim extracts from the interviews as well as interpretations are noted (Smith et al, 1999).

Quality Control

According to Yardley, (2000), sensitivity to context, rigor, transparency and coherence portray credibility and validity in the qualitative research. The choice of IPA by itself, based on a need for sensitivity to context, commitment to the idiographic and the specific, adheres to these premises. Rigor can be achieved by the purposeful selection of participants meeting specific inclusion criteria; by having an interview protocol which is based on the aims of the study; by being consistent in terms of questions and probes during the interview; by doing a meticulous analysis of the data for a sufficient interpretative production. Transparency refers to the clarity and structure in the whole process of the study (Jones, Torres & Arminio, 2013). Coherence as a principle of quality can be established by making sure that ambiguities and

contradictions will be carefully approached and that emerged themes will meet research criteria (Smith, 2004).

The reliability of the data was ensured initially during the interview process by using active listening and by reflecting on participants responses. As Spencer and Richie (2012) suggest, audits of the analytic process can be used to ensure credibility of the analysis process

An audit of the analytic process was used to ensure credibility of the analysis (Spencer & Richie, 2012). Analysis reports of random interviews were audited by the supervisors. This process included checking transcripts, and the researcher's annotations to the transcripts at different analysis levels (Appendix G). Following this, a checklist (Table 1.1) was used for audit, ensuring that there had been a rigorous approach to the wider data analysis.

Table 1.1

Audit Checklist

-
1. Demographic and background info have been collected for random interviews.
 2. Reflective journal included notes on the collection process, but also on the analysis process.
 3. Transcription guidelines have been kept for random parts of the interview.
 4. Annotated transcript samples include notes, comments, underlined words that seem to be pertinent to the participant's experience and reasons for their importance.
 5. Themes emerged from the data.
 6. The summary of themes is a good fit with the data
 7. The quotes selected are representative of the emerged themes.
 8. The researcher's interpretations give voice to the participants free from preconceived personal notions.
 9. The analysis addresses the aims of the study.
-

In addition, a peer experienced with qualitative research, audited random transcripts with annotated notes, at different phases of the analyses, as well as parts of the reflexive diary notes.

To ensure that the voice of the participants was presented, extracts from individual interviews from all three studies are presented and summaries of the interviews and interpretations are included in the appendices. In depth interpretations were used on the extracts, as IPA's phenomenological, hermeneutic premises indicate. For credibility purposes sensitivity to context was achieved by paying attention to the context as presented by the participants. Using verbatim extracts assures a voice for the participants while it provides the reader with the opportunity to check interpretations. Careful recruitment of participants, clear interview protocols; transparency, careful analyses, consistency and self-reflections assure commitment and rigor. The presentation of the findings, as initially claimed, is based on evidence. Interpretations are based on the unfolding of the participant's stories as according to Finlay (2013) only then can they be perceived as persuasive and confident.

Chapter 4

An exploration of therapy change process as experienced by students engaged in therapy with counselling psychology trainees at a University's counselling centre: An Interpretative Phenomenological Analysis

4.1 Introduction

According to Elliot (2010), change process research refers to the processes that lead to a change in therapy; however, it does not focus solely on process-outcome, but emphasis is also given to identifying, describing, and explaining all the different factors that contribute to change. The dynamic nature of the change process can be regarded as a complex system composed of interconnected components that show hierarchical structure over time (Gelo & Salvatore, 2016). Studies have concluded that therapists and clients often have different opinions on what might have brought about change during therapy (Bryan, Dersch, Shumway & Arredondo, 2004; Sackett & Lawson 2006). Furthermore, individual clients perceive change in therapy in different ways (Levitt et al., 2017). It is important to gain a deep understanding of how both clients and therapists perceive different aspects of the therapeutic process that may produce the change they desire (Olivera et al., 2013).

Clients are agents for outcome, and their own contribution to the process can play an important role in their therapeutic outcome. Their motivation, expectations, and attachment style interplay with the therapeutic process (Swift & Parkin, 2017). "*Clients are active agents who operate on therapist input and modify it and use it to achieve their own ends*" (Bohart, 2000, p. 132). Research suggests that clients recognize their role in the therapy process as well as the fact that they have the capacity to search for what is important to them and incorporate experiences in therapy into their lives outside therapy (Rennie, 2000; Williams & Levitt, 2007). As (Elliott & James, 1989; Olivera et al., 2013) recommend, it is imperative to

examine client experience in any aspect of psychotherapy change process research, as the analysis of such experiences may help the therapist to better foster client expression, and self-awareness, as well as acceptance or shedding of their realities, behaviors, and emotions.

According to Levitt, Pomerville, Surace and Grabowski (2017), the therapy experience contributes to client's increased awareness of behavioral patterns, feelings and thinking, in addition, it helps clients to develop skills on how to deal with identified dysfunctional behavioral patterns. Altimir et al. (2010) found that both clients and therapists report a general "change" regardless of the specific therapeutic outcome; these changes, achieved during therapy, affect clients' everyday lives after therapy termination. In addition, clients seem to be able to recall a general feeling of the entire process better than specific events that might have contributed to this change (Altimir et al., 2010). Another study exploring the clients' perceptions of therapy outcome and how these relate to views of the therapist, found that clients reported a positive change based on their therapists' perceptions of them changing. (Bryan, Dersch, Shumway & Arredondo, 2004). Klein and Elliott (2006) applied a diverse approach to examining clients' accounts of personal change after therapy and established that the therapy process works as a catalyst for many different changes, that develop not only as therapy progresses but after termination as well. An important finding is the power of experiential processing of changes, throughout therapy and as a later result of it, reflecting the importance of developing a deep self-awareness. The study results showed that different types of change were reported by clients, including interpersonal and performance changes (Klein & Elliot, 2006).

Levitt, Butler and Hill (2006) report results from clients' accounts of what they consider important factors of change in therapy. Surprisingly, participants rarely mention symptom relief as an important factor of change. The findings show that emotional unburdening and healthy relationships seem to be more important to the participants.

Studies investigating change process in psychodynamic therapy environments show a strong relationship between interventions fostering emotional expression and the making of connections between important relationships in client's life, including the therapist and

therapeutic change (Connolly Gibbons et al., 2012; Hillsenroth, et al., 2003). Elliott, Greenberg, and Lietaer (2004) present findings that positive therapy outcome are associated with humanistic approaches, exhibiting acceptance and genuineness from the therapist.

Jorgensen (2004) though claims, that it is not possible to isolate any single factors and active components that are the most crucial in different therapeutic approaches and that clients perceive therapy as more effective when it contains features as being tailored to their specific personality needs and when therapists instill and maintain hope and trust for their clients' ability to achieve change. In their study, Levitt, Butler and Hill (2006) established that factors such as commitment to therapy, a good therapeutic relationship, therapeutic intervention and a conducive therapeutic environment facilitate change. Therapeutic alliance, warmth and acceptance from the therapist, the feeling being listened to, learning, catharsis, empathy, the therapist's cultural adaptation, goal agreement: these are some, important elements, common to various approaches that contribute to positive results (Barber, et al, 2000; Barber et al, 2001; Castonguay & Beutler, 2006; Wampold, 2015).

Several studies have been conducted on the psychotherapy relationship, mainly focusing on the effect of therapeutic alliance on the outcome (DeRubeis et al., 2014; Horvath, 2000; Moreno et al., 2005; Levitt & Williams, 2010; Singer, 2005). Moreno et al. (2005) concluded that change came about as a result of therapy that increased flexibility, improved interpersonal relationships, and widened of consciousness. Singer (2005) report that when clients feel secure, accepted, and understood, they are willing to explore previously unexplored emotions and form strong therapeutic alliances. DeRubeis et al. (2014) found that therapists' relationship with clients is one of the most important aspect that facilitates change and Levitt and Williams (2010) support that there is a consistent relationship between outcome and alliance in which alliance is seen to be an essential factor for a positive outcome.

Similarly, in his extensive review, Horvath (2000) explored the therapeutic alliance concept and presented how it relates to success in therapy. This meta-analysis established that an important relationship exists between a positive outcome and good alliance in clinical

practice; interestingly, it seems that clients' subjective assessment of the therapeutic relationship has a greater influence on outcome than therapists' performance (Horvath, 2000).

As Horvath (2000) discusses, there are three different elements that comprise this therapeutic alliance; the bond that can be created between the client and the therapist on the basis of trust and care; the goals set by the client and worked on in therapy and tasks or techniques that help the clients feel that the approach used is credible. In successful therapy, therapist and client create a platform upon which the client's issues and their solutions can be explored (Cooper, 2012). The spirit of working together towards a common objective is fostered in a trusting environment, which is the basis for successful change (McCarthy et al., 2011).

De Stefano's, Mann-Feder's and Gazzola's (2010) study examined the experiences of nine clients who had counselling sessions with novice counsellors who had only basic training. The results of the study revealed that clients associated positive counselling experience with the counsellor's facilitative attitude and significant interpersonal context. The counsellor's interpersonal qualities and skills greatly determined the clients' experience. The authors concluded that trainees' qualities are embodied in threefold elements including relational skills, human qualities, and technical abilities (De Stefano et al., 2010). Similarly, other studies have shown that nonjudgmental demeanour, along with acceptance and a cooperative stance, seems to be well received by clients (Levitt et al., 2016; Oliveira et al., 2012). Other key traits that are found to be significant in counsellors including empathy, genuineness, positive regard expertise, trustworthiness, friendliness, openness, and confidence are critical for influencing alliance and professional performance, are essential for counsellors to establish a good rapport with their clients and establish themselves as being trustworthy (Chapman, Tablot, Tatman & Britton, 2009; Folkes-Skinner, Elliott & Wheeler, 2010; Pierce, 2016).

Furthermore, as many researchers have pointed out, therapy outcome is also largely affected by client variables such as motivation, trust, expectancies, social support, internal resources (such as the client's healing capacities), as well as their perception of their

therapists' empathy and confidence (Bohart, 2000; Delsignore & Schnyder, 2007; Elliott et al, 2011; Lambert & Barley, 2001; Watson et al, 2014). Clients who cooperate and have the capability to form a therapeutic alliance with a therapist achieve positive outcomes.

(Hoglund, 1999). Moreover, client attributes influence a therapist's motivation to engage with them and therefore result in varying degree of outcomes (Hill, Chui & Baumann, 2013).

Finally, the stage of therapy affects the outcome of the change. According to Krause et al. (2007), changes are observed more frequently towards the end of therapy, implying that it is a process that requires time. Tracey et al. (2014) also supports the effectiveness of receiving feedback from clients as has successfully been developed and tested by Lambert, Hansen and Finch, (2001) and Miller, Duncan and Hubble, (2005) there is evidence that feedback to therapists positively affects outcome.

4.2. Study Justification

Even though there is extensive research in the area of change as a process of therapy, there is still a gap as regards further exploration of nonspecific factors in change through therapy as well as the technical and specific elements of how clients experience these elements. In addition, there has been very limited research on college student populations seeking mental help in college counselling centres.

The greater the knowledge gained the more practitioners will be composed and prepared to deal with diverse populations and college settings. Research has shown the importance of counselling and the positive effects it has on college students. Universities' counselling centres focus on direct counselling interventions to assist students with their personal and mental health problems which affect their wellbeing and interfere with their ability to function in a different environment (Sharkin, 2004; Vermeersch et al., 2004). The prevalence of mental health problems among college students presents an upward trend (Kitzrow, 2003, Soet & Sevig, 2006) with higher rates of anxiety, social phobias, depression, eating disorders; heavy drinking and substance abuse (Pedrelli, et al., 2015; Soet & Sevig, 2006; Weitzman, 2004). In order to help these clients, counsellors must acquire a wide range

of skills, learning to adapt their therapeutic approach to the individual client and their problems and needs.

This study uses Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) as a methodological framework to explore individual students' experiences in counselling, exploring change process as they lived it, and interpreted it. IPA is a qualitative approach aiming at understanding how people make sense of their experience (Larkin & Thompson, 2012). Interviews that lead to an in-depth analysis afford a detailed examination of how clients experience the process of change

4.2.2 Aims

The aims of this study are:

- (1) To gain a nuanced account of the students' experience of receiving counseling services with a specific emphasis on what might have helped or hindered change.
- (2) To explore whether their experience of change affected wider aspects of their lives

4.3 Method

IPA is a suitable approach for this study since it aims at exploring insights and examines in depth reasons behind beliefs and experiences (Brocki & Wearden, 2006). A goal of using IPA was to gain an insight into the participants' view of their experience (Larkin, Watts & Clifton, 2006) and to construct an interpretation of how the participants made sense of the experience and what it meant to each one of them taking into consideration different social and cultural parameters.

4.3.2 Ethical Implications

All participants were asked to sign a consent form prior to the interviews (Appendix 4). All participants were briefed prior to the study and debriefed by the end of the interviews.

Participants were informed of their right to withdraw within specific time frames. Copies of consent and briefing and debriefing are presented in Appendices D.1, D.2, D.3, D.5.

As the scope of the study was to examine change as a process in a counselling, the participants were asked to discuss their therapeutic journey. In some cases, this might have had as a result some emotional stirring-up of issues participants were dealing with during that time. This was clarified to them. Participants were informed and it was ensured that they understood that the role of the researcher was not a role of a counsellor; thus, she could not support them psychologically during this process if need arose. The researcher did not intervene therapeutically during the interview as this would be considered an ethical dilemma arising from multiple roles (Thompson and Russo, 2012). Empathy and active listening were integral parts of the interview; however, the researcher tried always to be aware not to unconsciously misuse these skills to gain access to information a participant may not wish to disclose into the research related interview (Thompson and Russo, 2012). The researcher ensured that no judgmental comments were made at any time and that there was no pressure to explore areas that the participant would not feel safe disclosing.

Participants were informed that if at any moment they felt distress and wanted to stop the interview, the researcher would respect their wishes. Participants were informed that at all times, counselling support would be available for them, at the counselling centre in the college where they were studying and had sought counselling in the past. This service is available to them free of charge. If a participant were to reveal malpractice, the researcher would report this to the Placement Director of the College's counselling training programme.

4.3.3. Participants

IPA aims to represent the perspective of the individuals participating in the study who have experiences relevant to its aims, rather than attempting to cover the views of a whole population (Larkin & Thompson, 2012; Smith 2015). As required by IPA methodology, a number of homogeneous participants were purposively sampled (Smith, Flowers & Larkin 2009) as the goal was to deploy the methodology to seek insight into a specific experience.

For this study, 10 participants were recruited and interviewed. Participants were students at the International Faculty of the University of Sheffield who were clients at the college's counselling centre. As a requirement, participants had completed their counselling sessions so that their participation would not affect their therapeutic goals. All clients had been in counselling with counselling trainees. Participants were identified through the college's counselling centre through a specific procedure that is detailed below.

The college's counselling Placement Director, who had access to students' contact information, as well as dates of counselling, identified potential participants. The researcher sent an invitation to participate in the study (Appendix D.1). Those that responded to the invitation, were contacted by the researcher and an interview appointment was set. Prior to the interview participants were given a participant information sheet, signed a consent form (Appendices D.1, D.3).

A short demographics form (Appendix D.4) was used in order to collect sufficient contextual information on the participants. Information on their gender, age, field and level of study was collected. 6 out of the 10 participants were female and 4 were male, and they were aged between 19 and 30 years (Mean=25.3, SD=9.5). Participants came from various cultural backgrounds and countries. Details of the participants can be found in Table 4.1.

Table 4.1

Participant Details

Participant ID	Age (at time of interview)	Gender	Study level at time of Counselling
P1	27	Female	Master's Psychology
P2	30	Male	Master's Business
P3	22	Female	BSc Psychology
P4	24	Male	BSc Business
P5	24	Female	BSc Psychology
P6	19	Female	BSc Psychology
P7	27	Female	BSc Psychology
P8	23	Female	BSc Psychology
P9	28	Male	MSc CS
P10	29	Male	BSc Psychology

4.3.4. Data Collection

At the time of the interview, the participants were given time to relax and reflect so as to facilitate the development of a relationship with the interviewer and so to engage in meaningful conversation on recollections of specific aspects of their therapeutic journey that they considered to be beneficial. Individual interviews were conducted using semi structured interview protocol (Appendix, D.4). The questions that were asked in the interviews were based on the aims of the study and the literature review. Prompts were included in the interview protocol in order further to explore aspects of more general themes and to encourage in depth sharing. In order to generate an insightful report, the interview questions were open-ended with prompts that allowing participants to elaborate on their lived experiences. Questions explored reasons for seeking counselling; exploration of thoughts and feelings at different times of the process; important and significant moments they has during counselling, elements that contributed to changes they have experienced or that have hindered change as well as exploration on therapy endings.

4.3.5 Recording and Transcription

All interviews were recorded using a password protected recording device. The researcher adhered to data storage and transfer guidance set by the University as detailed in Appendix H and she transcribed all the interviews by herself. Following transcription of each interview, the recordings were listened to again so as to ensure that the transcription was accurate. Transcription of data includes detailed notes on pauses, speech dynamics and/or important non-verbal issues (MacLean, Meyer & Estable, 2004).

4.4 Quality control

4.4.1 Pilot

The researcher's professional exposure various aspects and roles of counselling and psychotherapy (psychotherapeutic training, experience working as a therapist, but also experience in long term therapy) as well as her professional curiosity has provided her with a good understanding of practice and a matrix from which this study emerged. At the same time, in preparation for this study's interview protocol a concern on the data collection for phenomenological inquiry arose. The researcher had to feel comfortable with the questions of the study, to facilitate trust, and to allow participants voices to come forward through their interviews.

It was important thus to establish the suitability of the interview schedules, as well as to gain familiarity with the questions, the researcher initially rehearsed the interview with an acquaintance who had received counselling in the past. The pilot's participant was briefed prior to the interview (Appendix D.1), she was asked to sign a consent form (Appendix, D.2) and she was briefed on anonymity and confidentiality as well as on the dates the interview data would be destroyed. The interview was recorded in order to modify the interview schedule where necessary. Further to this the first interview with the study's participants was also to be treated as a pilot. Data was recorded, transcribed and analyzed, then audited by the supervisors prior to continuation with the rest of the participants

4.4.2 Rigor

The reliability of the data was ensured initially during the interview process by using active listening and by reflecting onto participants responses. As Spencer and Richie (2012), suggest an audit of the analytic process can be used to ensure credibility of this process. Analysis reports of two random interviews were audited by the supervisors. The process included checking the transcripts, and the researcher's annotations to the transcript at different

analysis levels (Appendix G). Following this, an audit checklist was used ensuring that there has been a rigorous approach to the wider data analysis.

To ensure that the participants' voices were presented, extracts from individual interviews are presented in the final report and summaries of the interviews and interpretations are included into the Appendix D7. The extracts underwent in-depth interpretations as IPA's phenomenological, hermeneutic premises indicate. For credibility purposes sensitivity to context was achieved by paying attention to the context as presented by the participants. Using verbatim extracts assure a voice for the participants and it provides the reader with the opportunity to check interpretations. Careful recruitment of participants, a clear interview protocol; transparency, careful analyses, consistency and self-reflections assure commitment and rigor; The presentation of the findings, is based on evidence, as stated above. Interpretations are based on the unfolding of the participant's story as according to Finlay (2013) only then can they be perceived as persuasive and confident.

4.4.3 Reflexivity

Following IPA premises, it was imperative for the researcher, to be aware of her own views, beliefs, limitations, and prejudices while collecting and interpreting their data. As the researcher has been in long term therapy over a long period of time, she had specific views of herself as a client with an existential quest, and the changes that she has experienced through her therapy. The researcher aimed at freeing herself from predispositions and assumptions about the phenomenon, constantly reflecting and being open to whatever may emerge from the data (Appendix D.8). The goal of reflexivity was, not to put aside personal views but to strive to use existing personal and theoretical ideas in a considered way that bring meaning to the participants' experiences in a way that may also contribute to existing theory (Finlay, 2008).

4.5. Analysis

4.5.1 IPA

The analysis follows IPA guidelines (Smith et al 1999; Smith & Osborn, 2003; Smith, 2004; Larkin & Thompson, 2012). The analysis of the data (Appendix D.6) followed a sequential method, starting with a detailed analysis of each of the participants account prior to proceeding to a group level analysis, seeking to identify common themes or processes amongst participants (Smith et al.,1999).

4.6 Results

Analysis of the data produced six superordinate themes, each including several subthemes as shown in Tables 4.3 & 4.4. below. Brief explanation of what each superordinate theme represents can be found as footnotes to Table 4. All the themes are critically discussed below combined with participant quotes. Participants' identities have been concealed and all the names mentioned here are pseudonyms. As quotes are part of an interview, at times they have been edited for clarity purposes, making sure that the content has not been altered. Missing or omitted data is represented by the use of '....' Themes discussed represent an interpretation of some parts of the participants' experience as they describe it and not their entire experience in therapy as they lived it. At times one may notice an overlap of some aspects of experience within themes due to their interconnection and their reciprocal influence. Table 4.4 depicts the contribution of the participants to each theme.

Table 4.3

Emerging Themes

Alliance¹	Trainees' personal characteristics, Behavior & Techniques²	Client's Self-Involvement³	A change that brings Change⁴	Beliefs about counselling throughout the process⁵	Organization, Modality & flexibility⁶
Bond creation	Therapist's shortcomings	Being in charge	Gaining Insight	Stigma	Flexibility
<p>Trainees creates an ambience that helps the client to tolerate their emotions</p> <p>Acceptance, makes the clients talk expressing thoughts & feelings because someone was there to listen and understand</p> <p>The feeling of comfort encourages trust.</p> <p>Client's contribution</p> <p>A togetherness that mutually influence the positive</p>	<ul style="list-style-type: none"> -At times, judgmental behavior -Inability to cope with what they were listening -Lack of challenge - Being dismissive - Lack of skills -Cold -Misapplication of a technique or rigid adherence to an approach 	<ul style="list-style-type: none"> -Feeling ready -Need to take charge of one's life Setting the pace for the session Taking the responsibility to end therapy as present goals were reached 	<ul style="list-style-type: none"> -Developed and ability to explore their values, their needs & wants -“Growing” -A new perspective in everyday life Self-care -Self-acceptance -Willingness to explore and accept emotions -Emotional unburdening - Acceptance that some things cannot change Ability to deal with unfinished business 	<ul style="list-style-type: none"> -Therapy stereotypes set by TV & Movies -Using an irrelevant excuse to seek help -Self-stigma 	<ul style="list-style-type: none"> - Booking an appointment - The role the actual organizational structure and process -flexibility in continuing therapy with different <p>Online platform</p> <p>Online platform as a modality was very important avenue to continue with their therapy</p>

¹ Alliance as a theme ponders a variety of exchanges between clients and their therapists as well as the clients' feelings for these exchanges and their counsellors. It is seen as a relationship that aims at mutual understanding of therapy goal's; an agreement where both will be working towards these goals, in an environment of trust & acceptance.

² How the trainees' knowledge level, professional/personal development and personality may affect the quality of the client/therapist relationship and the therapy outcome.

³ Client variables such as motivation, trust, expectancies and internal resources may affect outcome.

⁴ Gaining insight and perceived change by the client, in more than one area affecting or bringing about different kinds of changes.

⁵ Clients' beliefs about what therapy is or can do, especially in a college environment where trainees deliver services, may affect motivation, trust and therapy outcome.

⁶ Indirect “advertising”, immediate contact, good organizational structure and flexibility in modality as factors of assuring client commitment, and elimination or reservations.

Transference & Attachment

- Therapeutic relationship as a reflection of personal relationships-attachment style
- Therapist provides a corrective experience.
- Session and therapeutic relationship boundaries
- Client seeing themselves on the counsellor (projection)

Personal qualities

- Ability to make the client comfortable with oneself
- Warm/friendly, trustworthy, and respectful.
- Blending of professionalism, knowledge with empathy
- Relational ability

Active Participation

- Commitment to therapy
- Willing to see behind the obvious
- Self-reflection
- Drawing their own inferences and interpretations

A new way

- Learn about relationships
- Learning to set boundaries
- A new way of relating
- Embraced new behaviour, more in control
- letting go of something old
- Taking an important decision
- Symptom relief
- Personal Therapy Goals

The Time Parameter

- A time sensitive process
- The theme of time in terms of how the benefits of counselling grew with time
- Trust accrued with time
- A time dedicated only to them

Skepticism

- Not knowing what to expect
- A belief that the counselor will be 'counselling' ...giving advice
- Hard work required on their behalf
- An expectation that the experience would be challenging
- Lack of confidence due to the counsellor's inexperience
- Questioning the age of the counsellor
- Need for feedback and validation from therapists
- A need to continue...that this is just an introduction and there is a deeper level one can reach with another therapist

Enticement

- How the service is being advertised
- Cost

Alliance & emotions

- Alliance rupture and repair
- A client having strong emotions for the therapist
- Session and therapeutic relationship boundaries
- A bond that holds...
- Ending that brings up negative emotions-
Abandonment

Profession skills

- Ability to listen...
being in-tuned
- Questioning style
- Challenge from the therapist
- Allow client to draw inferences about their lives
- Allow the client to set the pace and themes of therapy sessions
- tailoring techniques to the client's needs
- Psychoeducation
- Providing and asking for feedback
- Validation to clients

External Parameters to Change

- Micro and macro support system
- Personal environment affecting emotions and decisions
- Social and cultural parameters affecting change

The gift of counselling

- A place of knowledge, trust & empathy
- A different type of relationship
- A confidence in knowledge and professionalism
- Cathartic experience
- A gift
- A process that provides support and hope to deal with life
- A realization that they can truly benefit from the counselling experience
- The experience created a new positive perception about counselling

Table 4.4
Participant contributions to subthemes

Superordinate and subthemes	Participants									
	Agnes	Apollon	Christina	Fibi	Georgia	Haas	Haris	Mutang	Teta	Val
<i>Alliance</i>										
<i>Bond Creation</i>	X	X	X	X	X		X	X	X	X
<i>Transference & Attachment</i>	X	X	X	X	X	X	X	X	X	
<i>Alliance & Emotions</i>	X	X	X	X	X	X	X		X	X
<i>Trainees' personal characteristics, Behaviors & Techniques</i>										
<i>Personal qualities</i>	X	X	X	X			X	X	X	X
<i>Professional skills</i>	X	X	X	X	X		X	X	X	X
<i>Shortcomings</i>		X	X			X			X	
<i>Client's Self-Involvement</i>										
<i>Being in charge</i>	X	X	X	X	X	X		X	X	X
<i>Active Participation</i>	X	X	X	X	X			X	X	X
<i>A Change that brings change</i>										
<i>Gaining Insight</i>	X	X	X	X	X		X	X		X
<i>A new way</i>	X	X	X	X	X		X	X	X	X
<i>A Time parameter</i>	X		X	X	X		X	X		X
<i>External parameters</i>	X	X	X	X	X		X	X	X	X
<i>Beliefs about counselling throughout the process</i>										
<i>Self-Stigma</i>		X	X	X	X	X	X	X	X	X
<i>The Gift of counselling</i>	X	X	X	X	X		X	X	X	X
<i>Skepticism</i>		X	X			X	X		X	X
<i>Organization, Modality</i>										
<i>Flexibility</i>	X	X	X	X	X		X	X	X	X
<i>Skype</i>			X	X	X					
<i>Enticement</i>		X	X	X	X		X	X		

Alliance

This superordinate theme is seen as a relationship that aims at mutual understanding of therapy goals; an agreement where both client and therapist will be working towards these goals, in an environment of trust and acceptance. It is comprised of the three subthemes: Bond Creation; Transference and Attachment and Alliance and Emotion.

Bond Creation. Bond creation ponders upon the quality of the relationship that the participants of this study had with their therapists. It is presented as an energy that therapists and clients invested in their relationship and incorporates different levels of involvement, thoughtfulness and acceptance.

Nine out of the 10 participants emphasized their experience of acceptance, comfort and trust. The moment they started feeling that this was a safe environment, where they could freely express their thoughts and feelings without judgment, they were able to contribute to the relationship and make disclosures. Counsellors' presence allowed a strong bond to build between the clients and the therapist. Clients started trusting the process and this alone brought up change.

"...it's a very safe place and eh, a good environment with, it's a good influence so I thought, um, I, I opened myself eh, and eh, I tried to get everything from that experience." (Christina)

Agnes emphasizes her commitment to this relationship.

"I had a notebook and I uh, noticed, I was noticing uh, all the things that I came into my mind so mm, uh, I was waiting to come here... that it was important that this hour during the week we are together, and nothing is distracting".

In contrast, neither Haas nor Apollon was able to bond with their therapist. Apollon felt like he couldn't connect with his first assigned counsellor. He felt that this was a relationship that couldn't work.

"...my counsellor, eh which I didn't like...before I finish my sentence, I was always looking to start something else another topic because I knew that she would never ask me something that I want to...I lost five sessions..."

The need for bonding was so intense that he petitioned to change counsellors, asking to be assigned to the counsellor who had conducted his initial assessment, as with her he felt understood and not judged:

“I was feeling really comfortable and happy that she was my counsellor...yes and uh free to say anything that she might ask me...I never felt an expression, a facial expression of her that it was judgment, judgmental or something so that’s why I was comfortable enough to discuss”. (Apollon)

Haas stated he had a bad experience; he was feeling that no relationship could be formed with his counsellor

“I couldn’t force myself to talk, like when you have a person that doesn’t inspire, not confidence but to open up”.

Transference and Attachment is the second subtheme that emerges through the data allowing interpretations dealing with positive or negative emotions a client has towards the therapist as the therapeutic relationship is seen as a reflection of the client’s personal relationships and attachment style. It muses upon levels of emotional containing and acceptance by the therapist, providing a “safe harbor”, allowing clients to explore and express deeper thoughts and feelings.

As previously mentioned, Haas had very strong emotions about his therapist. At times, his narrative clearly indicates incidents of transference within the counselling relationship. He stated that during the time of his therapy, he felt alone, angry and sad.

“...it felt really awkward, it felt really forced I really didn’t like that... why (is he) even here, (he wasn’t) even trying. I, I don’t know it made me really mad ... I remember things that make me sad ...I think like mostly it shows up when I deal with past experiences of frustration and anger because the feelings keep getting bottled up and then at some point, I explode but other than that I would have to say that I’m basically pretty used to it by now... things keep happening to me, one after the other”.

The transference theme alongside attachment style emerges throughout Teta’s interview. Teta made contradictory comments; on one hand she talked about a great change,

about her therapist being nice and warm and on the other hand she complained about her therapist being uncaring and indifferent. She wanted her therapist to express how she felt about her...she was looking for validation. She commented on the inexperience of her therapist, but at the same time she mentioned she had great skills that helped her change. She claimed that her therapist should keep on calling and insisting that she should come back to therapy when she kept her distance.

“...there was a problem with the specific therapist.... (throughout the sessions) I was feeling relieved when eh, I was telling my problems, my thoughts...but without her help eh, I started thinking on my own...she helped me a lot to feel more relaxed ...One thing is that uh, made me, not dislike her but felt strange was that she wasn't talking a lot... I was waiting for some expression of her... she could send me an email and tell me what you are going to do (will you continue your therapy) ...she had to communicate with me being the client”. (Teta)

Alliance and Emotions constitute the third subtheme allowing interpretations dealing with a need of a deeper level of alliance. It delves into how a strengthening of a connection and bond between clients and their therapists, allowing ruptures and repairs, led to a deeper exploration of both positive and negative emotions and to a shift from fear of rejection to acceptance and hope. It also reveals how the absence of this deeper connection increased clients' feelings of rejection and hindered the therapeutic process.

Apollon was waiting for an opportunity to deal with all the negative emotions he was experiencing with his first therapist

“I was giving her chances actually...yes, these five times but I told her that I thought it would be something different. I didn't tell (her) that I didn't like her; she told me that the counselling sessions work like this and that I would never find something different. I had told her that, um I wanted a person to direct me somewhere, that's why but I think it was not a good answer”

Christina was able to self-detect that her disappointment towards her therapist was part of her need to be taken care off. She felt that it was her therapist's responsibility to instantly

make her feel “good”. This was a moment of an alliance rupture but also a moment of realization

“...anyway, so um, at a, in the beginning I was a little bit disappointed by her, from her. Eh, because I thought like I need to feel eh, good now or I need to feel, I, I felt like she was responsible for making that happening to me....”

At other moments Christina felt that her therapist’s validation was an important factor into her commitment to therapy.

“I said to myself okay, my counsellor says that it’s fine and I needed just that; a person to say to me okay, eh do it”.

Therapists were usually able to establish a safe harbor, a sense of trust, support, acceptance and unconditional positive regard which provided a corrective experience and emotional unburdening for the clients.

“there was a person there who would listen to me no matter what, who would unconditionally accept me um, no matter what my decision was um, no matter if it was right or wrong, no matter how much it would cost to me and to my family um, it was very, it was very important for me... when I moved houses um, I had decided that my relationship with my partner was not functional.” (Georgia).

For Haris, the trust, support and guidance provided by his counsellor gave him the strength to try a new approach to different aspects of his life.

“I didn’t remember exactly (what she said) but I, as I remember some pieces of advice were very helpful for me because I tried to, to enter this (insight) to my life and to, to follow them...”

Haris also comments on a bond that holds even after therapy termination.

“...I follow the guidance of my counsellor, and I, in the back of my head, I have all these advices and when my life is bad,, when I feel strange or embarrassed or I feel (I am) in a difficult condition, I’m trying to, to (bring) to the surface all these advices so I stay back for a minuteand I, I change my behaviour.”

Therapy termination and the emotions associated with this also emerge from the interviews. There are three different categories that emerge; the client deciding on termination, a termination by mutual decision and termination initiated by the counsellor as mandatory to their training completion. All cases bring about strong emotions concerning both the therapist and the relationship.

Even though Haris knew from the beginning of their therapeutic relationship that this would come to an end after 30 sessions, and his therapist dedicated time to discuss the ending, he experienced sadness and abandonment.

“As I remember the programme was 30 hours and...we met on these hours...Two weeks before the end, we discussed it together; she said to me that eh, we had two more, eh appointments, two more weeks... (my emotions were) mixed, because, I felt better, much better but I was a little bit sad because I thought that I needed a little bit more, a little bit more...”

Georgia took the initiative to end her therapy when she felt that her initial therapy goals had been reached.

“...so, if I was to continue with the sessions uh, I would start from the past and then I would have to deal with issues from the past so I said since I've figured all these things out about the present moment uh, we can stop for now.”

Agnes having built a strong alliance with her therapist felt the need to rely on her therapist's suggestion to trust her suggestion for termination

“We found (it to be) a good idea to stop and to notice myself alone three months to see how I am feeling.”

Fibi stated that the final session she had with her therapist, was an opportunity to reflect on their relationship and to bring closure:

“she wanted to make sure that everything was, was all so we had like finished our discussions and it ended properly um, and I think that's what happened; there wasn't anything left, to talk about...I was happy but at the same time I felt like I would miss

her; she told me how she felt about the sessions and then I was able to tell her how I felt about the sessions so everybody said everything that they wanted; it was nice.”

Trainees’ personal characteristics, behavior & techniques

This superordinate theme examines how the trainees’ knowledge level, professional and personal development and personality may affect the quality of the client/therapist relationship and the therapy outcome. It includes the following three subthemes: Trainees’ personal qualities, professionally developed skills and shortcomings.

Trainees’ personal qualities refers to the trainees’ personal attributes, in session demeanor and levels of sensibility as it is perceived by the participants.

Participants found therapists warmth and pleasant demeanor, and their empathy to be important parts of the process, allowing them to relax, to feel at ease and to trust.

“I like that she was smiling in a proper way to show that she feels me and, uh I never felt an expression, a facial expression of her that it was judgment, judgmental or something so that’s why I was comfortable enough to discuss.” (Val)

Similarly, for Agnes, it was her counsellor’s calmness and presence that provided support and helped her unfold aspects of her personality.

“...she was very calm uh, she has a willing, she has a willing to help me and to discover my personality... she is here and is our moment.”

Haris was very impressed by how kind his therapist was, blending professionalism with empathy.

“She was very kind with me and for my life; she had questions to find why I think like this, or to find the root of the problem...all the questions were very polite. She never made me feel hurt, bad or sad or something like this, or something strange or embarrassed.”

Trainees’ professional skills form the second subtheme of this category. It incorporates participants’ insights and understanding of how different psychological constructs and interventions utilized by trainees have affected their therapy outcome.

All interviewees expected their counsellors to have developed adequate technical counselling skills. According to their experiences, at times, technical skills were perceived as an intervention that allowed them to be or to do something, they had been restricting themselves from.

The counsellors' ability to allow clients to set the pace of therapy or to tailor their approach according to clients' needs seem to be of great importance to some participants.

“ Um, I think um, because of my experience with the first counsellor, I um, felt like I um, shared too much, too soon and I, it kind of um, made me quite emotional afterwards so I don't think I was really ready at that point so um, with this new counsellor I decided to take it slower and kind of like share when I was ready and not force myself (Fibi).

Active listening involvement seemed to be a very important element as well. For Mutang, listening exhibited by the therapist seem to be the most significant aspect of her therapy and the main contributor to change.

“I just want to ...have somebody to talk... this person...make me feel more comfortable to talk with her about my feelings and everything... she made me feel that she is listening, she is concerned my problem and she is a good listener”.

As at times, participants while distressed, were not able to communicate buried emotions, their intimate thoughts and fears, so having a counsellor who was attuned with their needs, having the ability to focus on these unspoken emotions and facts was very liberating and therapeutic.

“...(my counsellor) saw that I wasn't talking only about my career (related problems) but (I used to focus on) how it is connected to my life, my personality and my experiences and gradually I was focusing more to my experiences rather than the interaction between them and my career so, um she asked me if I wanted to change that (the goal of therapy) to general counselling and how, how she can help me with whatever I'm dealing with”(Kristina)

Furthermore, a solid intellectual capacity, knowledge and ability for psychoeducation seemed critical to some participants.

“then we had these discussions about, scientifically what role feelings play and all short of analyzing how my feelings (are?) and I just realized that feelings are not stupid at all, are necessary part of life... Well one of the things was she could back her statements up with science. That really helped... she figured out how – how. I needed to be convinced about stuff.” (Val).

Participants referred to their need for validation and acceptance and for their experiences, behaviour or thoughts. When the therapist provided that validation it was received as an acknowledgment of their value. They interpret this as a power that eases fear, emotional distress and enhances perseverance.

“...I’m trying to eat healthy, and when I was stressed, I was telling my therapist... I ate, I ate bread again, I ate chocolate...and she was there with a neutral face, saying to me, it’s normal...you don’t have to push yourself that much.... She said that food is there to calm us and she gave me the “permission” to eat bread. (What I was feeling) was a tyranny... but she was there to say it’s okay, you can eat it and I relaxed so, much eh, that was so, I felt freedom and I became a friend eh, with myself.” (Christina).

Challenge, encompassing stimulation and motivation seemed to help participants to reflect and question their frame of references, urging them to assume a more vested perspective of themselves and their problems.

“I think it was the way she would kind of suggest, well not suggest things, but she would kind of bring up things into the session that I didn’t really consider; so, for example about how I thought about myself and my relationships...as they are related to my own behaviour. I think once I had realised that for myself after we had had the discussions.” (Fibi)

Trainees’ Shortcomings: this deals with those elements perceived by the clients as unhelpful, at times harmful or as the reasons for negative experience, disappointment. At times,

some participants felt that their counselors were judgmental, or not able to handle what they were sharing. One may notice though, that it was a perception created from an observation of therapists' body language and not on something they verbally expressed.

Apollon felt that his first counsellor was cold, that she was bored and indifferent to what he was sharing.

"...her face was like cold, uh I thought I was talking to a person that doesn't care about the things that I say."

Teta felt that her counsellor was dismissive of her problem, assuming that the reason that happened was due to her lack of ability to handle a difficult and emotional subject.

"I started thinking about death before I go to bed at night, and it scared me a lot as a thought; I couldn't remove it from my mind and stop thinking about it. Eh, I told my therapist about it and we just spent some minutes on it. I thought it that was very serious.... we surely didn't spend a lot of time talking about it. We could spend sessions on that. I think that she might eh, didn't know how to handle it or she didn't think, she didn't think that it was as serious as I did"

Haas had some negative experience since the beginning of his therapy, and it became more prevalent as the process continued, having as a result the deterioration of the therapeutic relationship. Has seemed to think (among other things) that lack of challenge was one of the elements his therapist displayed.

"I was never channelled...I just start to let it go and let it be and I was really disappointed."

Clients' self-involvement

This superordinate theme deals with how different client variables may affect outcome. This study revealed that clients themselves are dynamic mediators of therapy who may receive a specific input from their therapist, but also have the ultimate control of how they will interpret this input, and, of the goals, they want to achieve.

Being in charge is the first subtheme. It focuses on the participants' own realization that they needed to seek counselling in order to deal with issues that negatively affected their

well-being. Furthermore, it incorporates the clients' responsibility to set the pace for their own therapy, to set and assess therapy goals and the responsibility to end therapy when therapy goals were reached.

Georgia made a clear conscious decision that she needed support to overcome difficulties

“Um, I had started uh, internalising the emotions that I was feeling. Um, I had psychosomatic symptoms...so this is why I decided to seek help.”

Agnes chose to end her therapy when she knew she had control of her life, when she found new ways of relating, of knowing her strengths, of being kind to herself.

“I chose to end my uh, counselling uh, when I was good with myself and all uh, uh...events in my life came into some balance... I'm not the same anymore.”

Active participation is the second subtheme comprised in the superordinate theme of “being in charge”. It discusses clients' commitment to the process, their willingness to see behind the obvious, to self-reflect and to draw their own inferences not only from therapy input but also from their own experiences.

Val was looking forward to drawing his own interpretations, he was feeling ready to see deeper...accepting the shadows of his world.

“I realized that “wait a second – umm – ok, there may be truths about what I am thinking that I am not aware of... and I wanted to go back, I was really interested in cleaning this rabbit – hole.”

For Mutang the chance to self-reflect, while narrating her story, was perceived as very therapeutic and it was what brought about change to her presenting problem.

“...at the meanwhile, I was talking, I was also thinking so I will also tell her that oh, now I'm telling you, I mean I will have some new thinking while I'm talking...It just make me feel better and then also having some new thoughts about it like going through, going through the whole story once again, it kind of made me have some new thinking, or new thought about this”

A change that brings change

The fourth superordinate theme examines how gaining insight and a clearer perception of change affects or brings about other kinds of changes. The subtheme named, “a new way” of being shows how this study’s participants’ internal growth and emotional unburdening have contributed to their symptomatic, behavioural and relational change. In addition, it incorporates two additional subthemes which are found to be parameters of change, namely the concept of time and the various external parameters of change such as the clients’ micro and macro environments.

Gaining insight is the first subtheme that discusses in detail how one important change may lead to another. It incorporates concepts such as clients’ developing the ability to explore their own values, needs and wants; the opportunity to gain a new perspective in their everyday life; to take care of and accept themselves as they are; their willingness to explore and accept their emotions; to accept that some things cannot change; the ability to deal with unfinished business.

For Agnes self-exploration was very important. She realized that multiple realities may exist, that she can accept herself, but also that she can accept that some things cannot be changed, while it is not her responsibility to do so.

“... (my therapist helped me) to discover my personality...I noticed that many things I was not able to, to solve them...counselling made eh, made me able to reflect alone sometimes when I’m not with my therapist. This was uh, the part that I found the progress and the change I made...”

Christina could see that even small changes as result of her sessions were bringing more significant changes in her life.

“...after a few sessions I saw myself changing and I liked that change very much, I was grasping, I was hearing, I was uh, thinking critically...”

A new way, as a subtheme refers to the changed way participants were engaged in their relationships, to the new skills they acquired as a result of their incremental change, to the relief of symptoms they were facing, and to the decisions they made about their lives.

Haris discusses the fact that many aspects of his life have been affected by change and sees this change as permanent.

“I change my life, I start eh, dealing with my whole life was better; better because I tried to sleep better, I went out, I had very good time with my friends and I started training again and I had so much appetite for everything...I could see how I have developed...I’m forever in eh, in a better condition.”

Christina recognised that change had affected many aspects of her life, including the way she saw herself and this had affected the way she related with others.

“I differentiated the relationship with myself um, and the um, relationship I have with the world outside me and I learned that results are not defining who I am and how I feel about myself and with the results I mean what, whatever comes to me in my everyday life I, I mean that results... I have to protect myself, if I have to um, keep my standards, if I have to make life choices”.

The Time Parameter seems to be a significant concept in the process of change for the participants. Participants refer to time as a necessary factor for developing trust in the therapeutic process, for reflecting upon changes experienced during the process, for accepting and incorporating these changes in their lives

Val also reiterates that the counselling process is a time sensitive when it is to bring about change.

“And this journey went on – I learned the importance of my own humanity and the feelings that I had and how to accept them, and how this short of life that is cultured to who I am that I sought to be... “...all these changes has been with me, – it is more of a character formation, and all those lessons are part of my everyday decision making.”

Similarly, Haris emphasizes how important time is in the process. He kept on repeating how critical it was to not be rushed by the therapist-to be allowed to test the waters and find his own solutions.

“Eh, step-by-step, not rapidly, but step-by-step, I saw that I had the help, yeah... and made me step-by-step, day by day, week by week to feel freer to answer to find myself as I said before, the, the answers, the solution”.

External parameters to change refers to micro and macro environments

(family, peers, romantic partners, friends, but also participants local community, their culture and the values associated with it). As it emerges, micro and macro environment affected participants’ perception of self, perceptions about the responsibilities one feels that one has towards loved ones and the emotions associated with this. It affected behaviors and emotions towards the therapist, as the therapeutic relationship can reflect previous relationships (as discussed in the alliance superordinate theme).

Apollon shares how he was preoccupied with others’ beliefs about him being stressed about how they viewed him, about how he should behave or who he should be. However, his therapy helped him to contain this. This had an impact on his relationship with his roommate and gave him the strength to openly express himself.

“...I was overthinking a lot back then, uh with everything. I cared about others opinion, and I was always thinking before I say something what to say to a specific person...nowadays when this happens, I’m thinking about my therapy and the pressure is gone. (Other than my therapist) my uh roommate played a role to this. My Interaction with him allows me to be open and to express myself easier...”

For Haas the strong transference feelings he had for his therapist were associated with many unfortunate situations he had to deal with in his micro and macro environment. Unfortunately, his therapists’ inexperience or inability to deal with these emotions and the serious situation prohibited Haas from experiencing any type of change.

“...honestly, that summer before I started coming was literally the worst of my life. I had a bad breakup, after that there was a problem with capital controls where my mother couldn’t send me money to survive, my father had disappeared because he decided he wanted his new girlfriend and took the family money. Actually, I have been

kind of depressed ever since, I would never actually go through with suicide, it's not like that it didn't cross my mind at that point in time though."

Val discusses, how his cultural background affected his perception about counselling and how it jeopardised his decision to seek help.

"...part of my background, as part of my culture counselling is seen as a thing people don't do unless they are crazy or something like that. Even though, I had grown away from that consciously and intellectually, I believe when these fears become part of you in childhood, they do show up every now and then. However, I did not – hesitate and I short of went on, and book the thing, and then we had the phone call and then it was booked."

Beliefs about counselling

The fifth superordinate theme muses upon clients' beliefs about what therapy is or can do. Furthermore, it explores how participants perceptions about receiving therapy by trainees affected their motivation to seek help, their trust in the process and the therapy outcome. More specifically, the participants' accounts are grouped into three different subthemes associated with beliefs about counselling; the stigma associated with it; the skepticism about the process and about the counselling trainees' abilities; and the overall acuity of their experience which is perceived as a gift to themselves.

Stigma ponders upon the fact of self-stigmatisation, a perceived lessening of participants internalized self-concept, and self- confidence to successfully manage and resolve issues associated with their mental health. As the data reveal, participants found the need to justify their need to seek counselling, claiming curiosity for experiencing therapy as portrayed in different TV shows or by claiming other covert-type rationalizations. In fact, 8 out of the 10 participants used some type of excuse or self-justification to see a therapist.

Christina used career counselling as an excuse to set up a counselling appointment as, at the time, she was dealing with self-stigma issues and as for counselling.

“that was um, an excuse for me, career counselling. Um, I thought like I needed help at that period of time and I, I said that lie to myself that I needed for my career, but the urgent reason was my um, my family situation and my emotional state at that uh, uh, period of time.... Uh, maybe I was, it was my ego, I don't need help. I can make it, I can deal with it”.

Skepticism regarding the process and the trainees' abilities was present in most narratives. Participants referred to the anxiety associated with not knowing what to expect or with the understanding that they would have to work hard to reach their goals. A few participants felt uneasy with the fact that their counsellors were trainees and assumed that their lack of experience might be a reason for their not being able to handle specific therapeutic needs. They mentioned that these needs might need to be addressed at a later time with a more experienced therapist who would lead them to deeper levels of self-exploration. Fibi is commenting about this initial feeling of not knowing what to expect.

“Um, I think I was a bit nervous because I didn't really know what to expect or who the counsellor was...”

For Georgia the setting was upsetting to her as the counselling centre is at the same building where classes take place with trainees that students might have met in a different context. The place was triggering some negative emotions.

“I think that I felt particularly anxious because uh, my stressors were very relevant with my academic performance, which was linked in some way with the university, with the actual building so, meeting her there, created, a temporal behavioural activation...a type of activity uh, which um, which triggered the same symptoms that I felt.

Haas also commented on the immediate hesitation he felt because of the age and the fact that his therapist would be a trainee.

“I already knew that I, I the person that, would be with me in the room was a master's student so he's not a full-fledged psychologist so I knew like that my expectations shouldn't be that high...person that was clearly younger than me...”

The gift of counselling is the last subtheme discussed by the participants. Counselling is described as a place of knowledge and trust, and a different type of relationship; a process that provides support and hope to deal with life; a cathartic experience. Many participants who were initially hesitant about the process, ended up having very positive beliefs about it. Agnes trusted the process. Therapy was for her a safe place where she had an opportunity to notice herself.

“...my counselling it, it is always there for me. It’s something like a, a place which is safe for me... I think that all my sessions here were important because I, I noticed um, myself in every part of my life... the time has passed, and nothing is the same from the beginning”.

Fibi commented on the overall experience, reiterating how helpful it was during her studies, while she was dealing with many different stressful situations.

“... um I think the whole experience has been really positive and I’m really happy about I chose to have the sessions. Um, I think it was um, good to have them alongside my studies and work because um, at the time um, I was doing the coursework and I had four different placements um, and it was just really full on like I didn’t really um, have much free time um, so it kind of kept me motivated um, and I didn’t feel like giving up because I had that extra support...”

Organization, Modality and Flexibility

The sixth superordinate theme that emerges through the interviews examines how the promotion of the counselling service throughout the participants’ studies, the administrative support, the counselling services’ organizational structure as well as the modality’s flexibility have been found by the study’s participants to be significant in helping them with their decision to seek counselling and to find appropriate support. Even though the construct of this theme is not directly counselling related, it is found to be an important factor of change. As emerges through the data, the way the service is promoted to the students (participants/clients), helped them to give counselling a go. Low cost, immediate response, and immediate assessment contributed to clients’ commitment. Various types of flexibility supported their concept as a

mediator for change. Skype as a new modality for delivering counselling services was significant in that because of it, international students did not have to rush to end their therapy when they had to leave the college.

Most of the participants state that they have found out about the service through their department, emphasizing cost and flexibility.

“It was uh, one of uh, the information that I received eh, at the beginning of my courses so I found uh, a very good idea to explore it. (Agnes)

Fibi continued her therapy with the counsellor via Skype, and as they had built a strong relationship in person, the therapeutic relationship remained the same.

“really nice to have her support because um, she was really understanding and um, well we, we would meet up in the centre um, and then because she knew I was moving away, um, we arranged Skype calls and stuff because I already had so many sessions with her before, it still felt the same...”

4. 7. Discussion

The aim of this study was to gain a nuanced account of the students’ experience of receiving counselling services in a University’s counselling centre with a specific emphasis on what might have helped and hindered change and to explore whether their experience of change affected wider aspects of their lives using Interpretative Phenomenological Analysis (IPA) as a qualitative methodology. The analysis revealed six superordinate themes; Alliance; Trainees personal characteristics, behaviors and techniques; Clients’ self-involvement; A change that brings change; Beliefs about counselling throughout the process; Organization, modality, flexibility.

As emerges through the data, change is perceived as a result of several interacting factors that, together, allow various changes, from unburdening from suffering as far as growth. Gelo and Salvatore (2016) and Jorgensen (2004) also commended on the dynamic nature of change process. Nine out of ten participants described positive change as an ability to gain insight, to

learn something new about themselves, to freely express emotions, and to learn how to set healthy boundaries. This change brought symptom relief, emotional catharsis, and change in the way they approached their relationships. This finding suggests that internal factors and gaining of insight is an important factor of symptomatic, behaviour and relational change. These finding is in line with the view presented from qualitative research by Levitt, Pomerville, Surace and Grabowski (2017), Altimir et al. (2010) and Klein and Elliott (2006).

Participants were in therapy with counselling psychology trainees who were receiving training in an integrative approach. According to the participants trainees' personal characteristics, behavior and techniques seem to have affected the quality of the client/therapist relationship and the therapy outcome. Participants found the therapists' warmth and pleasant demeanor, and their empathy to be important parts of the process, allowing them to relax, to feel at ease and to develop trust. This is commensurate with existing studies which show that clients are more likely to connect with therapists that are considered being warm, caring, empathetic, self-aware, confident, and willing to listen. These support finding by Castonguay & Beutler (2006); Folkes-Skinner, Elliott and Wheeler (2010); Wheeler, 2000; Wampold, (2015). Bohart, 2000; Delsignore and Schnyder, (2007); Elliott et al. (2011); Lambert and Barley, (2001); Watson et al. (2014).

Participants contributed change to their own variables as well; they commented on their own motivation, the trust they showed towards their therapists and the process, their own expectancies, social support outside therapy, various internal resources emerged as themes that contributed to change. This is in line with findings by DeRubeis et al. (2014), Elliott et al. (2011), Cooper (2013). At the same time the results of the study also revealed that participants felt the need for validation and feedback, as this enhanced their perception of change. Based on their narratives though, this study showed that trainees didn't always encourage a process of feedback, which left the participants feeling unheard or unsupported.

Participants have commented on a variety of exchanges between themselves and their therapists. They emphasized the importance of acceptance, comfort, trust and commitment. Some of them were not able to bond with their counsellor and that created a feeling of distress. Throughout the process clients experienced both positive and negative emotions towards their therapist as the therapeutic relationship seemed to be a reflection of the client's personal relationships and attachment style. Based on findings, emotional containing by the therapist was perceived by the participants as helping them to tolerate and express their emotions. Overall, the data analysis revealed that a strong therapeutic relationship is essential for successful therapy. The bond created between participants and their therapist, the dedication to goals set by the participants, the environment where the participants shared emotions; all these contributed to this therapeutic relationship. This is in line with findings by Horvath, (2000), Wiggins, Elliott and Cooper (2012), Dobut and Harper (2018), McCarthy et al. (2011).

Data also showed that in many cases, transference issues and emotions associated from it were not adequately addressed. The need for therapists to address transference and attachment issues in order to provide a corrective experience seems to be clear. Data analysis shows a shortcoming from the therapist side in adequately dealing with such issues. Therapists' inability to contain certain emotions, derived from clients' experiences or thoughts, contributed to negative outcomes. This is in line with the findings of Connolly Gibbons et al. (2012), Hillenroth, et al. (2003), Gelso, Hill and Kivlighan, (1991) and Woodhouse et al. (2003) who report a strong relationship between interventions fostering emotional expression, the making of connections between important relationships in the client's life, and on the therapist and therapeutic change.

Results revealed that the parameter of time seems to be a significant concept in the process of change. Participants refer to time as a parameter in order to reflect upon the changes and accept them. They reiterate that the counselling process is a time sensitive process, which must be recognized so as to bring about change. Trust in the process and the therapist comes with time. This finding supports the argument of Krause et al. (2007), who observed that changes are more frequent towards the end of therapy. This also supports findings by Klein and Elliott (2006)

that show that experiential processing changes are observed to be greater towards the end and even after the therapy's end, as the clients reach deeper internal awareness and consolidate with changes of one's own functioning they have been experiencing throughout the process. In addition, this comes as a support to the idea that the limited session counselling services provided by some institutions may not lead to the same outcome as long-term counselling.

Self-stigmatization and faulty perception about counselling emerges throughout the analysis of the interviews; indicating that universities counselling centres should address this issue through open discussion and promotion of their services.

Results also showed that it was of great importance for students seeking counselling to be contacted immediately, and that their needs were facilitated. Lucas (2012) and Moreno et al. (2005) made the same point.

A new parameter that derived as important was the incorporation new technologies, such as Skype to accommodate the needs of clients where physical distance was as given.

4.7. 2 Strengths, limitations and future directions

IPA as the methodology of this study allowed the exploration of individual experiences though their own interpretation of their therapeutic journey. This study's strength is that adds knowledge to existing literature on the change process and non-specific factors of change as it presents findings from an international student population receiving counselling services from master's level counselling psychology trainees in a university setting. The use of IPA allows a direct source of information about these clients.

The use of the semi-structured interview protocol allowed simultaneously for both targeted and flexible data collection, where participants reflected back on the time of their therapy, trying to capture the essence of what might have helped or hindered change.

The literature and a pilot interview helped to shape the interview questions in order to establish their suitability. Reliability of the data was ensured initially during the interview process by using active listening and by reflecting on participants responses. An audit protocol was put into place to ensure credibility of the analysis process. The audit process included

checking transcripts, and the researcher's annotations to the transcript at different levels of analysis.

Reflexivity allowed the researcher, to be aware of her own views, beliefs, limitations, and prejudices, constantly reflecting on and being open to whatever may emerge from our data. However, at times interpretations of participants accounts may have been affected by the researchers experience in therapy as it is not possible for one to negate all preconceived notions.

The analysis of the data followed a sequential method, starting with a detailed analysis of each participant's account prior to proceeding to a group level analysis. Preliminary interpretations were reexamined multiple times, aiming to understand and reflect on each participant account. Interpretations followed IPA guidelines, drawing on existing theory and participant accounts.

One of the limitations of the study was the fact that participants came from different cultural background, often having English as an additional language which may confine expression of emotions. Further research may wish to investigate language barriers to the experience in therapy, as well as specific cultural parameters that might have affected clients' beliefs about counselling, their ability to freely express emotions or to set boundaries as concern to loved ones.

In addition, a limitation may pose as all of the participants received counselling from trainees coming from the same institution, having training in integrative counselling approach. This is an obvious limitation with regard to transferring findings to other contexts. Consequently, the researcher encourages studies that focus on clients receiving therapy from trainees from various therapeutic approaches, theoretical affiliations and practical backgrounds.

Another limitation comes from the researcher's philosophical perspective that she developed during her training which might have affected the construction of interview protocol and her interpretations.

Gaining of insight seems to be a core element of change for those participants reporting benefited from the process. Further studies on elements that produces depth of insight can help our understanding of how this is best achieved.

A new theme that emerges through the data is the importance of non-counselling but psychologically relevant factors contributing to change, such as the counselling centre's organization and the flexibility and modality of service provision. A further investigation on students' attitudes and perceptions of such services may help universities to gain an understanding of a newer generation of students' needs.

Finally, additional useful information for counselling in training could be provided by future research exploring the experiences of clients throughout their counselling journey using additional means of collecting data, such as clients keeping a diary, or filling out outcome measures at various intervals during their experience.

4.8 Implications

4.8.1 Counselling Practice

Clients' experiences in therapeutic counselling are important for the understanding of the specific factors that effect change as they experience it and not as assessment points on predetermined scales. The search for what works in the counselling process, for how change occurs beyond psychological theories and definitions, is fundamental for identifying what is effective and applicable to the individual (Elliot, 2012). The findings of this study can assist counsellors in training to become better equipped for the counselling arena as client input is invaluable. Insight gained can be utilized by university counselling centres to better understand the dynamics, the guiding explanations and practical applications of the counselling processes. Understanding student needs and perceptions of counselling can guide colleges better to assist those in need of support but also better to prepare counselling trainees to assist diverse population groups in need of mental health assistance. Furthermore, the results of the study can offer new

perspectives to counselling trainees and could enrich their understanding of the counselling process.

4.8.2 The place of this study

This study adds to the literature regarding the change process in counselling. Interpretations made in relation to existing literature fill a gap in our knowledge of participants' lived experiences in counselling and provide new insight that will help counselling training programmes to design curricula. Findings were examined within our current understanding of the therapeutic change process and provide an addition to the wider understanding of how students can be supported with their personal and mental health problems so as to positively affect their wellbeing and their ability to function better in an academic environment.

Chapter 5

An exploration of how counselling psychology and professional psychotherapy trainees develop as therapists to achieve benefit for their clients: An Interpretative Phenomenological Analysis

5.1 Introduction

The previous study, an exploration of students' experience in counselling in a university's counselling centre, indicated that one of the main factors that was perceived as contributing to therapeutic change was the alliance that clients developed with their counsellor. Trainees' personal characteristics, behaviour and techniques were also perceived as being crucially important. Clients commented on a variety of exchanges between themselves and their therapists. The participants emphasized the importance of acceptance, comfort, trust and commitment. Some of them were not able to bond with their counsellor and that created a feeling of distress. Throughout the process, clients experienced both positive and negative emotions towards their therapist as the therapeutic relationship seemed to be a reflection of the client's personal relationships and attachment style. On the basis of the findings, it can be said that emotional containment by the therapist was perceived by the participants as helping them to tolerate and express their emotions.

Various studies show that there is no change over time in trainees' abilities in engaging or enhancing changes in client-rated symptomatology (Hill et al., 2015; Michael, Huelsman & Crowley, 2005; Santor & Kusumaker, 2001). Similarly, Ereckson et al.'s (2017) findings supported previous studies showing that client change does not increase when therapists achieve higher levels of training. However, research has also shown that properly trained trainees can further develop their emotional and interpersonal characteristics and can perceive

clients with greater depth and complexity (Driscoll et al., 2003; Eells, et al., 2005), which can be a considerable predictor of positive client outcome. The results of interpersonal training were found to be beneficial in teaching trainees to appreciate the importance of establishing a relationship with clients, to become curious about client relationship patterns, to read and interpret defences, to become aware of and manage countertransference, and to be more authentic (Hill et al., 2015).

Professional psychotherapy and counselling training programmes aim at helping trainees to develop competencies that are key factors in therapy outcome; to become more sophisticated, flexible and cognitively complex practitioners, as well as less prejudiced and less judgmental counsellors (Granello, 2010; Kaslow et al., 2004). Hill et al. (2008) proposed the Hill Helping Skills model to explain the predictors and determinants of a good counsellor. Based on the model, training should aim at teaching trainees to develop questioning techniques aiming at exploration of feelings and thoughts; the ability to elicit client self-reflections and gaining of insight; the ability to aptly use interpretation and challenge. Complementing this, various other studies, including those conducted by Gelso, Latts, Gomez & Fassinger (2002), and Hill & Knox (2013), found that when trainees adopt and utilize various skills, such as session management skills, the ability to regulate emotions and conceptualize client dynamics, to manage patients' ambivalence about therapy while exhibiting confidence in the process, ability to efficiently use confrontation and interpretation, then better client outcomes are produced (Rønnestad & Skovholt, 2003; Pascual-Leone et al., 2012; Ryan, et al., 2011).

However, apart from the skills which can be taught, Hill et al.'s (2008) model emphasizes the need for empathy, clinical intuition, responsiveness to client wants and needs, and self-awareness. The significance of empathy has been furtherly emphasized by Greenberg, Watson, Elliot and Bohart (2001), who support the view that when therapists develop empathy skills, they can greatly impact the therapeutic outcome. *Empathic rapport* is a major dimension of empathy, incorporating showing compassion and understanding of the client's worldview. *Communicative attunement* teaches counsellors to be attuned with the unfolding of the client's

experience and *empathic responses* help with deeper level communication with the client (Greenberg et al., 2001). The feeling of understanding promotes safety and trust, making it easier for a client to self-disclose, to uncover personal dimensions and create meaning. Through empathy, clients can learn to reconstruct and correct relational experiences; they feel less isolated and feel worthy of respect and the expression of their needs (Elliott et al., 2011).

Skovholt and Rønnestad's (1995) 100-participant study on therapist-counselor development shows that during early stages of professional development, trainees often assume the entire responsibility for clients' involvement and outcome; they adopt a narcissistic position of having the power to help, cure, or lessen clients' anxiety, which, interestingly, increases their self-esteem and competence. The study has also shown that working with clients has a powerful impact on trainees' development, as client feedback can help them to better understand and apply intervention and interpersonal therapeutic functioning. Furthermore, being exposed to different clients' worldviews and problems helps them to endure suffering and accept human differences (Skovholt & Rønnestad, 1995). Understanding, accepting and respecting clients' different sets of life assumptions, as well as being vigilant to not impose one's own worldview when working with clients, is important in building trust and in setting clear and achievable therapeutic goals (Corey, 2012). Williams' (1997) study shows that trainees who focus on their clients' needs, and who are able to control their own feelings and their concerns about their own abilities, have better client outcomes. Norcross and Beutler (2000) suggest that by understanding each client's point of reference therapists can tailor their interventions to their client's needs and produce better outcomes.

Conor and Callahan (2015), in a study examining trainee therapists' expectations for clients' outcomes, found that trainees' expectations for client improvement correlated positively with eventual outcome. Niessen Lie et al. (2016) confirmed findings of a previous study (Wampold & Brown, 2005), that therapists' flexibility to adjust their approach according to clients' needs and presenting problems seem to produce positive outcomes. In addition, the study showed that therapists who display understanding of non-spoken words and

responsiveness to clients' reactions to their interventions, as well as willingness to adjust or correct their interventions and demeanour, seem to have more positive outcomes. Humility and acceptance, the ability to be present and the willingness to understand the clients' differing cultural parameters, have been found to achieve optimal benefit for the clients (Niessen Lie et al., 2016).

Trainees' fragility, incomplete self-awareness, difficulty of integrating their personal and therapist identities, as well as their self-efficacy concerns, negatively affect therapeutic outcomes as the focus shifts from their clients onto themselves (Cartwright & Gardner, 2016). Trainees' feelings of self-doubt and ambiguity about their abilities elicit anxiety and can be linked to therapeutic process disturbances, disengagement and withdrawal from the therapeutic alliance (Thiriault & Gazzola, 2006). Cases perceived as challenging may lead trainees to become overly stressed over their performance (Stressful Involvement); diminished ability to engage in a meaningful therapeutic alliance (healing involvement), as well as a diminished level of self-control, empathy and genuineness (controlling involvement), can hinder therapy outcome (Orlinsky and Rønnestad, 2005)

Rønnestad and Skovholt, (2003) also discuss trainees' feelings of inadequacy, distress and self-doubt. Their review on counsellor and therapist development describes how professional doubt might become a major stress element for trainees and novice therapists. The level of difficulty increases when novice therapists have not developed a high level of self-awareness and deep awareness of the therapeutic process. Fauth and Williams (2005) found that trainees' self-awareness was helpful for their clients, as it enhances their perception of therapeutic alliance; however, in-session self-focus attention was associated with hindering of positive outcomes for clients.

Trainees' personal reactions and aroused emotions during their sessions with their clients can be better recognized and understood from a countertransference perspective. According to Gubb (2014), countertransference can be seen as the therapist's response to the client's unconscious feelings and thoughts. It is thought to be unique in each particular

therapeutic dyad; it can be very useful in obtaining a deeper understanding of the client, thus should not be avoided but seen as an opportunity to gain insight. Even though countertransference is historically recognized as a psychodynamic element, different studies showed that trainees, from various therapeutic approaches, experienced strong emotions towards their clients, feeling criticized by them, feeling helpless, or disengaged (Cartwright, 2011; Cartwright et al., 2014; Fatter & Hayes, 2013). When these reactions are not addressed, they may interfere with therapy outcome (Fatter & Hayes, 2013). Similarly, Hayes, Nelson and Fauth (2015), while exploring eighteen therapists' experience of countertransference, found that those therapists who were able to recognize, process and openly discuss unpleasant feelings and negative client reactions presented better outcomes than those that were not able to articulate such feelings and reactions. This is further supported by Hayes, Gelso & Hummel's (2011) meta-analytic review examining countertransference and client outcome, which found that therapists' awareness of their own negative reactions to clients increases their effectiveness.

Trainees' personal unresolved issues and anxiety may obstruct a strong client-therapist relationship, so improvements in trainees' psychological functioning might help in diminishing anxiety, which will lead to a better therapeutic relationship (Nyman et al., 2010). Norcross and Guy's (2005) review found several benefits associated with therapists' personal therapy, including improved therapeutic relationships, improved self-reported outcomes, and positive professional development. Some studies (e.g., Orlinsky & Rønnestad, 2005; Bellows, 2007) found that psychotherapists have associated their personal therapy with an enhanced sense of professional identity, with improvement in work-functioning, self-esteem, emotional expression, with increased level of empathy towards their clients, and therapeutic alliance. Trainees report that through personal therapy they uncover hidden parts of themselves; they have the opportunity to deal with unresolved personal issues, which in turn helps them to endure inner discomfort and overwhelming feelings when working with clients (Rizq & Target, 2008). In addition, as trainees report, through personal therapy they gain a better understanding of the therapeutic relationship, while their sense of empathy becomes richer (Kumari, 2011;

Murphy, 2005). Overall, as trainees' personal therapy improves their introspection as well as their mental and emotional functioning and alleviates professional and personal stress, it also better sensitizes them to their clients' behaviours and emotional needs (Norcross, 2005; Orlinsky et al., 2005). Finally, it provides them with an opportunity to directly observe therapeutic methods, and this contributes to the appropriate use of different therapeutic skills and interventions with their own clients; it also promotes an authentic therapeutic relationship (Strozier & Stacey, 2001).

During training, professional functioning is somewhat externally driven, with trainees being preoccupied with a need to meet standards set by supervisors and trainers, constantly expecting direction and support from their supervisors (Skovholt & Rønnestad, 1995). Research has shown that supportive supervision is a key component in counselling training and development, not only as a training tool but also as support (De Stefano et al., 2007; Howard et al., 2006). Trainees report several important and helpful aspects of supervision, such as increased self-awareness, facilitation of exploration, and challenge; on the other hand, though, they also note that supervision is often perceived as criticism, which raises their stress level and affects their work with their clients; they become avoidant, bored and anxious (Hill et al., 2007; Messina, 2018). Wheeler and Richards's (2007) systematic review of 18 studies shows a significant impact of supervision on trainees' development and their work with their clients. Similarly, to their personal therapy, supervision mirrors relationship patterns and examines aspects of transference; it allows supervisees to further examine the complexity of their clients' presenting problems and to better manage different aspects of the therapeutic process (Ogren & Jonsson, 2003). At the same time, a rigid, critical, or demeaning, inattentive and unsupportive supervision leads trainees to over-contemplate the supervisor's demeanour, and their interventions, and consequently diminishes authenticity in the therapeutic relationship and negatively influences client outcome (Gray et al., 2001).

5.1.2 Study Justification

A few studies that explored counselling and clinical trainees' experience with client outcome and change (Williams 1997; Hill et al., 2015; Tannen et al., 2015; Erekson et al., 2017; Rivas & Hill, 2018) focus mainly either on trainees' experiences of their own change during the process, or they examine change of specific client population (clients with disability), or how specific predetermined trainee practices (being present) affect client change. Consequently, the goal of the present study is to investigate trainee counsellors' experience of training, with a specific focus on achieving client change.

As previous knowledge of factors contributing to change emphasizes the importance of personal and interpersonal factors in therapy, this study will use a qualitative approach aiming at providing insight into counselling psychology trainees' experience with their clients' change. As the previous study that used Interpretative Phenomenological Analysis (IPA: Smith et al., 2009) as a methodological framework to explore individual students' experiences in counselling, this study uses the same methodology in order to explore in depth the experiences of trainees with their clients. Using a similar approach, the researcher facilitates comparison between the findings of the study and triangulation of the phenomenon of interest within this thesis. The researcher collected detailed data from participants, as per IPA principles, giving to participants not only a voice but also an opportunity to "make sense" of their experiences of achieving change for their clients (Larkin et al., 2006). IPA aims to explore individual accounts of participants that share common characteristics in relation to the specific phenomena of interest.

5.2 Aims.

The aims of this study are to:

- (1) To investigate professional psychotherapy and counselling psychology trainees experience of learning to work with client change.
- (2) To explore the experience of the contribution of differing aspects of the training in assisting trainees in working with clients to achieve change.

5.3 Method

5.3.1. Design

IPA was chosen as the appropriate approach in this study as it aims at exploring in depth the subjective meaning of a lived experience, here that of counselling trainees (Alase, 2017; Creswell & Poth, 2017).

5.3.2 Ethical Implications

Ethical approval was sought via the International Faculty of the University of Sheffield (Appendix A.2). This study adheres to the ethical principles set out by the British Psychological Society (2018) and to principles aiming at the privacy, safety and welfare of the participants.

As the scope of the study was to examine trainees' personal experiences with clients in connection to their supervision but also their own therapy, there was a risk that trainees might experience some stirring of emotions by issues participants dealt with during that time. Thus, it was clarified to them that there was some risk associated with this during the interview.

Participants were informed that the role of the researcher was not the role of a counsellor, thus she could not support them psychologically through this process if a need arose. Participants were informed that at all times, counselling support would be available for them, at CITY College's counselling center, free of charge. Participants were informed that if malpractice was revealed the researcher would report this to the Placement Director of the College's counselling training programme. In addition, the researcher took on the responsibility to report any type of misconduct to the Head of Learning and Teaching of the International Faculty.

5.3.3 Participants

Participants were counselling psychology and professional psychotherapy trainees from various training programmes that integrate theoretical, research and practical components. Participants were providing therapeutic services to clients under their training programme's placement and supervision. Trainees had accumulated at least 100 client hours of their programme's practical component.

Participants were identified via programme directors, who sent an email invitation on behalf of the researcher (Appendix E.1). Those trainees who responded to the invitation were contacted by the researcher and provided with a participant information sheet (Appendix E.2) with an option to ask questions before an appointment was set to conduct the interview (Appendix E.4). Participants were required to sign a consent form (Appendix E.3). Participants received a debriefing form after their interview (Appendix E.5). This IPA study initially recruited 10 participants as per IPA recommendations (Thompson, Larkin & Smith, 2011; Hefferson & Rodriguez, 2011); however, data from only 8 interviews were utilized, as 2 of the participants did not provide rich and substantial data. A short demographics form was used in order to collect sufficient contextual information on the participants. This form included information on gender, age, personal therapy stage, and number of training hours (Appendix E.4). Seven out of the 8 participants were female and 1 was male, and they were aged between 24 and 38 years (Mean=30.37, SD=4.936, 35). Participants came from various cultural backgrounds and countries. Details of the participants can be found in Table 1.

Table 5.1

Participant Details

Participant ID	Age (at time of interview)	Gender	Study level at time of Interview	Client Hours (at the time of the interview)	Therapy hours
One	24	Female	MA Counselling -Integrative Approach	150	Short-term Therapy
Two	26	Female	MA Counselling -Integrative Approach	150	Long-term Therapy
Three	30	Male	MA Counselling -Integrative Approach	150	Ongoing psychoanalysis
Four	26	Female	MA Counselling -Integrative Approach	150	Long-term Psychotherapy
Five	28	Female	4yr Professional Psychotherapy Training in ISTDP	100	Long-term Psychotherapy
Six	36	Female	4yr Professional Psychotherapy Training in Gestalt	400	Ongoing psychotherapy
Seven	35	Female	Professional Psychotherapy Training in Family Therapy	250	Long-term Psychotherapy
Eight	38	Female	Professional Psychotherapy Training in Adlerian Therapy	300	Ongoing Psychotherapy

At the time of the interview, the participants were given time to ask questions about the process, and to feel comfortable so they could engage in an insightful interview investigating explicit recollections of specific aspects that they considered to be important to their experience. Seven out of the eight interviews were conducted in English using a semi-structured interview protocol, in which questions were based on the aims of the study and the literature review. One interview was conducted in Greek using the same interview protocol (questions were asked in English, and the interviewee responded in Greek, as she stated that she felt more comfortable discussing her experience in her native language). The interview protocol is presented below. Prompts were included in the interview protocol in order to follow up the main questions and encourage in-depth sharing.

Table 5.2

Interview Schedule

As we have previously discussed, my interview with you is about how your training has helped you to work with your clients to achieve change or improvements.

Training Experience

1. What has been your experience of applying principles of your training programme to prepare you to effect client change?

Prompt: How so? Could you give me an example of how you applied this in your work? Any things that worked particularly well, or not so well?

2. How would you describe your experience of training has evolved over time to help you work with clients to effect change?

Prompt: Can you give me specific examples of critical incidents (either taught-theory-teaching, assessment or practice based) that helped shape learning in relation to effecting change with clients?

3. What do you believe you did or said that helped your client the most?

Prompt: Which factors and processes you feel were the most important aspects contributing to this change?

Different aspects of training

4. Let's now consider other specific aspects of the counselling training (e.g. foundation course, reflexive practise etc) that have helped you effect change with clients- what has been your experience of these in relation to helping you achieve change with your clients?

Prompt: Can we see each area separately? Can you give me an example of each?

5. Are there any additional aspects of personal and/or your personal life (such as receiving therapy) that you have experienced as useful in achieving change for your own clients? Can you tell me a bit about your experience of this process in relation to achieving change with your clients?

Prompt: Was this something you chose yourself, or did you do it because it was mandatory to your programme? When you went to counselling, what were some of your initial thoughts & feelings?

6. In what way (positive or negative) do you think that your own therapy has affected your own therapeutic skills?

Prompt: The way you relate to your clients, treatment structure, empathy, transference and countertransference. Can you give me some examples?

Personal Characteristics and reflection on the use of these

7. What has been your experience of using yourself in relation to achieve client change?

Prompt: Personal characteristics or style that have played a role in relation to change?

8. What has been your experience of considering/exploring change in your clients during supervision?

Prompt: Any specific focus on change? Examples of supervision being helpful/unhelpful.

Examples of discussing stuckness, therapeutic ruptures, sudden gains etc?

9. What was tried/used? What is your experience of this?

Measuring/monitoring change and Termination

10. What has been your experience of measuring, monitoring or understanding how progress is going with your clients?

Prompt: Use of any measurement tools, questioning style, feedback systems to ascertain/understand the nature of change/progress being made?

11. How do you prepare your clients for the last phase of the process, i.e. termination (how do you address it, time frame, discussion, sharing of thoughts)?

Prompt: What are some of the feelings you and your clients experience? What do you think are some of the most important aspects in the process as far as your client change is concerned?

Thank you

5.3.5. Recording, Transcription and Translation

The researcher transcribed all interviews by herself. Following transcription of each interview, the recordings were listened to again so as to ensure that the transcription was accurate. The translation of the interview that was conducted in Greek followed methodological recommendations for Cross-Language Qualitative Research, by Squires (2009). More specifically, the researcher, who is bilingual in Greek and English and a psychologist, translated the interview herself, focusing on conceptual equivalence and appropriate use of language. To ensure trustworthiness, the translation was validated by one of the supervisors of the study, who is also bilingual in Greek and English. As IPA requires attention to language as a medium of expressing experience of a phenomenon, the researcher always referred to the original document in order to ensure that the analysis captured the essence of the participants' words.

5.4 Rigor

An audit of the analytic process (checking transcripts, researcher's annotations to the transcript at different analysis levels) was used in order to ensure credibility of the analysis (Spencer & Richie, 2012). Supervisors and a peer audited random transcripts with annotated notes, at different phases of the analyses, as well as reflexive diary notes.

Extended extracts from individual interviews are included to the analysis section to ensure that the voices of the participants were closely presented. In depth interpretations based on the unfolding of each participant's story were derived from the extracts, as IPA's phenomenological, hermeneutic premises indicate (Finlay, 2013).

5.4.2 Reflexivity

The researcher kept a reflexive journal throughout the process (Appendix E.7), prior to and after the interviews, making notes of her, thoughts, ideas, emotions, experiences. This self-reflection diary of the researcher was regarded as data source. The researcher's engagement in self-introspection (Russell & Kelly, 2002) from the commencement of data collection, facilitated the bracketing of presuppositions. The researcher recorded initial preconceptions based on personal experience of counselling and understanding of different counselling and psychological theories as well as on her experiences in training. Reflections pondered on personal and professional development overtime; on ways she works with her own clients; how her supervisors may have affected her view of therapy and on how she approaches the concept of change with her clients now and how she did back at the time of training. Table 5.3 presents a summary for one of the interviews conducted. A reflective summary of all the interviews is available at Appendix E.7

Table 5.3.*Reflective summary***Interview Four**

I was impressed with how willing the interviewee was to present her internal struggle of not being able to relate with clients prior to having her own therapy. Her honesty, of presenting how changing herself helped her clients reach change, puts me at ease for choosing to explore this topic.

At the same time, she appears cold to me... keeping minimum eye contact during the interview. I kept on thinking how she may come across to clients. As we kept on going, I could not stop thinking that supervision issues were heavily affected by transference and countertransference feelings.

She discusses a journey, with important moments and milestones... clearly stating how all the pieces of a training process are important to help clients reach their goals. Interesting discussion on how supervision may hinder the process.

While analysing the data I couldn't stop thinking that during my 1st study, participants reiterated on how change came as a result of their internal frame, from their own commitment, while here trainees rarely discuss how crucial it is to encourage their clients to commit to their goals. Participants here seem to want to carry the responsibility of client change on their shoulders.

In addition, this interview made me further consider the topic of endings... and how this may affect the trainees. I am also curious of how this could be further approached in training so both trainees and clients can learn from what it may represent. How tutors and supervisors deal with this, keeping in mind that in most training programmes planned termination is a given. In addition, I am wondering how trainees deal with their own moving on.

5.5. Results

The analysis (Appendix E.6) followed IPA guidelines (Smith et al., 1999; Smith & Osborn, 2003; Smith, 2004; Larkin & Thompson, 2012). Analysis of the data produced seven superordinate themes, each including several subthemes as shown in Tables 2.4 & 2.5 below. A brief explanation on what each superordinate theme represents can be found as footnotes to Table 6. All themes are critically discussed below, combined with participant quotes.

Participants' identities have been concealed and instead of names they are referred to as participants One, Two, Three, Four, Five, Six, Seven, Eight. As quotes are part of an interview, at times they have been edited for clarity purposes, making sure that the content has not been altered. Missing or omitted data is represented by the use of '...'. Themes discussed represent an interpretation of some parts of the participants' experience as they describe it and not their entire experience in therapy as they lived it. At times one may notice an overlap of some aspects of experience within themes due to their interconnection and their reciprocal influence.

Table 5.4 depicts the contributions of the participants to each of them

Table 5.4.

Table of Themes

Training and knowledge gaining ⁷	Focus on the client. "A duet for one" ⁸	The trainee as person and professional ⁹	Working through ¹⁰	Trainees' personal therapy as an Incubator for client change ¹¹	Supervision ¹²	Endings ¹³
<p>Growth through theory</p> <ul style="list-style-type: none"> -Theoretical concepts as a base to build on. - Theory important in framing a client's presenting problem. -Case studies helps in better understanding of concepts --Theory shaping personal philosophy <p>Experiential learning</p> <ul style="list-style-type: none"> -Incubator for practicing counseling skills -Role playing -Experiential learning to enhance self-awareness <p>Peer learning</p> <ul style="list-style-type: none"> - Peer relationships teach trust -Being part of a wider team (peers) increases confidence -Provide different perspectives and this may protect the client <p>Client contact hours</p> <ul style="list-style-type: none"> -Client contact brings everything together. -Learning from clients <p>Tools for understanding change</p> <ul style="list-style-type: none"> -Session observation -Note keeping. -Videotaping 	<p>Client in charge</p> <ul style="list-style-type: none"> -Client setting the pace. -Clients defining the therapeutic way. -Trust the client to make changes <p>The stance of not knowing.</p> <ul style="list-style-type: none"> -Learning to see the world through the client's eyes. -Starting from a point of not knowing <p>Being the client's advocate</p> <ul style="list-style-type: none"> -Fighting for the client -Empowering clients and leading them to see their change. -The choice to respect the client's vulnerable position. <p>Client parameters</p> <ul style="list-style-type: none"> -Client personality structure Client assuming responsibility 	<p>Professional awareness</p> <ul style="list-style-type: none"> -Trusting oneself to help a client. -Growing as a professional Feelings of adequacy & self-cautiousness <p>Life experiences & demeanor</p> <ul style="list-style-type: none"> -Personal Experiences - Countertransference -Trainee's personality and demeanour (Being involved and present in the process) <p>Acquired skills</p> <ul style="list-style-type: none"> -Active listening -Understanding the "here and now" -Dealing with silence -Reframing and reflecting -Adjusting techniques 	<p>Therapeutic Alliance</p> <ul style="list-style-type: none"> -A reparative relationship -Bond and Trust -Create a safe environment. -A structured way of looking at therapy, setting clearer boundaries. -Allowing time <p>Willingness to explore.</p> <ul style="list-style-type: none"> -Seek deeper meanings. -Help clients understand and move beyond the obvious -Observing, allowing, and encouraging emotions into the process - Dealing with deference mechanisms and utilizing challenge 	<p>Personal therapy as a guide</p> <ul style="list-style-type: none"> -Developing counselling skills through personal therapy/Personal Therapy compensating training. -Therapist's' personal therapies assist in client relationship, and professional training helps in how one will approach therapy. -Missing an important component when personal therapy is not present <p>Understanding change</p> <ul style="list-style-type: none"> -Therapist using themselves as a medium of change for their clients. -Therapist's own view of therapy affects how one works with clients... 	<p>Feedback & Direction</p> <ul style="list-style-type: none"> -Supervision providing different perspectives. -Encouragement and support -Supervisor relationship affecting the way one views the client. Opportunity for reflection <p>Supervision hindering client change.</p> <ul style="list-style-type: none"> -Supervision and trust in the therapeutic alliance -Supervision intimidation -Anxiety and supervision 	<p>Change and termination.</p> <ul style="list-style-type: none"> -Planned termination motivating clients to work on their goals. -Opportunity to discuss and understand change <p>Client "emancipation"</p> <ul style="list-style-type: none"> -Grieving process at termination teaches dealing with endings. -Teaching clients to leave the nest. -Untimely termination hindering change. -Trainees' perceptions of letting go.

⁷ This Superordinate Theme deals with all the major training components of counselling and professional psychotherapy programmes. It incorporates theoretical academic components that educate trainees on various aspects of psychology; in addition, it refers to the approaches' theoretical underpinnings that help trainees to understand and develop a therapeutic philosophy. It incorporates peer learning, experiential leaning; it discusses tools that help trainees to understand their own but also their clients' change and their own professional development through client contact.

⁸ Borrowing the phrase "A duet for one" from Jeremy Holmes (2017), this theme emphasizes, the importance of focusing on the client, trying to understand their internal resources and empowering them to use them towards reaching their goals.

⁹ Ponders who the trainee is as a person and a professional and how they utilize skills and personal characteristics they develop through training in order to assist their clients to achieve change.

¹⁰ Working through is seen as a process of building therapeutic alliances and examining conscious and unconscious components that help in overcoming obstacles and reaching change.

¹¹ This superordinate theme examines how trainees through personal therapy may reach therapeutic maturation, and personal awareness, in order to be able to help their client to do the same.

¹² Considers the implications supervision has in case conceptualization, building strong client relationships, deciding on interventions.

¹³ Endings deals with the final stage of therapy, and how trainees utilize it in order to encourage their clients to move ahead on their own.

Table 5.5

Participant contributions to subthemes

<i>Superordinate and subthemes</i>	<i>Participants</i>							
	One	Two	Three	Four	Five	Six	Seven	Eight
<i>Training and knowledge gaining</i>								
<i>Growth through theory</i>			X	X	X		X	X
<i>Experiential learning</i>	X	X	X	X	X	X	X	X
<i>Tools for understanding change</i>	X	X				X	X	
<i>Peer learning</i>	X	X	X		X	X	X	X
<i>Client contact hours</i>	X	X	X	X		X	X	X
<i>Focus on the client "A duet for one"</i>								
<i>Client in charge</i>	X	X			X	X		X
<i>The stance of not knowing.</i>	X	X	X				X	
<i>Being the client's advocate</i>	X	X	X	X	X	X	X	X
<i>Client parameters</i>			X	X	X		X	X
<i>The trainee as person and professional</i>								
<i>Professional awareness</i>	X	X	X				X	
<i>Life experiences & demeanor</i>	X	X	X	X	X	X	X	X
<i>Acquired skills</i>	X	X	X	X	X	X	X	X
<i>Working through</i>								
<i>Therapeutic Alliance</i>	X	X	X	X			X	X
<i>Willingness to explore.</i>	X	X		X	X	X	X	X
<i>Trainees' personal therapy as an incubator for client change</i>								
<i>Personal Therapy as a guide</i>	X	X	X	X	X	X	X	X
<i>Understanding change</i>	X	X	X	X	X		X	X
<i>Supervision</i>								
<i>Feedback & Direction</i>	X	X	X	X	X			X
<i>Supervision hindering client change</i>	X	X	X	X		X	X	
<i>Endings</i>								
<i>Change and termination.</i>	X		X			X	X	
<i>Client "emancipation"</i>		X		X	X	X	X	X

Training and knowledge gaining

This Superordinate Theme deals with all the major training components of counselling and professional psychotherapy programmes. It is comprised of the following subthemes: Growth through theory; Experiential learning; Peer learning; Client contact hours; Tools for tracking change.

Growth through theory. When it relates to or follows up the participants' experiences, theory acts as a basis for understanding the intricacies of human nature. Participants accounts show that through theory, they have learned to conceptualize cases, and to frame clients' presenting problems. Based on the participants' experiences various theoretical constructs acted as a road map giving to them direction and insight. Theory improved participants' clinical reasoning and provided support for various interventions used by them. All of the participants discussed and emphasized the importance of gaining theoretical knowledge of various psychological concepts.

As participant One explains, theoretical understanding is a stepping-stone, where one learns to gain trust in one's abilities.

"... Of course, education is education. I mean it's the biggest part in order to start, to have the experience especially for me a side gig basically in order to trust yourself. Ok, I have education so let's move on..." (One, pg.4).

In addition, scientific knowledge equips trainees with understanding and skills to promote well-being.

"... A course of psychopathology helps me a lot in order to seeing the features of pathology that apply to them..." (Two, pg.2).

Theory helps trainees to gain in depth understanding of complex concepts, such as the therapeutic alliance.

“... ISTTP is a very clear model with basic steps so it, it helps me um, put our, my, my clients on a very specific track uh, and show them how we can process things by experiencing firstly our feelings so that would be the first foundation of the, of the therapeutic alliance...” (Six, pg.2).

Furthermore, as participants state, through theoretical learning they grasp the essence of the philosophical underpinning of various therapeutic approaches, to make it their own, to shape them as professionals. Theory shapes trainees’ world view. The philosophy behind theory sets a foundation for them to further explore and understand human nature.

“... systemic thinking really affected me as a person, so I really believe that this therapy can work. So, I had more confidence. I believed what I was doing and what I was saying to others. I was capable to see the whole picture like I said before of the family to notice things, small things and details that I couldn’t at the beginning.” (Seven, pg.7).

Similarly, participant Five shares that her own change as a professional began when she started thinking in terms of the approach, she was trained ...The approach became part of who she was, or how she saw the world.

my evolution as a psychologist and a psychotherapist started or, started having its finalized form uh, when I started thinking psychoanalytically” (Six, pg.3).

At times, though, this may distress the trainees, as through gaining of knowledge they realize they have to start adjusting to a new way of thinking and at times they have to examine their existing thoughts, values and beliefs. As participant Three shares

“... (learning new theory through) my courses were kind of weird for me. I mean, I was listening to something very constructed suddenly... the principles, these are the things you should do, this is, okay, I do get it but it’s an educational thing that we all need to know, it’s the knowledge we need to get but for me it came a little difficult to, to adopt and eh, and furthermore to internalize all these things...” (Three, pg.1).

Finally, theoretical learning provides trainees with specific tools, or specific methods, that help them to understand and frame their clients’ presenting problems.

“The first is the interpersonal inventory structure. In this phase, we gather information on different areas of the client’s life; we create a psychological profile, a social profiles consisting of the person’s daily routine. We include information that have to do with medical history ... or anything else that might be of special interest. We create a family “map” of their family that includes info on physical and mental health of the individual...” (Eight, pg.1).

Experiential learning is the second subtheme theme, where all participants seem to agree on the effect it has on their development and how this affects client change. As presented by the study’s participants, experiential learning, being a form of practice-based education, provided them with various opportunities to explore interpersonal dynamics, to gain depth of insight, to enhance self-awareness, but also to practice basic counselling and relational skills through role-playing and other affective process methods. Through experiential learning, as participants recount, they enhanced their understanding of the therapeutic process.

As participant Eight shares, through experiential learning one puts oneself in the vulnerable position of self-exploration, it opens the way to deep understanding, and through this one can guide clients towards doing so themselves.

“The experiential training directly explores and brings you into direct contact and connection with your own feelings, it makes it look therapeutic... it teaches you a psychotherapeutic technique of how someone can be in contact with their client, but also to oneself. I think that is a... a process which cannot be excluded from the psychotherapy.” (Eight, pg.7).

Another component of experiential learning was that of personal development. Through this, trainees can reach depths of self-awareness that at some time go beyond their personal therapy. It provides a view of the self from a different angle, and this is considered to be one of the most important aspects of becoming a therapist.

“I want to say that for me this training was more like uh, instead of training it was, I would guess the word therapeutic... when I listen to this word of training uh, in like a class, in a lesson, and a teacher that teaches and it was like um, you know it was like full therapy sessions and uh even, even lessons they were experiential” (Five, pg.5)

Peer learning comes hand in hand with experiential learning. As the data reveal, through peer experiential interactions and peer supervision, participants had the opportunity to explore different viewpoints, concerns and ideas but also to further develop trust and alliances. Participants emphasized the importance of personal and professional development through peer interaction as this fostered accountability and increases sensibility. In addition, as participants share, peer learning worked as a mirror, it enhanced their sense of belonging to a therapeutic community.

“it’s interesting that I don’t want to stop (group supervision) because it’s not only a supervision, I mean you’re doing the work for yourself, and it’s therapeutic... So, it’s like a way to always be in touch with what is happening inside of me and I don’t know why but it’s more creative to be in a group supervision. (Five, pg.5)

Peer learning assisted participants in gaining insight and enhances self-awareness. As one of the participants explains, peer interaction helped him see through the eyes of others, to shift the focus away from himself; he was able to connect in a deeper level, he was able to see the pain of others and to be less egocentric.

“...The group experiential sessions we had here, really helped me realise that maybe I was very focused on myself in a way, I was very focused on my therapy, my problems, my issues... everything had to do with my problems and suddenly I saw, I mean in a very, let’s say massive way, in a very sharing way, I saw others’ problems I mean suddenly it wasn’t my problem in the board, it was our problems and the world.” (Three, pg.6).

As participant Seven shares, she developed trust in her peers and, through this trust, confidence to help her clients in the best possible way.

“... I was confident with my team that can help in any time that I can’t, that I needed them to do so, and it worked... I had the, the chance to discuss some things that interfering in my sessions as a therapist... and to hear the other people in my group.” (Seven, pg.7 & 9).

Client Contact Hours considers the opportunities that trainees had, so as to apply and further develop new therapeutic skills learned through theory and experiential teaching. As the participants share this was an integral part of their training and regardless of the difficulties and insecurities they may have faced, client hours were considered to be rewarding and worthwhile as this experience brought value to their work with their clients.

“... I remember I was very stressed about my first session with a client, and I was feeling like uh, I’m really like out of, out of the water like no clue, no experience” (Four, pg.1).

Trainees indicate that client hours help them to gain a better understanding of their role as counsellors and psychotherapists. They describe the moment of starting to work with clients as a

moment of transformation for them as therapists, as they started experiencing the dynamics of the therapeutic relationships and how this affects client change.

“... it was so much different than reading about the case. It was uh, super seeing an actual patient and starting to work with him because then I could really realise the, the dynamics of uh, transference and countertransference and I could also tell by the videos but uh, countertransference, transference is really so much intense and I, I think um, that you can only find ways to manage and it makes something out of it, only if you sit on that chair and start working as a psychotherapist.” (Six, pg.4).

Trainees grow as professionals through client contact; they become increasingly confident in their abilities and they gain trust in the process. Participant Eight reiterates that it is important to have an in-depth understanding of psychological constructs, but the parameter that makes a difference when it comes to psychotherapy is client contact hours. This is what brings everything together.

“I have realized that the academic studies are very important, but the practical side, having direct contact with a client, is heavily based on professional psychotherapy training. The therapeutic approach but also the Psychology studies. I think it is very important. That is, for me, a therapist should have one leg on the academic side and the other on the psychotherapy...” (Eight, pg.6).

Tools for understanding change refers to all the processes in place to help trainees to monitor, to observe, to reflect on and evaluate themselves and their interaction with their clients, and to explore the impact of interventions within their practice. Monitoring and videotaping therapy sessions is perceived by some trainees as essential for their own professional development and the facilitation of effective deliberate training and supervision. These processes assisted participants in the understanding of one’s own capabilities, but moreover assisted in

attunement to clients' internal resources, limitations, and defences. However, at the same time, feedback and evaluations has been found to distress trainees, making them feel exposed.

Nevertheless, the process also made them realize the importance of relating, and not focusing solely on interventions. Participant Two remembers her first client evaluation during her training.

"I can recall is a day that we were videotaped having a session with an actual person... we were videotaped. After this session, she shared her opinion about us and about our manner and this was hard... We were exposed very much and she was really tough actually (laughs)... this was the difficult and bad part but it made us feel more comfortable sitting across someone and eh, make this happen" (Two, pg.5&6).

Participant One shares how she kept notes to guide her through the process with each of her clients, noting down how each session progressed. This helped her to recognize change in her clients' demeanour, their relationships, their everyday life. It was a tool that helped her through supervision, as this helped her to synergize with her supervisor and her clients.

"I wrote down, (everything about the sessions) all that previous period. By reading (my notes), I could see there was actually progress. Uh, so that's the only thing that I could say... I could see the progress after writing down... To be honest, when I read, all you know, combined with the supervision for each client, from day one when it would, it was done I saw the progress..." (One, pg.18-19).

Participant Six discusses the importance of videotaping her sessions, which allowed her to see and reflect on her skills and abilities and reflect on these with her supervisor, seeing his point of view, listening to his guidance.

"... we work with um, videotaped psychotherapy sessions so that was very, very powerful because uh, I, I can see five times a session in my home... and I'm learning to, to detect different things" (Six, pg.10).

Participant Seven, explains how session observation by peers, and a later discussion, provides a better view of one's blind spots, and issues of countertransference in session that, as brought to the surface, provide support for the client and development for the trainee.

“it's different when you are a therapist in the session, in the room because the interaction with the family made you feel and think many things during the session. That's something that um, usually don't happen when you are behind the mirror, (observing)... your mind is clear and you can notice things, you can uh, see details that the therapist can't or don't want to see (laughing) because sometimes you don't want to hear or you don't want to see things because it, they are difficult for you to handle or to ask, eh so I had the chance to see more clear without any disruption...” (Seven, pg.11).

Focus on the client: “A duet for one”.

Borrowing the phrase “A duet for one” from Jeremy Holmes (2017), this superordinate theme depicts the importance participants place on the clients' needs and goals, their internal capacities, their willingness and abilities to reach change. Data show that trainees were seeking to understand client internal resources, empowering them to use these towards reaching their goals. It incorporates four subthemes showing the respect participants had for their clients' personalities, worldviews, values and cultures. In addition, subthemes depict how participants empowered their clients and led them to acknowledge changes achieved. These subthemes are presented under the following titles: Client in charge; The stance of not knowing; Being the client's advocate; Client parameters.

Client in charge. Participants brought up the importance of showing trust in the client's ability and commitment to see aspects of their personality, to gain self-awareness and to verbalize emotions. In addition, trainees emphasized the importance of giving room to clients to engage with and to actively participate in the therapeutic process. As participant One shared of her

experience with one of her clients, she sought not to guide her client through her own world view, but rather to show trust in him to be an expert on his life.

“... I think that he already knows the answer, but he wants to say, say that out loud... I didn't suggest... I didn't lead, yes I didn't lead him in any of, of his choices...” (One, pg.7)

In addition, a very powerful realization that is expressed by participant Five is the fact that the therapist needs to be aware of small subtle changes in the way their clients express themselves, the way they talk and approach things, as small changes bring about larger changes.

“it's something that I can, I can feel... that it's important that if a client feels the change, not if I see the change” (Five, pg.14).

The stance of not knowing encompasses the significance participants place in seeking to understand and accept different worldviews, values, biases, and assumptions about human behavior, starting from a point of not knowing. All of the participants find it crucial to listen to their clients, to understand social and cultural factors in their lives, to avoid forcing them into preconceived molds, in order to help them to recognize personal barriers and struggles, and reach deeper levels of self-awareness. All of the trainees reiterated the need to avoid assuming the role of an expert who is going to enforce a proper way of being, but to be an accepting and supporting partner in exploration, seeking to understand and help clients to understand their world and to decide on the goals they want to reach in therapy and eventually in their everyday lives.

As participant Eight expresses, giving her clients the space, they need, allowing them to decide when and how much they want to disclose, shifts expertise from the therapist to the client.

“I give space on the experiential procedure and the emotional background. I avoid proposing solutions and directions and anything else that will guide the person, because I want to avoid my own assumptions on what it is being heard” (Eight, pg.14).

Being a client's advocate is one of the reoccurring subthemes emerging from the data. Often trainees express the need to respect their clients' vulnerabilities but also to fight for their clients, to support them in finding their place in the world, to empower them to reach their goals.

In participant One's experience, her supervisor at times did not have a clear view of the trainee's client, making assumptions that didn't seem fair for her client. That may lead to a rupture in the supervisory relationship, only though in order to create a stronger relationship between the client and the therapist, without even the client's conscious knowledge.

"I was like she is not the person that she usually cancels on me so we can skip that, I mean we don't have to go that deep, but he (supervisor) was like, we have to go that deep... and I think, that's the one time that I was in total disagreement (with the supervisor)". (One, pg.17).

An important aspect of the process as seen by trainees is their focus on empowering clients to explore aspects of themselves, to express themselves, to dare to make changes, to decide how and when these changes must start taking place.

Participant One says she leads her client to explore his fears, to look at all his options, trusting him to know what is best for him.

"... I was actually trying to find what is the thing that scares him if he chooses the one way or the other... we elaborated on this for the whole session and it's an award let's say for the therapist when he says to you that okay now, I know what I'm going to do and he came to this conclusion without me telling him what to do..." (One, pg.7).

Participant Six, believes in making a choice to respect her clients' vulnerable position; in showing support for and deep understanding of all the effort clients put into the process in order to reach change and catharsis. Being able to see the pain, the struggle the clients are going

through, she encourages and supports them to reach their therapy goals. Being confident in the results of the process, having the client's benefit in mind, is what makes the difference.

“it's very difficult and um, of course I am, I am still in training and I am very new at this but I have mentioned to all of my clients that I totally respect how difficult is this for you and for us at the other side of the, the room is, it's, it's not things that we ask without knowing their difficulties and I respect you for doing that” (Six, pg.6).

Client parameters. As the study's participants share, the clients' motivational level and their ability to develop trust and bonds with their therapist, to be open and willing to explore and express emotions; all these contribute to change. As they share, change is reached when clients are approached as equal members of the therapeutic relationship and when they (therapists) accept that clients have the responsibility and the right not to choose to engage in this relationship. Client Four shares her experience with this.

“it's not that I'm always it's my fault that sometimes people are just not in the mood... if someone quits it's not that I'm wrong, it's maybe that I'm not what they wanted” (Four, pg.12).

Another client parameter that may contribute to change is the client's readiness to see a different way of living, to examine aspects of their behaviour, or the way they relate to people and situations. As participant Eight states:

“I instill some certainty that if there is goodwill, we can solve everything. Of course, only if they are ready, because readiness plays a very important role, in my opinion” (Eight, pg.15).

The trainee as a person and professional

This third superordinate theme ponders upon the participants' use of self in the therapeutic process. It presents participants' experiences of developing a skill set that has been utilized during their engagements with their clients. Furthermore, participants ponder upon the significance of self-exploration in order to understand and resolve personal issues that may interfere with the work with their clients. Trainees attest the significance of an interplay of skills and knowledge along with self-evaluation and awareness in order to be able to help their clients. They examine their vulnerabilities, their personal values, cultural background and spirituality, their lifestyle and social location. Their narratives show a clear understanding of the use of themselves, of their own selves, in the process. This superordinate theme incorporates the following subthemes: professional awareness; feeling the weight of the profession; life experiences; demeanor; and acquired skills.

Professional awareness refers to trainees' view of their professional identity, and how they have grown through training to assume their professional identity. As trainees mention, through this process they develop trust in their abilities to help clients, to be congruent, but they also acknowledge their limitations and their vulnerabilities. Through gaining experience from different types of clients with different presenting problems, trainees can grow as a professional; clients' problems help them to gradually shift attention from themselves onto the clients and their needs. Becoming ready to assume a professional identity encompasses not only personality skills, but also the development of other professional aspects that can be obtained through experience and awareness.

“So, I wanted it so much that when I took up my first patient, I thought that or I, of course that's a vanity but I thought that I would um, start the therapy and it would be um, a revolution and I would say of course, I was born for that, but, I understood that it doesn't work like that and it's something that you need to build and um, uh, its step-by-

step that I will become the psychotherapist... it's not some talent that you either have it or not. Of course, there are some qualities that I believe you need to have but it, it wasn't so apocalyptic as I wanted it to be" (Six, pg.11).

At the same time, as participant Three says, it is important to shift the focus from oneself onto the client, accepting his role as a therapist, striving to understand pain and suffering so he can be of help to others.

"I've worked with some addicted people; drug addicts and it was very helpful... Of course, it helped me. Of course, eh, it allowed me to grow up and uh, realize in a way that sounds a bit (clears throat) egocentric, like narcissistic but it, it allowed me to realise that it's not just about what clients I want to work with" (Three, pg.5).

In addition, as participant Three asserted, part of growing as a professional and being efficient is to accept one's own vulnerabilities, to accept being an equal, to embrace humility and self-acceptance.

"I feel that I'm a cute person. I mean that eh, I am an average person with nothing really bad, nothing really good and I think that this is what clients want...a person like them. Therapist is not a star, therapist is not initial person, I mean we need to see each other you know, as an equal" (Three, pg.13).

Trusting oneself to help the client means musing on the value of being present in the moment, focusing solely on the client's needs, without having to be preoccupied with thoughts on what is appropriate to say or which intervention to use. At the same time, trainees reiterate the feeling of pride and joy for having the opportunity to help a fellow human being to reach self-fulfilment. In addition, trainees mention the importance of clear boundaries and awareness about the process and therapeutic roles. Participant Two states:

“I am a proud because I, I can do this, I can cooperate with them in a way, and to separate at some point because I’m not their dad... it is a very unique experience” (Two, pg.16).

Finally, Participant Eight adds that through her work with her clients, and through the development of a therapeutic relationship, she feels that she has gained personally, adding to her growth not only as a professional but also as a person. Through this process she fulfills her own needs, she sees and celebrates the complexities of human nature, she finds herself connected and embodied.

“I just wish to share is that it is a very nice process. Not only benefits the person who comes for therapy... On a daily basis I feel that I benefit from this process...Perhaps it has to do with self-esteem. Perhaps it has to do with the social interest? I feel important because I help someone in an essential way. I am inclined, to say that the social interest is the most important. In any case it is very nice and very beautiful. When you are able to do it in its entirety, through proper training is like a self-revelation” (Eight, pg.20)

Feelings of self-doubt, insecurity, and uncertainty about one’s effectiveness were also mulled over by trainees. This self-doubt at times seems to have caused distress to trainees, which might have momentarily had a negative impact on the therapy process. At other times, though, it seems as if it was used for trainee growth which had a positive impact on the therapeutic process with their clients. Self-conscious emotions appeared early on the process, but also at different intervals as trainees undertook more complex cases. Trainees found that, even though theoretical training and experiential hours were important elements of their training, these were not adequate to prepare them to deal with the relationship dynamic between a client and a therapist.

“... I think that I was very unprepared, we had the foundation before entering to actual therapy, but I don’t know if I would ever feel ready to actually do so. So, when I first

entered, I was extremely stressed. I felt that I was doing everything wrong. I didn't know what to expect, the other thing that was always in my mind was, what's the right answer, question to ask..." (One, pg.3)

Life experiences and Demeanour refers to trainees' life experiences and demeanour, which seem to affect therapy process and client change. These experiences open the door to various worldviews and perceptions, allowing trainees to better connect with aspects of themselves and with their clients. Participant One shares how her experience working with people with visual disability helped her to focus on different life dimensions, which affected her both in her personal and professional path.

"I was working with uh two, two people that had total visual disability... I came to understand the world through them because you know there's some different aspects. I think that was very helpful for me... I also saw the world with different eyes" (One, pg.11)

Likewise, participant Six shares how interacting with vulnerable populations opened her heart and mind, allowed her to see through other's eyes, to leave her comfort zone, which let her grow as a person and as a professional since this is something that she takes along to her practice.

"(one aspect of personal or professional life uh, that have helped to be who I am in order to help clients achieve change) I interact with people with numerous vulnerabilities, adults and children that have been under uh, some very traumatic circumstances or some groups of people that are excluded or even bullied. I have gained some insight on some specific traumas" (Six, pg.7).

It was not always clear for trainees what had brought about powerful emotions towards the client or the issues they were exploring. It was, however, important to them to seek to understand what they were feeling and how it was related to their clients. Dealing with

countertransference was not easy but was essential when they focused on their clients' needs. As participant Seven reports:

“that’s really difficult sometimes... because I had to think what I’m feeling right now; who made me feel this way, mm? The relation of the couple for example... feelings about my mother or my husband, interfering in the session? It’s things that you have to consider during the session and after and before the session” (Seven, pg.3).

As trainees work through their hidden spots and emotions, certain facilitative interpersonal qualities and demeanour, such as trainees' ability to be calm, positive minded, optimistic, approachable, accepting and empathetic, seem to positively affect the therapeutic process and to facilitate client change. Participants emphasize the importance of being cognizant of implicit client details; choosing to show respect to a fellow human being; being able to hold clients' pain and suffering without being judgemental or afraid to see their clients' dark side; showing support and optimism; being present and caring for what clients bring each time.

“... I care. I don’t know if I, if uh, you can understand. I, I care for the clients” (Seven, pg.14).

Or as participant Eight says:

“... I think it is the security of having me there... and that gives them a sense of optimism” (Eight, pg.14)

Acquired skills such as, active listening, understanding the concept of “here and now”, dealing with silence; reframing and reflecting; utilizing various interventions and recognizing and managing transference; all of these seem to be perceived as key elements of client change, according to the study's participants. The interviews reveal that many therapeutic skills have been developed throughout the training stages; these have been identified by the participants as a common foundation which may act as the basis of the therapeutic relationship. Trainees widely

refer to the development of active listening through their training, which taught them to be present and attentive even to the smallest detail, showing the client that they are dedicated to hearing everything they had to say.

“I’m going to give you an example; a boy in his 20s... I was his second therapist... he said that he wasn’t very happy with the previous therapist as he wouldn’t pay attention to him. I didn’t elaborate on this but during our sessions I was listening to him and I was asking (relevant) questions... and he said, I was telling things to the first therapist that I was there with three friends of and after that the therapist would ask him were you there alone” (One, pg.14).

The “here and now” also seems to be an important construct that has been developed through training and is perceived as an important tool when assessing and understanding cognitive, affective, behavioral and relational material arising during a session.

“For sure the here and now, you know practicing here and now that happened to be really helpful in many cases for clients... I first started using this here and now thing, what was happening now, between us during the session... it was very helpful, it was the only way to stay connected because she used to reject me, she used to underestimate me” (Three, pg.9&10)

Other participants emphasize how important it was for them to learn to use reflective techniques with their clients, helping them to hear their own narratives and to consider unhelpful aspects of their lives.

“I think (reflection) is very important for many reasons and as I remember now sometimes the client wants you to understand, he likes to feel that he’s being understood by you. So, if you repeat something again or reflect upon what he says, then he can grasp it” (Four, pg.6).

Working through.

Working through as a superordinate theme is seen as a process of building therapeutic alliances and examining both conscious and unconscious components that help clients overcome obstacles and reach change. Participants perceive working through as a series of steps that can be taken only after the strengthening of the therapeutic relationship so as clients can feel safe to make or to be subjected to deeper emotional and cognitive interpretations. Participants share that “working through” is the stage when they enable their clients to recall and process hidden emotions, intrapsychic conflicts or dilemmas, wishes and expectations, while given the opportunity to establish new affective configurations which will enable change. It is comprised of two subthemes: therapeutic alliance and trainees’ willingness to explore.

Therapeutic alliance is perceived as the result of the trainees’ caring, compassionate and supportive attitude towards the client; the creation of a safe environment of trust, where close bonds can be developed gradually over time within clear boundaries. A deep understanding of the client’s feelings provided a safe and trusting environment which can support the creation of this strong bond.

“...the first thing that comes my mind is that about this woman who is a 50-year-old and the abusive experience is when she was a teen. We went through a process that she was recalling things... she was going through a path that she had become 13 again. I had towards me a woman of 50 years old feeling like 13... she felt much more safe, much more secure and she started then to forgive maybe herself of 13, tried to forgive her dad that is not alive and her feelings towards him cannot be expressed to him. I don’t know if it’s right what I did, but it made even me feel more secure about what was going on because I could not think about any other way that I could help her get out of this path of hard emotions...” (One, pg.17).

Participant Two gives a different dimension to the concept of alliance, noting that it is important for therapists not to portray a role, but to be honest with their thoughts and feelings about what the client brings to therapy. This way clients feel free to express themselves, without being afraid or needing to portray something incongruent to their reality.

“I tend to be very honest some, in a way yeah, I feel that this is something they get after some sessions with me and they use it I think, they speak very clearly to me, very honestly and this is something I think makes the process much easier for them” (Two, pg.12).

Another parameter for the creation of strong alliance is the presence of structure. Setting a general plan, as well as goals and boundaries, is considered an significant parameter of change for the participants. Setting goals was for them the starting point of exploring and identifying a problem. The collaboration between the therapist and the client against the pain the client was experiencing and against self-defeating behaviour seemed vital. Trainees aimed at helping clients set therapeutic goals which were relevant and helpful, so as to work towards reaching these goals. Participant Eight always uses the subject “we” when referring to goal setting, feeling the importance of aligning with the client.

“One of the next important steps and stages of treatment is to identify... the goals of therapy, to set boundaries on the topics, to develop a therapeutic plan... This way we are able to identify and describe the problem” (Eight, pg.4)

However, trainees noted that one needs to be patient with clients, allowing them to take the time to build trust and a therapeutic alliance but also to process and overcome obstacles and achieve change. Trainees found it significant to dedicate time to knowing their clients, to understanding their points of reference and their world view. In addition, the passage of time allowed trainees to feel more at ease with the therapeutic process with each of their clients.

“... after a while that I was a bit less stressed let’s say and actually knowing them because you get to know how they would react or you get to know their problems and when you have established some uh, connection... after that, when they came, I felt them a bit more ready to share... we didn’t have that awkward situation.” (One, pg.5)

In addition, as participant Four observes, therapists need to remember that the therapeutic process is not linear; clients may go back and forth, deliberating and understanding, making linkages between concepts when they are ready to connect their thoughts and explore their feelings. Throughout this process, it is important for their therapist to remain optimistic, allowing them the time to overcome their obstacles and achieve change.

“I just repeated, phrased again, something that I remembered from a previous session brought it again, so she then was able to identify between these two... so, she was able to see and connect” (Four, pg.6) and later she adds, *“one can overcome, maybe gradually, during years but finally he can like overcome whatever the issue (Four, pg.11)*

Willingness to explore incorporates all these interventions, and/or the stance a therapist employs when the therapeutic relationship has become strong, in order to help clients to seek deeper meaning, to move beyond the obvious, to explore buried emotions and to overcome limitations or dysfunctional defence mechanisms. Exploring all aspects of a therapeutic relationship, extending beyond the time of the session, or what is verbally shared, was valuable for trainees to gain understanding of their clients’ worldview, behaviours and suffering.

“every part of the client that is brought in the session plays a role about everything that is happening after the session or before the session in his real life so I am trying to link the way that he or her appears in the session, even he or she is talking or elaborating or remembering something out of the session” (Two, pg.7)

In this way, participants recognized what might be lying beyond the obvious and helped their clients to see their blind spots and find answers that bring about change.

“if I saw that there was something that maybe they didn’t want to see, they weren’t willing enough, then I would mention it in a direct way but not like aggressive but just to make them understand that hey maybe the answer is here and you’re, you’re not looking there... so I think this was, a critical point that help me change the way I was like with my clients” (Four, pg.3)

Something else that helped bring about change was when trainees led their clients towards making linkages between the past and the present; when things became clear on how past relationships affected present relationships and their life. An important parameter for this to happen is a safe environment where clients trust their therapist to lead them in past-present exploration and understanding.

“... when I connect what the client says with the past, with the family, with the little child, when I connect what happens to his or her life now with what happened... so it’s like I connect things mm? Like a puzzle... when I listen something I share what I feel so when I share what I feel through what I, I hear, it’s like it gets us automatically to something else. It opens doors” (Five, pg.7).

Dealing with defence mechanisms seems to be an important concept for change. A strong therapeutic alliance must be in place for this to be effective.

“... we put pressure on the defences, we attack the defences not the patient... I hope I don’t sound aggressive... but (it is done) in an empathetic and respectful way, it is a very hard process when you’re being so insisting and you ask for the patient to leave all the defences behind or aside” (Six, pg.5).

Finally, of equal importance seems to be the encouragement of exploration and acceptance of emotions. Participants share that through their experience they realized that change came when clients stopped intellectualizing and started to be able to recognise and openly discuss their emotions, free of guilt.

“It is also very important to let the clients to express themselves and to cope with all this negative energy, that they have dealt with... to find relief from the pain and negative feelings (Eight, pg.5)

Trainees’ personal therapy as an incubator for client change

As the data reveal, trainees through their own therapy further develop their counselling skills; they better comprehend the meaning of authentic connectedness and the dynamics of this connectedness; they gain enhanced sensibility, self-awareness and an increased conviction about the validity of theoretical counselling concepts. In addition, this superordinate theme ponders upon the participants’ experience of their own change throughout their therapeutic journey. This fifth superordinate theme comprises of two subthemes, namely, personal therapy as a guide, and understanding change.

Personal therapy as a guide. Trainees report that their own therapy taught them the process of forming deep and kind connections, and to have confidence in these relationships to bring about congruence and inner peace.

“The therapeutic relationship I had developed with my therapist really shook me. It was an amazing therapeutic relationship. There was a genuine tenderness and kindness and I do not know if I convey this, but this is how it felt. And this alone was too positive, it allowed me to open up and to look even more deep inside me... to gain self-awareness”
(Eight, pg.12)

Personal therapy helped trainees to resolve unexplored areas that might interfere with their work with their clients; at times, they were “bringing” their clients to their personal therapy to further delve into possible blind spots and countertransference issues.

“I talk with my therapist about my practicum and that was the first step to overcome the countertransference” (Two, pg.11).

As a couple of the trainees had had only short-term therapy, or decided later into their training to undertake therapy, they were able to discuss how this had affected their work with their clients. More specifically, participant One shares that at times it was difficult for her to clearly see things that clients were bringing, as result of her not having been in a client’s shoes as she had never worked in depth with her therapist.

“I saw it coming because there was something there from the beginning but okay maybe if I had (long term) personal therapy...” (One, pg.15).

Understanding change refers to trainees being sensitized to change, having assumed the role of the client. Their experience in therapy affects how they view their client, but also acts as a medium of change. Trainees put themselves in the position of being heard at a deep level, allowing their therapists to see their vulnerabilities. Through this experience they were better able to connect with their clients’ vulnerabilities and their agony about change.

“I go to therapy so I am able to understand how difficult it is to, to apply things in your life that you are saying or working on during therapy so I can identify with the feeling... that they are not strong enough to do things after therapy. Secondly ... I think this is a part of me personally that gives the time in therapy to make changes when they are ready to do” (Two, pg.8).

Supervision

This superordinate theme considers the implications supervision has, through the trainees' eyes. As participants share, supervision assists them in case conceptualization, and in gaining and experiencing an in-depth understanding of relationship dynamics. Moreover, as the data reveal, supervision supports trainees in deciding on appropriate therapeutic interventions that can lead to client change. The first of the two subthemes ponders upon how supervision feedback and direction provides different perspectives and opportunities for reflection. On the other hand, the second subtheme presents how intimidation by supervisors create anxiety, diminish trust in the therapeutic alliance and ultimately hinder client change.

Feedback and direction refers to all those actions and words used during supervision that encouraged and supported trainees to be aware of their own dynamics, to be less concerned about their performance and feel more secure that feedback and direction would not be judgmental and directive but, rather, supportive and inquisitive.

Supervision presented to trainees a different way of psychological thinking, allowing amplification of simple concepts and inspiring trust in one's understanding of one's worldview. This understanding and value creation seem to have a positive impact on how trainees approach and support their clients.

“This is the most important thing that I got from her that we can create theory every day through the supervision this is what she was always telling us that there is not just one thing that is right, hm? I mean your perspective can be right, and this is your truth... this is what is true for you” (Five, pg.2).

Regular supervision meetings helped trainees to feel more confident and sheltered, especially at the beginning of their practice.

“I had supervision meetings, every week, also, not only personal supervision but some of them were with another peer... I was sharing with them uh, I felt, I think this was the reason why I could be helpful let’s say with that, that client” (One, pg.3).

In addition, through their supervision, trainees became more comfortable working with transference feelings; they were able to recognise their own emotions and how these may interfere with their work with their clients. Through this process, they gained insight and an enhanced ability to conceptualize clients’ presenting problems, and to apply appropriate interventions.

“While initially I had weekly contact with my supervisor, I now see that I am... I feel more confident in managing, the most difficult situations. But it was... was and is a process necessary for my morale. Because, as I said before there are certain emotional issues which were originally difficult for us. So, we have to highlight them, to bring them to the surface, so I can do something with them. I do not think that the supervision’s only role is for me to unload my feelings. It’s mainly for the supervisor to detect what I had not been able to see and to examine why I didn’t see it, and what this may “say” about me.” (Eight, pg.15)

In addition, trainees discuss how supervision provided them with a clear understanding of boundaries and helped them deal with ethical dilemmas. For example, participant Two discloses how her supervisor’s emphasis on boundaries was initially unpleasant and uncomfortable, but she now perceives this as an important component of therapeutic relationships.

“My supervisor gives very much emphasis on boundaries, on attitudes of them, on our distance, on our relationship. Sometimes (for example) he was telling me how much an older person, because I’m very young, can destroy my boundaries and this was a bit

annoying back then, it was very helpful though and so this is something that helped a lot with my relationships with clients” (Two, pg.13).

Besides alliance patterns, encouragement and support, supervision also provided direction and an opportunity for trainees to explore client parameters and interventions that would lead towards change. Supervisors often urged supervisees to explore areas that were hidden from them, that possibly they were afraid or insecure to touch upon or explore. As participant One shares,

“When (my client) first came in, she said that she had a great relationship with her mother... so from day one my supervisor said that something’s going wrong... that there’s something else there; it was very enlightening, I don’t know when we actually, she actually admitted (...) she said, ‘my mother would never approve of me” (One, pg.15&16).

Different perspectives and feedback were possible through various means, one of these being the use of video as a two-way mirror. Supervision via a videotaped session allowed supervisees to see and reflect on their skills and abilities, and also reflect on these with the help of the supervisors; it was an opportunity for one to see the supervisors’ viewpoints and to listen to their guidance.

“I hear such a different aspect of the same session from my supervisor and I’m learning to detect different things or to see things from another aspect or see my blind spots in real time” (Six, pg.10).

Supervision provided trainees with an opportunity to reflect on their practices; it provided one more opportunity for self-reflection and self-awareness; it opened unexplored doors about who the trainee is and how they relate with others, including their clients. Through the supervision process, trainees became more aware of their emotional responses to the clients, they

increased their ability to see different depths of complexity; they learned to become responsible for their own thoughts and feelings.

“... you want to talk about what the client did, and the finger comes to you. It’s not easy to handle this... I mean, it’s like that I, I always have to find my own responsibility. So, it’s not something easy to see, hear... you know it’s not easy for me to always assume the responsibility for everything that comes” (Five, pg.4).

Supervision hindering client change. Data showed that there seems to be a negative side to supervision as at times, support and guidance were missing, leading to supervisees feeling abandoned and insecure.

“... sometimes I wasn’t feeling that very secure to be honest that I have a proper guidance. Maybe it was um, my false perception, I don’t know but eh, because I discussed this thing with other counsellors, we all had the same idea... so supervision certainly was not (supportive)” (Four, pg.4).

Endings

The superordinate theme named Endings deals with the final stage of therapy, and how trainees utilize this stage in order to encourage their clients to carry on their own. It presents participants accounts on how therapy termination might provide a motivation for change and/or an opportunity to look back on the course of therapy and discuss the therapeutic goals that have been achieved, as well as the change that is still ahead. As the data reveal, this stage in the process provides clients the opportunity to internalize growth and transformation. Furthermore, as emerges through the participants accounts, this final stage of the therapeutic process aids both clients and trainees to accept and become adept to the process of “grieving” the end of a relationship, exploring and expressing an array of emotions. Finally, it also provides an opportunity for trainees to emphasize to their clients the capacity of being able to start a new life

chapter equipped with all the changes acquired through the therapeutic process. As such, the superordinate theme of endings is comprised by two subthemes, namely, change and termination and client emancipation.

Change and termination. According to trainees, termination was an opportunity to further work with their clients on their relationship, recapping things that happened throughout the process. Trainees find that it was important to reach the decision for therapy termination jointly with their clients, and that they had to allow enough time for it to be beneficial for the client. At this stage, as trainees observe, it was important to discuss the practical side of this ending, urging clients to bring forth things that were important to them, but also to discuss milestones reached throughout their therapeutic journey. Participants emphasize that termination should come when clients feel secure and happy about all they have accomplished. Trainees also highlighted the importance of asking for and giving feedback to their clients, reminding them of the changes they have achieved and their effort towards this.

“... When we are approaching the end, I, along my client make a clear summary of where we are in the here and now. We examine how the client feels about the changes achieved. It is part of the process. Examining how they view who they are and what they want... this needs time of course. You cannot reach this assumption within a month. We talk about it; we deliberate on when there will time for this to come to an end. I have never dealt with anxiety on this, nobody never told me that I am getting stressed... that this will finish. When the time comes to end this the person is feeling well” (Eight, pg.18)

Client Emancipation refers to an array of feelings trainees may experience during this process. They may experience feelings of pride, but at the same time concern for their clients’ wellbeing after therapy termination; however, they found ways to use their own selves to teach their clients how to face their emotion and to deal with goodbyes. At the same time trainees found

it important to empower clients to feel confident to spread their wings, to leave the nest, as therapy may now act as a healthy parental relationship which prepares clients to be independent.

“Making them face their feelings regarding that separation and possibly the anger that they may have towards the psychotherapists... and another thing would be empowering them to experience a separation, as separations and losses are a basic part of our lives. It’s like growing as children or as people growing always comes with losses and this is a serious loss” (Six, pg.13).

5.6 Discussion

The aim of this study was to investigate professional psychotherapy and counselling psychology trainees’ experience of learning to work with clients so as to be of benefit to them and to explore the experience of the contribution of differing aspects of the training in assisting trainees in working with clients to achieve change, using Interpretative Phenomenological Analysis (IPA) as a qualitative methodology. The analysis revealed seven superordinate themes: Training and knowledge gaining; Focus on the client, “A duet for one”; The trainee as a person and a professional; Working through; Trainees’ personal therapy as an incubator for client change; Supervision; Endings.

Consistent with previous findings, results showed that various interconnected factors throughout trainees’ development and training aided them to be of benefit to their clients and to promote change. Results support previous studies findings that through training, trainees gradually become more adept at using a range of psychological principles to assist clients develop change (Driscoll et al., 2003; Eells, et al., 2005; Granello, 2010; Hill et al., 2008; Kaslow et al., 2004).

Findings showed that theoretical knowledge of various psychological concepts provided trainees with direction and insight and improved their clinical reasoning. Role playing activities

combined by peer and tutor feedback was also stressed as important for trainees' best preparation to deal with clients. This is in accordance with evidence from various studies examining parameters that contribute to trainees' effective development such as Bischoff, Barton, Thober and Hawley (2002); Bennetts (2003); Fragkiadaki, Triliva, Balamoutsou and Prokopiou (2013); Pascual-Leone and Andreescu (2013); Orlinsky and Ronnestad (2005).

At the same time findings showed that experiential learning was crucial in helping trainees to gain a better understanding of aspects of their "self" so they can be better prepared to assist their clients to reach their goals. This current study's finding further highlights the cruciality of trainees reaching deeper levels of self-awareness. The embracing of the vulnerable position of self-exploration led trainees to various levels of self-acceptance and helped them to guide clients towards doing so themselves. This extends the Bischoff et al. (2002), Williams and Fauth (2005) Hill et al. (2015), Howard et al. (2006) and Orlinsky and Ronnestad's (2005) findings, which emphasize the importance for trainees of reaching depth of insight in order to be able to merge themselves into the therapeutic process.

In the current study, it was also evident that trainees' personal life experiences affected how they approached therapy process and client change. This adds one more parameter to the understanding that trainees' own ethos and values and personal experiences seem to affect therapy outcome, as Norcross and Lambert's (2011) and Norcross and Wampold's (2011) work establishes.

Based on the participants accounts, their professional self, the trust in their own abilities but also the acknowledgement of their limitations and their vulnerabilities, appeared as an important finding. This comes to support previous literature, that discuss the concept of self-doubt and self-efficacy in relation to therapy outcomes by Cartwright and Gardner (2016), Fauth and Williams (2005); Orlinsky and Rønnestad (2005), Ronnestad and Skovholt, (2003), Skovholt

and Rønnestad (1995); Pieterse, Ritmeester and Collins (2013), Thuriault and Gazzola (2006). And Williams, Hurley, O'Brien and DeGregorio (2003).

Specific attributes, such as their ability to remain calm, being positive minded, optimistic, approachable, accepting and empathetic, as well as developed skills such as active listening; understanding the concept of “here and now”; reframing and reflecting; recognizing and managing transference were experienced by this study’s trainees as positive factors for therapeutic process and change. This seems to be in agreement with several published studies examining therapists’ characteristics and positive client outcome (Bohart et al., 2002; Driscoll et al., 2003; Eells, et al., 2005; Hill, 2008; Gelso, Latts, Gomez & Fassinger, 2002; Greenberg et al., 2001; Knox & Cooper, 2010; Sexton et al., 2005; Swift et al., 2017).

The study also highlighted the importance of the trainee therapists’ response to the client’s unconscious feelings and thoughts, as this was perceived by them as helpful in obtaining deeper understanding of their client. This deeper level exploration as is also supported by, Cartwright, (2011), Cartwright et al. (2014), and Fatter and Hayes (2013) is linked with positive therapy outcomes and facilitates client change. Results also showed that for the participants’ clients change came about as a result of relational interpretations, linkages between the past and the present, exploration of emotions and blind spots, and unraveling of defenses dysfunctional coping mechanisms. This is supported by the work of Castonguay and Hill, (2012), Rønnestad and Skovholt (2003), Pascual-Leone et al. (2012) discussing that good outcomes involve emotional processing and client explorative and affective engagement.

There is a considerable body of literature examining the correlation of therapists’ personal therapy and client positive outcome (Chigwedere et al., 2021; Hill, Charles & Reed, 1981; Kumari, 2011; Strozier & Stacey, 2001; McMahon, 2017; Norcross & Guy, 2005; Nyman, et al., 2010; Orlinsky, Norcross, Rønnestad & Wiseman, 2005; Skovholt, 2003; Truett, 2001).

Results of the present study also showed that trainees' personal therapy acted as an incubator for client change. Based on the findings, personal therapy assisted the participants to gain personal awareness so as to be of help to their clients. They also attest that personal therapy enriched their counselling skills, sensibility, and conviction about therapy efficacy. In addition, this study showed that personal therapy and training had a reciprocal effect; therapy affected who trainees became as therapists and how they approached their clients, and training affected how they approached their personal therapy. This finding shows the interconnected elements of trainees' personal and professional selves, and how the use of self may influence authenticity in therapeutic relationships and client outcome. Results also indicated that absence of personal therapy created feelings of insecurity, self-doubt and anxiety to some trainees, affecting their work with their clients. Note, however, that this is in contrast with the arguments of Ivey and Waldeck (2013), Kumari (2011) and Von Haenisch (2011), which describe the process of trainees' personal therapy as a source of emotional stress for trainees which may negatively affect their work with their clients.

As the results revealed, one of the most valuable benefits of trainees' personal therapy was that they became sensitized to what constitutes change. As the data show, participants' own experiences in therapy facilitated deeper and more astute connection with their clients' vulnerabilities and agony about change. Their own therapy allowed them to instil hope in clients that they could overcome personal obstacles. This is also implied in studies by Murphy (2005), Rizq and Target (2008), Norcross (2005) and Orlinsky et al. (2005).

Results underlined that when trainees showed trust in their clients' ability to set therapeutic goals, and to engage with the therapeutic process, produced positive outcomes. Participants shared that their clients' internal capacities and strengths were perceived by them as important parameters for client change. These findings are in accordance with the findings of Conor and Callahan (2015); Corey (2012); Black et al., (2005); Horvath & Symonds (1991); Hill,

(2009); Skovholt and Rønnestad (1995); Williams (1997). Moreover, the results presented the participants' certainty of the importance of time as factor for a therapeutic alliance to become stronger, so clients could feel safer to be challenged by them, to disclose and explore difficult emotions and maladaptive behaviors.

Findings also revealed that the participants of this study believed that supervision positively affected their work with their clients. Supervisors' feedback and direction was perceived by them as a medium by which they became better informed on psychological thinking, and they gained increased self-awareness as professionals. Based on their experiences, supervision enhanced their confidence and lowered their anxiety. This is supported by De Stefano et al., 2007; Hill et al., 2007; Howard et al., 2006; Kaslow, 2004; Lowndes & Hanley, 2010; Ogren & Jonsson, 2003; Rønnestad & Skovholt, 2003; Wheeler & Richards, 2007 studies on how supervision enhance trainees' therapeutic skills, competences and self-esteem. Furthermore, the results indicated that the relationships developed through supervision enacted in trainees' future relationships with their clients as trainees seem to believe that they carry the interaction pattern with their supervisors forward to their sessions with their clients. Parallel processes in supervision are widely discussed and supported, indicatively, by Gunn & Pistole (2012), Milne & James (2000); Tracey et al. (2012) and Norcross and Wampold (2011). In contrast, as results revealed, trainees who perceived their supervisors' attitude as inattentive or dismissive felt less confident about helping their clients and they became avoidant, bored and anxious. This is further supported by the works of Hill et al. (2007), Messina (2018), Ladany et al. (2012) and Magnuson et al. (2000).

Results have specified two valuable tools and processes as crucial to be used by trainees and supervisors to observe, monitor, reflect on and evaluate their work with their clients, with the aim of helping clients reach their therapy goals and achieve change: firstly, the use of video and the two-way mirror observation, and secondly the journaling and note-keeping.

The last superordinate theme that emerged through the data indicated that the final stage of therapy can become a key element of change for the trainees' clients. Participants made use of this period to inspire motivation for change and/or an opportunity to examine and celebrate progress made and changes achieved. It was also perceived as an opportunity for trainees and their clients to experience together the process of "grieving" the end of a relationship and to further explore and express emotions. An important element of this process seemed to be the cooperation and the trust that were built throughout therapy amongst trainees and their clients. There is limited research in this area of training and client change, but the few published studies support the above findings (Fragkiadaki & Strauss, 2012; Knox et al., 2011; Norcross et al., 2017; Zilberstein, 2008).

5.7 Strengths, limitations and future directions

Deploying IPA as the methodology of this study allowed the exploration of counselling and psychotherapy trainees' experiences of working with clients towards change through their own interpretations. The use of the semi-structured interview protocol allowed simultaneously for both targeted and flexible data collection, where participants, trying to capture the essence of what might have helped or hindered change.

The strength of this study is that by exploring trainees' experience of change, an understanding is gained on how different elements previously deemed as important by experienced therapists apply to trainees providing counselling and psychotherapy to clients.

Trainees' views of their interactions with clients have broadened our understanding of elements related to change, and this has introduced some consideration of lost opportunities.

The existing literature, together with the results of the previous study and the metasynthesis, helped the researcher to shape the interview questions in order to establish suitability. However, at the same time, one may argue that this knowledge has influenced how the

researcher developed the interview protocol and approached the design of this study which in turn might have influenced findings.

Rigor was ensured initially during the interview process by using active listening and by reflecting on participants' responses. Reflexivity allowed the researcher to be aware of her own views, beliefs, limitations and prejudices, constantly reflecting on and being open to whatever may emerge from the data. However, at times interpretations of participants' accounts may have been affected by the researcher's own psychotherapy training, psychotherapy philosophy and work with her clients.

Another limitation of this study is the small sample size and the representativeness of participants' therapeutic approaches. The study recruited 10 participants but only 8 participants' interviews were used for the analysis, as there were some language barriers for 2 of them. Conclusions drawn are thus specific to this particular group of trainees and generalizations should be approached with caution.

The evidence from the study suggest that counselling and psychotherapy training aims at trainees' preparation to help their clients to reach their therapeutic goals. The concept of change process needs further exploration and discussion, allowing more trainees from various theoretical and educational backgrounds to explore their experiences of change with clients.

In addition, the results of the study can be used to further explore areas that seemed important to this study's participants, such as their experience of enrichment of their personal and professional self during their work with their clients, or their experiences with multiple supervisors preparing them to reach client change.

5.8 Implications

5.8.1 Counselling Training

The findings of this study can help educators, trainers and supervisors to better address some of the issues trainees may face, but also to enhance practices that improve client outcome and change.

All of the participants promoted change by considering clients' coping mechanisms and internal factors, showing respect to their clients' world views, beliefs and values. However, as acceptance of diversity at all levels of human life seemed imperative throughout the data, it might be useful for training programmes to further expose trainees to, and educate them in, various diversity factors

Experiential learning seems to be an incubator for trainees to practice their therapeutic skills, and as such further emphasis should be given to it. Even though throughout the interviews it was clear that trainees had received in-depth knowledge of important psychology and counselling principles and practices, they never referred to theory concerning principles and processes of change. Such training might be useful for future trainees in helping them to better understand and seek for change in their clients

Supervision seemed to be very important for trainees as it enhanced their personal and professional awareness and provided support for their concerns regarding their clients. A couple of the trainees mentioned the importance of having the opportunity to receive supervision from more than one supervisor, which seems to be very beneficial as it allows wider feedback and differing personality dynamics. This may provide trainees with enhanced and diversified knowledge on the formulation and planning of treatment.

Trainees' personal therapy proves to be very crucial not only for their own development but also as an element of change for their clients. Even though the majority of psychotherapy and

counselling training programmes have an element of mandatory personal therapy in place, at times it is not presented to trainees with adequate research findings and support, which may lead to trainees focusing only on its mandatory nature, and not on the actual usefulness of personal therapy.

Finally, a rather unexplored area in the field of client change seems to be the use of the final stage of therapy. The termination phase seems to offer an opportunity for producing positive outcome and change through the therapeutic alliance. Trainees can take the time to discuss this phase's goals, to honour emotions related to separation, and to prepare their client to reflect on the coping mechanisms which they have developed throughout their therapeutic journey. This is a process that requires appropriate time and appropriate skills. Training programmes could focus on further preparing trainees to produce change for their clients during this phase and to ease clients' anxiety on having to be separated from them.

5.8.2 Theoretical

This study adds to existing literature regarding change process. Interpretations of trainees' accounts fill a gap in knowledge about how trainees experience client change and what they believe are the factors that might help or hinder change. The findings are examined within our current understanding of trainee parameters in the therapeutic change process.

Chapter 6

Supervisors' experience of exploration of change in supervision with trainees: An interpretative phenomenological analysis

6.1 Introduction

Supervision is an integral part of the counselling, clinical and psychotherapy process. Supervision aims at two different realms; to provide professional development and competence to supervisees, but also to enhance the welfare of the clients, (Falender & Shafranske, 2007; Wampold & Holloway, 1997). It is the state where supervisees have the opportunity to examine and reflect on aspects of their work with their clients, to transform their mind-set in order to better assist their clients (Carroll, 2007). Bernard and Goodyear (2004) define supervision as “. . . an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is evaluative and hierarchical, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the more junior person(s); monitoring the quality of professional services offered to clients that she, he, or they see; and serving as a gatekeeper for those who are to enter the particular profession.” (Bernard & Goodyear, 2004, p. 8). Supervision teaches and supports trainees to develop their therapeutic skills to work with their clients; it promotes systematic thinking; it monitors and assesses supervisees' work, within professional standards, and aims at the welfare of the clients, (Carroll,2010). Inskipp and Proctor (2001) refer to supervision as a working alliance under an ethical framework between a supervisor and a trainee who presents his/her work with a client, seeking out, reflection, feedback, guidance, compassion and creativity in order to help the client achieve their therapy goals. They have developed a model for counsellor supervision which addresses three different functions of supervision, the “formative”, the

“normative” and the “restorative” function. The formative focus lies on methods supervisors employ so as to enhance supervisees’ knowledge and skills; the “normative” aims at monitoring the logistics of supervision, including the supervisees case load and all the different ethical parameters ensuring the welfare of both the supervisee and their clients. The restorative function focuses on the exploration and support of emotions supervisees experience as a result of their personal and professional relationships (Inskipp & Proctor,2001).

In general, the methods supervisors utilize with their supervisees depend on the theoretical orientation of the supervisor and are utilized as specific interventions within the supervision process. (Bernard & Goodyear, 2009; Pierce, 2016). The need to address theory and research in psychotherapy and counselling programmes led to the creation of different supervision models, such as various developmental models, the discrimination model, the systematic assessment models; the integrative models, the models of supervisory relationships and others (Borders & Brown,2006; Holloway, 1987; Stoltenberg & McNeill, 2011; Watkins, 1993).

As per the developmental model, supportive supervision becomes an important process that helps trainees to become more confident in their abilities and acquired skills (Folkes-Skinner, Elliott & Wheeler, 2010; Kanazawa & Iwakabe, 2016). The developmental models of supervision emphasize the transition from an inexperienced therapist to an expert. Based on this assumption the model requires supervisors to adjust their supervision style according to the needs and development stage of their supervisees, and to provide adequate feedback, support and encouragement. (Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2011). Bernard’s Discrimination Model (2004) was created as a training tool, using a matrix for supervisors, consisting of foci (process, conceptualization, and personalization) and supervisor roles (therapist, teacher, and consultant). Emphasis is given to flexibility in supervision, aiming at addressing the supervisee’s individual needs (Bernard, & Goodyear, 2009). Then the systems approach to supervision model takes into consideration all the different stakeholders of the therapeutic pyramid; the client, the trainee, the supervisor, and the training programme, while

emphasizing the relationships developed among the different members of this pyramid, and constantly assessing the needs of the supervisee and the client (Holloway, 1995).

While examining the content of existing supervision models, Simpson-Southward, Waller and Hardy (2017) found 52 different models of supervision with a number of elements identified in each model; according to their findings, 88.46% of models focus on the supervisees' knowledge acquisition and development, 61.54% focus on emotional aspects of the trainees' work and 57.69% focus on ethical responsibilities and logistics. Supervisors use supervision models according to their own philosophical underpinnings; however, empirical evidence, has not yet concluded on which model is best, or which one brings about better client outcomes (Simpson-Southward, Waller & Hardy, 2018).

Supervisors, at times, assume the responsibility for their supervisees' clients, and their therapy outcome, but on the basis of findings from this researcher's previous studies (studies 1 & 2) and systematic literature review on trainees' and clients' experiences of change as result of therapy this outcome depends on many different parameters. However, what supervisors are responsible for, is to create the conditions in which learning, and development can take place, and to develop an open, triadic communication channel between clients, therapists, and supervisors (Scaife & Inskipp, 2001). Overall, studies show that supervisor validation and support help trainees to enhance their learning, while the display of empathy, support and empowering provides a strong basis for efficacious supervisory interventions (Ladany, Mori & Mehr, 2013; Watkins, 2014). Trainees' micro-skills, treatment knowledge, interpersonal skills, self-awareness and ultimately their performance are enhanced through supervision (Inman & Ladany, 2008; Hill et al., 2007; Lambert & Ogles, 1997; Wheeler & Richards, 2007). Likewise, studies show that effective supervision is associated with incremental supervisee autonomy (Ladany, Mori & Mehr, 2013) and increased self-efficacy (Gibson, Grey & Hastings 2009). As Hill et al. (2015) indicate, supervision helps trainees to gain insight into theoretical orientations and to enhance their conceptualization ability. On the other hand, restrictive to theoretical supervisory interventions increase trainees' authoritative and defensive attitudes, making them less supportive towards their clients; ultimately, it negatively affects therapy outcome (Lambert

& Ogles, 1997; Wampold & Holloway, 1997). Poor supervision raises supervisee anxiety (Ladany, 2004), decreases supervisee self-disclosure (Ladany, Mori & Mehr, 2013), as well as their cultural sensitivity and understanding (Ladany & Inman, 2012). According to supervisees, supervision instruction, feedback, guidance support, facilitation of exploration, and challenge seem to be very important to their development (De Stefano et al., 2012; Hill et al., 2007; Hill et al., 2015; Howard et al., 2006). Trainees value supervisors who are genuine and authentic, but also warm and nurturing towards them, providing a secure base for them to explore their clients' needs (Hill et al., 2007; Kanazawa & Iwakabe, 2016). When a trusting relationship is present during supervision, trainees feel that they grow as professionals, and this positively affects client therapy outcome (Pierce, 2016). Furthermore, therapy outcome is affected by the dynamic of client interaction with their therapist which in turn is affected by the therapist-supervisor interaction (Milne et al., 2003).

According to Tracey et al. (2012), parallel processes in supervision may take place when a therapist-client interactivity patterns are reenacted in supervision with the trainee in a client's role. This interaction feeds back into the therapy session with the therapist taking the role of the supervisor having as a result a positive client outcome (Tracey et al., 2012). A number of studies support this, by showing that there is a significant relationship between the trainee's perception of the supervisory working alliance and the client's perception of the counseling alliance (Patton & Kivlighan, 1997; Park et al., 2019; Norcross & Wampold, 2011). Gunn and Pistole's (2012) study findings suggest that positive trainee-supervisor alliance facilitates secure attachment with the supervisors and enhances disclosure in supervision, which ensures welfare for clients. In contrast, feelings of disappointment or insecurity towards the supervisor leads to nondisclosure in supervision and may hinder the therapeutic process (Mehr, Ladany & Caskie, 2010). Moreover, when supervisors, model sensibility and acceptance, trainees have better chances of developing a warm and pleasant demeanour towards their clients, and can better assist them to relax, to trust and to relate (Knox & Cooper, 2010; Sexton et al., 2005; Truett, 2001; Orlinsky & Ronnestad, 2005). Similar studies show that when a relationship which is characterized by equality, safety and challenge is present between a

supervisor and supervisee, then a similar relationship will emerge between a therapist and a client, bringing about positive therapy outcome (Patton & Kivlighan, 1997; Kilminster & Jolly, 2000; Luborsky et al., 1999; Milne & James, 2000; Martin et al., 2000; Weaks, 2002).

The question of how supervision impacts client outcome has been examined by various studies (Bambling et al., 2006; Bradshaw et al., 2007; Callahan et al., 2009; Milne et al., 2011; Rousmaniere et al., 2016; Tanner, 2012; Watkins, 2011; Weck, 2016). In his systematic literature review, Watkins (2011) notes that studies investigating the relationship between outcome and supervision are based on supervisees and supervisors' perceptions and have not been appropriately empirically tested. However, Callahan, et al.'s, (2009) study findings showed that supervisors were found to have a considerable impact on client treatment outcome, accounting for 16% of the variance in outcome, outside the impact of the client's presenting problem severity and the therapist's attributes (Callahan, et al., 2009). In Bambling et al.'s, (2006) experimental design study showed that the clients who received therapy from therapists in the supervision group scored higher positive outcomes than those that received therapy without therapist supervision. The results showed a significant impact on working alliance, on symptom reduction, more positive ratings of treatment satisfaction and lower dropout. Rousmaniere et al.'s (2016) study, examining client outcome variance based on randomly selected pairs of supervisor- supervisees, concluded that supervisors explained less than 1% of the variance in client psychotherapy outcomes. However, as the authors discuss, the lack of variability between supervisors and client outcome might have been due to an omnipresent use of outcome feedback which conceals the outcome variance, and to the fact that all supervisees received weekly supervision by highly experienced supervisors. Bradshaw et al., (2007) quasi-experimental study indicated that the service users who were treated by the supervised nurses showed significantly greater reductions in positive psychotic symptoms and total symptoms compared with those who were treated by non-supervised nurses. However, improvements in social functioning were observed in service users treated by both groups. Milne, Sheikh, Pattison, and Wilkinson (2011) further support these findings, through their systematic literature review, concluding that supervisors training, positively affect supervisee training,

which in turn affect client outcome. Focusing on the complexity of the therapeutic process, Wampold & Holloway (1997) state that there are many intervening factors affecting client outcome including supervision intervention methods but also therapist variables (empathy, multicultural competence, self-awareness level) and client variables (dedication to treatment, self-healing capacities, etc.).

When such a complex system may affect outcome, it would not be appropriate for one to claim a linear causality (Scaife & Inskipp, 2001). On the contrary, when examining client change processes, it sounds sensible to examine the experiences of all the different agents at each level of the pyramid and to investigate how they may link to the chain reaction of the change process.

6.1.2 Study Justification

As presented, supervision is an essential component of trainees' development, and actively contributes to their work with their clients. There are many parallel processes that take place during this triadic relationship, affecting all parties involved. There is immense research on supervision models and practices, each of them with its own strengths and weaknesses (Fleming & Steen, 2004). If these professional development paths are better understood, if different practices and approaches are examined, training programmes can better establish a baseline from which trainees can overcome obstacles related to their development, their competence level, and the stress associated with supervision practices, so they can better assist their clients to achieve change. Identifying what may be of importance according to supervisees could further enhance the quality of supervision, meeting the needs of the supervisees and the overall efficacy of the therapy

6.2 Aims.

The aim of this study is to:

To examine psychological therapist supervisor' experience of exploration of client change during supervision

6.3 Method

6.3.2 Participants

As required by IPA methodology, participants were purposively sampled (Smith, Flowers & Larkin 2009) as the goal of the methodology was to seek insight into a specific experience. Participants were identified through contacting different universities and institutes that deliver professional and academic programmes in counselling psychology and psychotherapy and through a purposeful sampling method: the specific procedure is detailed below.

The researcher invited potential participants to participate, via an email or through personal contact (remotely). Those who agreed to participate were given more specific information about the study (Appendix F.1) and were asked to provide consent (Appendix F.2, F.3). At the end, a debriefing form was given to all of the participants (Appendix F.6).

6.3.3 Inclusion Criteria

Participants were supervisors in a number of different counselling psychology and professional psychotherapy or clinical psychology training programmes at centres and universities at different geographical locations. Participants utilize different supervision models belonging to Adlerian, Intensive Short Term Dynamic Psychotherapy, Psychodynamic, Gestalt, Family Therapy and Integrative approach. According to Linstone and Turoff (2002) participants from different perspectives and models of supervision may produce more credible results.

Supervisors were providing training and supervision to trainees engaging in therapy with clients. Inclusion criteria required participants to have a minimum of three years' experience as a supervisor; however, six of out the ten participants had had over 20 years of supervisory experience, three had approximately 10 years of experience, and one had five years of experience. Supervisors who provided supervision services only to colleagues and not to

trainees or had ceased to provide supervision were excluded from the study. There were no age, gender, or ethnicity exclusion criteria.

Table 6.1

Participant Details

Participant ID	Gender	Therapeutic Approach	Years of supervision	Supervision Placement	Model of Supervision
P1 "Dec"	Male	Integrative Approach	7	Supervisor for MA in counselling and Psychotherapy	Integrative Developmental
P2 "Glia"	Female	Family Systems Therapy	Over 20	Supervisor for Professional Training in Family/ Systemic Therapy	Systemic-Developmental
P3 "Thur"	Male	Intensive Short-term Psychodynamic Psychotherapy	Over 25	Supervisor for Professional Training in ISTDP and medical-psychiatry programme	Psychodynamic and Developmental
P4 "Xyr"	Male	Psychodynamic	Over 30	Supervisor for MA clinical psychology and Professional Training Psychodynamic Approach	Psychodynamic -Relational
P5 "Vopal"	Female	Intensive Short-term Psychodynamic Psychotherapy	Over 20	Supervisor for DClinPsych programme	Psychodynamic and Relational
P6 "Pul"	Male	Gestalt	Over 20	Supervisor for Professional Training in Gestalt Psychotherapy	Gestalt-Existential
P7 "Rey"	Female	Family Therapy	4 years	Supervisor for Professional Training in Family Therapy	Systemic-Developmental
P8 "Natou"	Female	Integrative Relational	Over 10	Supervisor for Professional Training in Counselling and Psychotherapy	Integrative Relational
P9 "Kramer"	Male	Integrative Relational	Over 15	Supervisor for Professional Training in Counselling and Psychotherapy	Integrative Relational
P10 Aniret	Female	Adlerian Therapy	Over 30	Supervisor for Professional Training in Adlerian Psychotherapy	Adlerian and Inscipp & Proctor's based

6.4 Ethical Implications

Ethical approval was sought via the International Faculty of the University of Sheffield (Appendix A.3). This study adheres to the ethical principles set out by the British Psychological Society (2018) and to principles aiming at privacy, safety, and welfare of the participant. Anonymity allowed the participants to freely express themselves without in any way judging their views or experiences.

There were no judgmental comments at any time and no pressure to explore areas that the participant might not feel safe disclosing. The participants were informed that if at any point during the process they wanted to stop their participation the researcher would respect their wishes; In addition, participants were informed that if they were to reveal malpractice the researcher would be obliged to report this to the directors of their training programmes. Finally, participants were informed that if at any time the researcher were to feel uncomfortable in a situation due to misconduct, she would notify her supervisor and the Head of Learning and Teaching of the International Faculty.

6.5. Data Collection

A demographics form was used that included information on gender, cultural background, the participants' therapeutic approaches, their model of supervision as well as information on the years they had been practicing and supervising trainees, this was verbally collected from the participants (Appendix F.4, F.5). The interview protocol was comprised of questions, based on findings from the researcher's previous studies (studies 1 & 2) and systematic literature review on trainees' and clients' experiences of change as result of therapy (Matiaki unpublished, 2019) (Appendix F.4., F5). All interviews were audio recorded using a password protected recording device. The researcher adhered to data storage and transfer guidance set by the University as detailed in Appendix H and transcribe all the interviews by herself. Following transcription of each interview, the recordings were listened to again so as to ensure accuracy.

Table 6.2*Interview Schedule*

1. As we have discussed this interview has to do with your experience of supervising psychotherapy/counselling/ clinical trainees to facilitate client change. May I start by asking you what your model or approach is of supervision?

Prompt: philosophy, aims, expectations

2. Can you tell me about important or significant elements in supervision? Why do you think these are important?

Prompt: What do you find helpful in supervision sessions? How do they help the supervisee? Can you give me some examples? Are there things that you think are important to talk about? Do you have a structure to supervision?

3. Can you tell me about any thoughts or feelings regarding your role as a supervisor in the triadic therapeutic process (between you and the supervisee and the supervisee and their clients)?

Prompt: How do you think supervision helps the supervisee work with their clients?

4. I'm interested in how you use supervision to promote client change.

Prompt: Are there any supervisor personal characteristics or styles of supervision that impact on client change? How do you think these might be involved in client change?

5. Are there any personal characteristics that trainees need to develop to achieve client change?

Prompt: How do you usually identify benefits or barriers in the way a supervisee approaches their work that led to effective work with clients?

6. Based on your experience, what elements of supervision help or hinder therapeutic outcome for supervisees' clients?

Prompt: Can you give me examples of when supervision has gone well/ not so well? Why might this be?

7. What has been your experiences of dealing supervisees' behaviours or attitudes that may affect client change?

Prompt: Have there been times when you have explored supervisees' personal responses to clients?

8. What has been your experience of how supervisees go about exploring, securing or achieving change via supervision?

Prompt: How do you monitor this? Can you give me some examples?

9. Is there anything else you feel it is important to discuss regarding our experience in supervision?

6.5.2 Rigor

Careful recruitment of participants, a clear interview protocol; transparency, careful analyses, consistency, and self-reflections assure commitment and rigor. Active listening was employed during the interview process and reflection onto participants responses was taken into consideration. Two random interviews were audited by the supervisors and the process included checking translation, transcripts, and the researcher's annotations to the transcript at

different analysis levels. To ensure that the participants' voices were presented, extracts from individual interviews are presented. The extracts underwent in-depth interpretations as IPA's phenomenological, hermeneutic premises indicate. The presentation of the findings, is based on evidence, as stated above.

6.5.3 Reflexivity

The researcher kept a reflexive journal throughout the process, prior and after the interviews, making notes of her, thoughts, ideas, emotions, experiences (Appendix F.8). The self-reflection diary of the researcher is regarded as data source. The researchers experience though various levels of training and supervision were noted throughout the process. Reflections were made on how she has developed as a therapist through supervision, how supervision prepared her to observe client change and on practices she utilizes to communicate client change to supervisors and clients. Table 6.3 provides an example of a reflective summary on one of the interviews. Other reflective summaries may be found on Appendix F.8.

Table 6. 3

Reflective summary

Interview 5 "Vopal"

My interview with Vopal was one of the best experiences I had in interviewing supervisors. She made me feel that she was intensely present in the interview, really looking back and reflecting at her years of experience, showing a true understanding on how supervisees might be feeling during the process of supervision. At the same time, as she shared, she always had the client of each trainee in mind.

Great emphasis was given on the anxiety that trainees might be feeling throughout their training process. Another thing that I thought was of great interest is that she claims she doesn't abide to any particular model of supervision. Even though her supervision is directed by the psychotherapeutic training, she provides supervision in which greater emphasis is given to who the person sitting across from her is, mirroring to supervisees that great emphasis should be placed on whom trainees have in front of them as clients.

She also seems to be aware that being judgmental can have negative effect on supervisees, and ultimately the client. This makes me think that supervision at times might be hindering change in clients because trainees are afraid to be exposed to their supervisor.

Vopal said that if trainees feel intimidated by a supervisor, they may end up hating their client and not caring about their client, unconsciously thinking that it is the client that make them seem inadequate to their supervisor. This brings about so many thoughts and strong emotions. I believe that this shows how important it is for supervisees to receive personal therapy, trying to work with unresolved personal issues as transference feelings towards the supervisor may arise during supervision, feelings that they need to satisfy, to be the good child, feeling that only then will they be accepted as worthy, as an equal. Only then might they be accepted into the profession.

As I was working on my metasynthesis I came across this fear that new and novice therapists in training face; whether they should allow themselves to be called psychotherapists or counsellors, maybe never feeling adequate to hold this title.

And this by itself is not a necessarily a bad thing, but I wonder, as I read the interview, as I review the material, how harmful this might be for a client? Or could it be helpful? Meaning that there is a plausible view that by not presenting oneself as an expert, one gives space to a client to be provided guidance through their lives, to allow an entrance to their world.

On the other hand, not feeling adequate to help someone to believe in themselves may lead clients to think similarly about themselves.

So, if you demonstrate fear to your clients, if you're showing that you cannot trust yourself, how can you convince them to trust themselves?

On a different not, I find myself agreeing with sharing the example of one's own practice, sharing the wisdom. Not necessarily in order to urge anyone to act the same way, but rather to examine if this might be of some use...As a matter of fact, isn't this how peer supervision works? Most supervisees' testaments, show their appreciation for peer supervision, for this very reason. Hearing others' opinions and views, examining what else might be there that they don't see while in a therapeutic relationship with a client. Could this be a different way of viewing supervision with supervisors?

6.5 Results

The analysis followed IPA guidelines (Smith et al., 1999; Smith & Osborn, 2003; Smith, 2004; Larkin & Thompson, 2012). Analysis of the data (Appendix F.7) produced five superordinate themes, each including several subthemes as shown in Tables 6.4 & 6.5 below. Brief explanation of what each superordinate theme represents can be found as footnotes to Table 6. 4. All the themes are critically discussed below, combined with participant quotes. Participants' identities have been concealed; instead, pseudonyms were used. As quotes are part of an interview, at times they have been edited for clarity purposes, making sure that the content has not been altered. Omitted data is represented by the use of ellipses '...'. Themes discussed represent an interpretation of some parts of the participants' experience as they describe it and not their entire experience in supervision as they lived it. At times one may notice an overlap of some aspects of experience within themes due to their interconnection and their reciprocal influence. Table 6.5 depicts the contribution of participants to each theme.

Table 6.4

Table of Themes

Co-constructing relationships and change ¹⁴	Didactic parameter of supervision ¹⁵	The trainee as an element of client change ¹⁶	Elements hindering client change ¹⁷	Change as a principle ¹⁸
<p>Parallel processes</p> <p>Factors conducive to parallel processes (countertransference, transference, projections) The triadic relationship Emotions and thoughts explorations</p> <p>Elements of real relationship</p> <p>Be the change you want to see Authenticity Acceptance trust and respect Supporting and encouraging Share experiences Respect trainees' vulnerable position Boundaries</p> <p>Roles and responsibilities</p> <p>Relationship model Client parameters Well-defined roles Training institution & professional organizations Ethics</p>	<p>Supervisors' philosophy and role in the triadic process</p> <p>Personal philosophy guiding supervision A dual role Framework- ethos Knowledge and experience Be alert to a dynamic world Supervisors' self-awareness Supervisors' supervision</p> <p>Feedback, Teaching & Direction</p> <p>Trust trainees' view of the client A curiosity approach Provide Feedback Psychoeducation Help trainees build an identity Promote self-acceptance Individual needs</p> <p>Methods used to follow client change</p> <p>Use of video Session observation Role playing activities Peer activities Trainees' narratives Trainees' dynamic range</p>	<p>Trainees' self-awareness</p> <p>Need for personal therapy Work with blind spots Looking inwards</p> <p>Trainees as tools of change</p> <p>Personality characteristics Be genuine and humble Be present Trainees motivating factors Bring a fresh perspective Acceptance of diversity Training, education and personal development</p>	<p>Trainees' factors</p> <p>Narcissistic traits Anxiety Being intimidated by the client Resisting feedback and direction Trainees' lack of insight Lack of Social awareness Inability to form therapeutic relationships Misplaced focus Ethical practice</p> <p>Supervisor's factor</p> <p>Strict and restrictive supervision Mechanistic supervision Unequal relationship, overshadowing the supervisee Overstepping boundaries Focus</p>	<p>Gain an understanding of change</p> <p>View of change Discuss change Fading symptoms Change is not linear The time parameter Teaching clients a new way Care and support</p> <p>Change centered practices</p> <p>A reparative relationship Ask for changes Help clients see change Clients define change Have clear and mutual with the client therapy goals Explore deeper emotions and defenses Transference Acceptance Self-revelation and change</p>

¹⁴ This superordinate theme discusses the various aspects of supervision relationships namely the “real relationship formation” and the concept of parallel processes. It also discusses the interconnected factors and responsibilities associated with the participants of a triadic therapeutic-supervision relationship

¹⁵ This superordinate theme examines how supervisors engage in a reflective, educative, practice-based process in order to assist trainees to develop skills and competences to achieve client change

¹⁶ This 3rd superordinate theme presents the supervisors views on how trainees can engage in supervision and training and how they can prepare themselves in order to achieve positive client outcome and change

¹⁷ The 4th superordinate theme discusses how both supervisors and trainees can contribute to hindering client change

¹⁸ This superordinate theme discusses how supervisors understand, discuss and promote change through their supervision work with trainees.

Co-constructing relationships and change

Participants accounts show that various types and levels of relationships in supervision and therapy interplay and are considered vital to recreation of client experience, emotional unburdening and cognitive insight. Overall, relationship dynamics are presented to be central and pivotal components in the therapy practice. As the data reveal, factors conducive to parallel processes such as countertransference, transference, projections, alliance building and emotional and thought explorations seem to play an important role in the triadic relationship of supervisors, therapists and clients.

At the same time, core relationship factors such as authenticity, acceptance trust, respect, support and encouragement are perceived by the participants as vital in helping trainees to develop their personal and professional self.

Finally, participants highlighted how the therapeutic system in its entirety can contribute to client change when important factors, such as shared responsibility, clear and well-structured frameworks and ethical considerations are present. This superordinate theme comprises the themes: parallel processes, elements of real relationships and roles and responsibilities.

Parallel processes refers to the relationally grounded approach where the supervisors explore trainees' emotions and recognize aspects of countertransference and transference making the supervision relationship as both medium and message of client change.

Focus is placed on constructing a relationship with supervisees which will inspire and affect the relationship they build with their clients. All the elements that constitute a good supervisory relationship can be reproduced in a therapeutic relation. The supervisory relationship allows all the participants to gain trust, and to form an alliance.

“Emphasis is given to the relationship because for me as well as in psychotherapy so and in supervision the basis for doing any therapeutic work is the relationship and I believe that when the relationship is structured properly then it can be effective for all parties...we are talking about a tripartite relationship involving the client, the psychotherapist and the supervisor” (Natou, p.1).

Supervision helps trainees to position themselves in the therapeutic equation exploring how they can prepare to help their clients. In addition, it is a cooperation, linking the dynamics of the supervisor, the supervisee and the client and thus supervisors need to explore these dynamics, to engage with and encourage self-reflection. Through this process, both supervisors and trainees can better explore hidden goals and focus on their clients.

“a holistic way of supervision, we examine everything; ourselves first of all, how we interact with whatever the supervisee brings and everything that might be lying underneath the surface. So, we use a lot the hidden goal that we may have, whether we, the supervisee or in turn the client who works with the supervisee” (Aniret, p. 2).

As supervisors share, when they are attuned to their trainees' narratives, they can become part of the clients' story, they get to see through their trainees' eyes both the clients' suffering but also the trainees' worries. They further state that being part of this process can better provide feedback and support. In each therapeutic process three different participants are involved and that the way each one of them relates with the other, the agenda they bring to this will determine outcome

“different stories emerge i.e. it's like living along with the supervisees the therapeutic relationship and mentally you become part of the therapeutic relationship, without actually being there; it feels like living the stories of these two people, both the patient's and the therapist's. But also, your own stories that emerge and therapeutic issues within supervision and issues related to therapy” (Kramer, 8).

According to the participants, issues of transference countertransference, defence mechanisms and exploration of emotions are addressed in supervision as they perceive them to be vital in helping trainees to gain better awareness of emotional responses and to be more comfortable working with feelings with their clients. Participants also share that at times stirring of emotions deriving from each participants personal experiences and so these need to be addressed during supervision as to not interfere with trainees' work with their clients. Supervisors also stressed the importance of being properly trained to understand and deal with trainees' hidden emotions and unfinished business.

"...though this process, stirring emotions in both the supervisor and the supervisee, are present...and in a way feelings are stirred and to the patient and again back to the trainee. Emotions are varied, because basically it's a human process..." (Thur, p.2).

Participants described how they allowed trainees to express strong feelings that arose from their work with their clients as making room for these intense feelings allows trainees to embrace them and to find new ways to unburden their clients from them. According to the participants, this reciprocal process connects all of the participants and through mirroring or identification, they build a therapeutic environment supportive of change.

the moment the therapist, begins to feel better in the supervision process and begins to go in the right direction and uses the appropriate interventions, surely this has an effect on his patient and the patient slowly feels this change that is being made in the therapist, to his therapist and this gives him more courage and patience and perseverance and the changes begin to become more noticeable and all this is reinforced, it's a feedback. Both to the patient's side and to the trainee-therapist's side and to the supervisor's side (Thur, p. 3)

Supervisors also share that at times trainees feel their clients' feelings of emptiness and despair, but instead of recognizing this in the clients they identify with this feeling ending up with self-doubt, thinking they do not have what it takes to help their clients to reach change and relief. According to supervisors' narratives, when this happens, they intervene and support trainees so they can see how clients project their helplessness on to them.

"the patient feels that he does not succeed in his life and is constantly ridiculing himself, and the therapist falls in this trap, in this is like a whirlpool. He keeps one trying and at some point, the therapist feels that he has done nothing, he has not offered, and they are both feel discredited, that is, and here it is very important for the supervisor to be able to draw and help the supervisee to come into contact with his abilities, with his positive traits, with the foundations that have helped him to reach this point (Kramer, p.5)

Elements of real relationships. According to the study's participants, engaging in the relationship, experiencing the human element of this unique connection can become a significant contributor to the therapeutic exchange.

"The relational dynamic that is developing with the supervisee I consider it to be the highest point as I work phenomenologically-both existentialism and Gestalt phenomenology- I consider it the basic way and rely on the relationship, I consider the relationship with the supervisee the highest point...Supervision is just like therapy, where the client gets whatever he gets from the relationship that is developing" (Pul, p. 3).

Supervisors spoke of seeking to listen and understand trainees' narrative that in turn helps trainees in doing the same with their clients, which by itself is an element leading to change.

"The supervisory stance is the stance of not knowing. Not pretending to know everything. You know, so you don't walk in that room pretending you are the expert ready to find solutions for your supervisee and through this stance, you pass a message to your supervisee on how they should approach the therapeutic process (Kramer, p. 12).

In addition, as participants explain, supervisors need to create an environment of trust, so the supervisee can freely disclose and discuss their approach with their client. They further support that supervision should promote a sense of inclusion and safety where knowledge is shared. In addition, based on their narratives, they believe that supervisors who show trust and curiosity urge trainees to bring their client into the supervision, being open to the advice and guidelines provided by the supervisors.

"...my characteristics such as, uh, being an active listener, be curious with my supervisee, uh, helps to expand the presenting issue, the story that is being transferred from the client to the supervisee and from supervisee to the supervisor. So, these two characteristics...affects the work with the client, therefore, the client himself (Dec, p. 4).

As it emerges through the analysis, supervisors who are supportive and accepting of who the trainee is as a person and a professional stimulate confidence in them. This disposition encourages trainees to use their “self” as a medium of change for their clients.

“I accept the other as he/she is. I let him/her experience the confidence that this exudes and so he/she is encouraged... they are gaining strength because they feel like I trust them that they are going to make it, and they do make it (Aniret, p.6)

On the other hand, participants described how distressed trainees cannot see things clearly, and often feel inadequate to deal with their client’s problems. They recognised that supervision could unburden trainees from these feelings, it allows them to focus on the client and to be more efficient.

“An anxious young therapist has several spots that are blind, making it difficult for them. This can either create barriers to the treatment, making it slower for the client or leads to a dropout. So, the more help the trainee therapist gets in feeling better about themselves, the more that comes out in therapy” (Rey, p.11).

Supervisors also said that when they shared their own difficulties, doubts and experiences with their trainees, this sharing helped trainees to further examine and explore their clients’ dynamics and to utilize the practical advice their supervisors offer.

“I tell them, I have encountered something like this; or here is where I have encountered a difficulty and I have dealt with it in the 'A' or 'B' way or this is how someone has led me to help them or I have understood a few things in retrospect (Vopal, p.3).

Based on a statement by Aniret, another important parameter for this relationship to flourish and to be efficient is the establishment of safe boundaries between the trainee and supervisor.

“So, the supervisee understands more about who we are. Um, and through this, they get help, an understanding on how to set boundaries. In general, I think that the issue of boundaries is a larger issue in in our times; clients...need help to set boundaries. Because they cannot deal with boundaries. And they cannot find ways to protect

themselves when other people overstep on their boundaries, or when they cannot define internal boundaries for themselves” (Aniret, p.3).

Furthermore, as Glia contents boundaries enhance acceptance and respect for other people’s views and values, teaching trainees to strive to understand their clients’ worldview, helping them to seek change withing their own parameters, needs and wants.

“we should not overstep on boundaries, morally we should be prepared to accept other people's ideas, opinions, values; respect the patient's personal values no matter how much we disagree...trainees should try to understand the person they have across them” (Glia, p.7).

Roles and responsibilities subtheme refers to the responsibilities the different participants in the therapeutic process, namely supervisors, trainees, clients and institutions have and how this may affect client change.

As supervisors share, as in any other relationship both parties, supervisor and trainee, need to be willing to engage in a trusting relationship. Based on their narratives, supervisors get to know the client through the trainee. They reiterate though that is crucial to care about this client without though taking over a therapist’s role. They further support that along with the trainees they should examine how their own, their trainees’ and their clients’ experiences blend and how they can become a benefit for the client.

“I have sympathy, I have compassion, but in no way, I do not want to substitute the supervisee, as if I were the client's therapist. I think that's wrong. It's impossible for me and my supervisee to work in the same way. Not that I'm smarter, but I'm a different persona, with different experiences, knowledge and so on. But I don't want to identify with the patient under any circumstances, I do not want to undermine my supervisee” (Xyr, p. 4).

The participants were also clear that although they shared the task of helping the client with the supervisee, this responsibility remained at the supervisee.

“supervision has a lot of enthusiasm, but it also has too much weight and a huge responsibility...however, the goal is not to say, «I am here, do not worry about

whether it will go well", but it is that "you have to take your responsibility, because you are alone in there, even if you will eventually bring it to me or to us"... it can be a team effort... (Rey, p.10 & 11).

Pul stated that the mere fact that supervision exists helps trainees to feel more secure and confident in their work with their clients and this brings about better client outcomes.

"What I know for sure is that if the supervisees have good supervision- maybe not always directly and visibly, but also at times directly and visibly- they will do their job better. So, the third party that's his client will benefit more. I see it as a I put my little pebble in the field" (Pul, p.6).

Supervisors also acknowledge that in some ways clients benefited being seen by a trainee because supervision provided additional understanding.

"It is different if the client gets the chance to work with one of my supervisees, that may even make some technical mistakes, however, he/she will be able to better in therapy just because they have worked in supervision. I cannot, positively say how it affects the client, but for sure definitely affects it" (Pul, p. 9).

Finally, as a few participants share, supervisors and trainees need to take in consideration and abide by rules and regulations of the training institution as this affects the therapeutic contract, and the development of the trainees. Supervision is also determined on the needs of the institution, or the goals set by the training programme. Thus, it is important for training centers to be well organized, ensuring that trainees are a good match for the clients they see.

"when an institution/ a placement is added in the tripartite relationship you have a new type of contract. It is important to know and operate under the rules of the institution where the supervisee is placed, so as to correctly guide my supervisee in how to protect himself so that he can work safely with his client" (Natou, p. 10).

"...the "directives" from the European and International family therapy organization are quite clear about how this program should be done, be set up and therefore these conditions are usually met" (Rey, p.3).

Didactic parameter of supervision

This second superordinate theme presents how supervisors engage in a reflective, educative, practice-based process in order to assist trainees to develop skills and competences to achieve client change. It is comprised of three subthemes, namely, the supervisors' philosophy and their role in the triadic process; feedback, teaching and direction; methods used to follow client change.

Participants stressed the importance of their own role, not only in the supervisory process but in the therapeutic process as well. Their in-depth engagement with the profession, their personal values and idiosyncrasy, along with their social involvement and dedication to clients' wellbeing is perceived by the study's participants as vital element of client change.

Furthermore, supervisors reflect on practices they engage in order to prepare trainees to achieve client change. Building and teaching alliances, experiential learning, skill building activities, case conceptualization and proper intervention exploration are some of the didactic practices utilized.

In addition, as the third subtheme presents how supervisors utilize various methods such as the use of video, session observation, role playing activities, trainees' narratives in order to follow and monitor client change.

Supervisors' philosophy and role refers to the theoretical orientation and values of the supervisors, as they provide a felt soil within which supervisees' identities can take form. According to the participants, in order to achieve this, they have the responsibility to examine common elements of change, to provide a clear and ethical framework of supervision.

“Having a goal, methodology based on a philosophy about life, about things, about people, about relationships, about what's good, what is desirable to reach; having a goal and search what this is” (Pul, p.16)

The analysis shows, supervisors emphasize their own accountability towards the psychotherapy field, the responsibility to lead trainees to professional competency and emancipation, and the responsibility to monitor client welfare, progress and change.

“Well, it's a tough job, both for a supervisor and for the supervisee. The supervisor is good to be there because I've experienced supervisors who weren't there. It was only there on time; I've experienced this thing and I know how scary it is. To go see your supervisors and to feel alone. It's very difficult “(Vopal, p.15).

As Pul states, supervision is based on a clear philosophical stance which is founded upon the importance of relating and affects how one understands change. Aniret similarly claims that she draws relationship paradigms from her approach's philosophical underpinnings in order to emphasize to her trainees the importance of equality in relationships as this is something that can be experienced by clients and can teach them a new way of relating. A supervisor must not act as an expert but rather as a fallible human, willing to examine weaknesses and accept vulnerabilities.

“I try to move and act as an equal, as much as possible. The parity issue is quite sensitive; Adler is the first who introduced the term inferiority... I need to remind myself of this effort to always feel equal...so that I can, to put into practice what I said before...” (Aniret, p.4&5).

According to most supervisors, they must initially examine trainee parameters, in order to understand their professional abilities, their strengths and weaknesses, so they can properly assign clients to them; secondly, they need to develop a communication path through which trainees will feel secure to ask questions or raise concerns for their clients so as they can help trainees to identify what may inhibit their work with their clients.

“Another important element is to clarify the request, what is it that blocks the supervisee and to illuminate this area.... I repeat, it is very important for the supervisor to keep in mind, how far, where the supervisee wants to go and listen, listen to his need” (Kramer, p.4).

Participants accounts, insist that supervision cannot be deterministic and unidimensional but to be flexible and open to utilize different practices and interventions to enhance trainees' critical ability, case conceptualization, skills and abilities.

“what trainees bring I can give it back, in a corrective way. To support them...to enrich...to boost what they do, because they certainly do it for a good purpose and even if it's wrong sometimes, I don't talk about mistakes...as long as this does not harm the client” (Xyr, p.3).

Furthermore, a few participants supported the view that the supervisors' responsibility towards a client is an act of social welfare as they strive to promote acceptance, to solve intrapsychic problems or to enhance one's level of interpersonal functioning, to improve lives, relieve social problems and contribute to the advancement of the society.

“I always consider it a very dynamic and political act in our lives to provide support to someone who asks for something. Firstly, because it is a conscious attitude and a decision that is opposite of a reality of relentless sterile mentality "Find everything yourself, why should I tell you? You pay to learn these" (Pul, p.5).

It can be said on the basis of participants' views, that since supervisors can be the gatekeepers for the profession they must lead by example, and they must continue to acquire competences and knowledge. Moreover, as participants assert, in order to better support trainees and their clients, supervisors need to be open to learning and exploring new ideas, to new ways of communication, to revisiting their views and philosophy of supervision and of therapeutic practices

“it is important for the supervisor to have a wide experience with patients which allow him to be comfortable and understanding...As a supervisor I don't learn just from my patients, but I learn from the trainees. As a supervisor you need to keep on watching and understanding and opening your mind in new things... Which helps you to become even more experienced. The more you see, the more you learn...So, in other words, a supervisor must be properly trained and willing to be exposed” (Thur, p.11).

Rey and Pul state that supervisors can benefit from having their supervision sessions supervised as this provides an opportunity to discuss difficult cases, to receive support and share good practices that can reach the end recipient who is the client.

“I need to have my own supervision as a supervisor; to feel like my supervisor is listening to what I'm bringing and to do something with it. She doesn't throw it away, and just give me what she wants” (Rey, p.18).

A few participants further support that supervisors need to be aware of their own shadows, to understand hidden personality elements deriving from their own past as through self-exploration, they can better understand and accept their trainees' and their clients' worldviews.

“I have to work on how I view this how I accept this how I can be open to it. How can I include this in my own world view? How can I better understand it... because If I'm not open to such issues, I cannot help the supervisee to open up his or her own mental horizons and help their client” (Kramer, p.10).

Feedback, teaching and direction is the subtheme that refers to the competency-based education offered by supervisors in order to support trainees to develop professionalism, acquire integrative knowledge, functional skills and clinical understanding which in turn improves client care and increases treatment effectiveness.

As several participants testify, in order to support trainees' work with their clients, supervisors must trust them to bring to supervision their own view of their client, the way they connect with the client, while at the same time they are obliged to observe how the trainee is relating with them in supervision.

“I always try to be insightful in my capacity to be with my supervisee, to fly over his experiences and from what he tells me, to be there with his client, and at the same time to be able to focus on the relationship I have with my supervisee and the relationship he has with his client” (Natou, p.4).

Participants think that through supervision they can offer a new perspective, can recommend the use of specific interventions, based on clients' parameters and needs

“So, I see the way they work, I try to respect them without interfering with their way of working and I try to “open” for them additional perspectives on what they are doing. Under no circumstances should I correct their own interventions, just to

suggest to them...as long of course that interventions used, for some reason were inappropriate...ok? And even then, I suggest a more proper way this intervention can be altered” (Xyr, p.2).

As the analysis reveal, it is of great value when supervisors are sufficiently interested to explore trainees’ needs and to accommodate their nervousness and insecurities, urge trainees to trust themselves to be of help to their clients.

“We have discussions, What were you thinking? What you said, you had a theoretical assumption about what you said. If at that moment you didn't know what to say and you said it because you got stuck, let's see why you got stuck in that situation. That's all in the process, it's in the part where you grow and that you get... you get new skills and new frameworks to take you further...” (Glia, p. 5).

Throughout the process, supervisors share that they aim at enhancing learning, they refer trainees back to theoretical concepts, and they pinpoint how these theoretical considerations apply in practice.

“Just because we know something we are trying to convey it doesn't mean that trainees know it and understands it. So, one part of supervision is to be as clear and specific as possible. I try to be precise in order to become understandable. That's the one part, from then on, and then what I think is very helpful is to add example, of my experience (Vopal, p.2).

Methods used to follow client change is the third subtheme and it refers to various methods and techniques used by supervisors to monitor trainees work with their clients and client outcome or indications of change. As participants mention they utilise various methods such as process recordings, live session observations (one-way mirrors), peer activities, overall trainee assessment, case notes and verbal reports by the supervisees.

The use of video is perceived by the participants as an important tool, allowing both trainees and supervisors to observe how clients respond to different interventions, how they relate with their therapist, and to decide which interventions might be more suitable to lead to the change desired by the client.

“there is no way to provide supervision if you don't have material from a video. Ah, because you follow what goes on in that therapy room and you get to observe how the therapist intervene; and you get to see the specific result from this intervention...the result the interventions have on the patient. This becomes very clear...the supervisor can then pinpoint areas and say look at this this is something you didn't pick up this que....by the use of video and by observing which interventions were substantial which observation actually produce results and which interventions did not” (Thur, p.7-8).

Moreover, as Kramer attests, a combination of the use of video and session simulation with peers help trainees to better identify client parameters as well as the dynamics of the therapeutic process.

“...videotaping or audiotaping a session. In order to present areas where they feel stuck. And this is very interesting, especially if we use this and simulation as many different views may come up. Views that they already exist in the therapeutic process; these are the views, the client, uh, has suppressed” (Kramer, p.13)

According to some of the participants, another way that they monitor change is through their communication and assessment of their supervisees' attunement to the counselling practice. They further state that the tools for change are the counselling tools intrinsically as when one learns to use them, one be able to “listen” for change, to be able to detect when and how a client is ready to commit to their changes.

“...to practice silence, to listen and to apply different counselling skills, to listen to support solutions, to encourage.... the important Cs...to Connect, the relationship, to have a relationship, be Capable, to feel Capable, to Count, to feel that we count for each other and Courage” (Aniret, p. 9).

The trainee as an element of change

This third superordinate theme primarily presents the supervisors' views on how the

trainees' engagement in the therapeutic process and training can affect client change processes and outcome. Furthermore, participants explore how trainees may prepare themselves to achieve positive client outcome and change as their personal and professional self is an element of the change. It is comprised of two subthemes namely the trainees' self-awareness which emphasizes the need for personal therapy, the exploration of various blind spots; and trainees being the tool for change which muses upon the trainees' motivating factors, humility, acceptance of diversity, presence and life stance.

Trainees' self-awareness, as revealed by the data, is supported and promoted through supervision. Supervisors argue that trainees have to be aware of their own emotional process in order to be able to recognize and understand their response to clients' material in order to facilitate client change.

"To easily understand their own compliant needs or vulnerabilities, to be able to separate the needs of process from the patient so they can focus on what really exists in the patient and not on themselves. They should be able to make observations but also to put them aside, so they don't interfere with the in the process" (Thur, p.4).

Supervision share that examining trainees' feelings and personal parameters is crucial as this may affect trainees' work with their client.

"... I always urge my supervisees to go back to their personal therapy with issues that are relevant to what is happening, to work on them. However, supervision still has a similar feeling with personal therapy" (Natou, p.2).

Trainees being the tool of change. A few of the participants share that trainees' own selves can be instruments for client change as aspects of their personality, their own motivation, their humility, their ability to accept human intricacies and diversity can lead their clients towards self-acceptance, emotional unburdening, cognitive insight and healthy relating.

As Kramer says, the way trainees use their "selves" as a medium of change by accepting all the parts of who they are may inspire their clients to do the same, to use their strengths to heal their vulnerable sides.

“(trainees can influence change in the client) if they notice and are in contact with their own resilience, with their own good characteristics and abilities; how they have succeeded in similarly difficult incidents; to feel proud and admire that they have moved forward... or even accept some aspects that they may not have been able to succeed ... more vulnerable sides and be able to accept these and be ok with these... different parts, self-acceptance, so they can help with a language projecting love and acceptance (Kramer, p. 6).

As the participants also share, trainees can develop helpful therapeutic skills through their training, but personality characteristics such as empathy are also of great importance and should not be underestimated.

“skills such as open questions and all these mechanistic elements which are taught in schools...yes, okay empathy is very much necessary...to remember that it is important to be able to enter to the other person’s world. And it is equally important to be able to come out of this client’s world; that is to develop their own personal limits so that they do not get lost in the abyss of human suffering and despair... to engage with life itself, to have failures and successes and experiences; the closer we are to life, to life itself, with on its own terms and if we are accepting this, all the life skills we gather will go back to therapy” (Natou, p.8).

According to Aniret, another important trainee element is the ability to know their limitations but also to have confidence in their abilities and characteristics.

“above all having accepted who they are and encouraged by the discussion and the relationship that takes place between us, the supervisees can accept their own... then they will be ok, and through this they will also help the client. I have an example of a supervisee that accepted that he was not an expert, but he trusted the relationship he had with the client in order to urge him to get a second opinion....” (Aniret, p. 10).

As all of the participants agree, what brings about change is not a therapy that focuses just on techniques and interventions. They propose that trainees who want to facilitate client

change must first engage in a process of recognizing and accepting their true selves; they then need to develop an identity that can withstand the responsibility of focusing on others and not on their fear and insecurities.

“therapy is not only about techniques, but a whole lot of other things...new therapists are called to develop an identity...think, how frightened is when someone first starts in such a profession. The burden of the responsibility we are like scared kids... we need to be able to learn to be present with his client” (Pul, p.11).

As all of the participants mention, what should drive one to choose this profession is caring for a fellow human being. Trainees should have a genuine interest for others' welfare, be willing to endure someone's suffering, while containing their own anxiety caused by this same need.

“One characteristic is their willingness or their effort to help the client... to be able to deal with their anxiety during the session and usually this anxiety is an anxiety caused by what am I supposed to do now, how supposed to help... (Dec, p.4).

In addition, according to the participants, trainees are also a part of a professional system and they have to be discerning not only to what supervisors and peers bring but also to what their clients bring.

“as a person I have to stand and be so closed, that I can have autonomy and be defined by the environment, but at the same time I have to be open to what I will get from others...” (Rey, p.16).

At the same time, as Xyr supports, trainees may bring a fresh look into things, a new perspective into supervision and therapy session. Social, cultural and age parameters affect how one view their clients, and trainees bring in a new dimension, and newer perspective of their clients presenting problems, and supervisors must be open to this view.

“very often a young colleague my offer a view or opinion that adds something you didn't know. Something you've never noticed...right? To tell you a different point of view, after all, this is a brain that lives much more dynamically in 2021. He sees things that I might be unable to see, or we us the older ones anyway” (Xyr, p.7).

Elements hindering client change

This fourth superordinate theme considers the participants' experience of elements that may hinder therapeutic outcomes for supervisees' clients. It is comprised by two subthemes that present views on how both supervisors' and supervisees' involvement may negatively affect client change. In particular participants find that certain trainees personality factors, behaviours and attitudes towards their clients and their supervisors may result in hindering the client change process. In addition, they present various elements of a supervision style and framework that might be counterproductive and undermine client change. All ten supervisors attribute some hindering factors to supervisees, and nine of them discuss their own role in this.

Trainees' factors. Supervisors deem that trainees' personality characteristics that present narcissistic traits such as striving for admiration and affirmation, being preoccupied with their own anxiety, showing inability to be flexible and empathic, may negatively affect their therapeutic relationship and client outcome. In addition, they emphasize how trainees may undermine the supervision process, as well as the importance of theoretical knowledge, the significance of the therapeutic relationship, the cultural agility, social awareness, and ethical practice. As participants share, when supervisees become antagonistic in supervision or in life, is an indication that are immobilized, stuck in their old ways, feeling unable to make changes and to seek how to better support their clients.

“Also, very important for young therapists to be careful with who they should work and what cases they shouldn't work with. They are not yet aware of the danger some things may have, if for example someone is not a clinical psychologist, if he does not have such knowledge, and tries to handle the issues of addiction” (Pul, p. 14).

In addition, as Dec states, when trainees are not willing to make mistakes, to listen to other viewpoints, but they rather feel that they have all the answers, they undermine the therapeutic process and do not promote client change.

“...what affects negatively therapy, clients change is when a supervisee does not accept feedback. When the supervisees think that based on their reading, they are doing everything well” (Dec, p.5).

On the other hand, as a couple of supervisors state, trainees who avoid assuming the responsibility for their work with their clients, who neglect to be present and to care for their clients, will not be able to help them to reach change.

“it's also the lack of willingness from the supervisee, because we can do anything on our part as supervisors, but a supervisee may not be ready to assume his responsibilities” (Natou, p.11).

As a few supervisors state, trainees that are preoccupied with applying appropriate techniques and interventions and who are solely interested in asking the supervisor to provide instructions on how to utilize specific interventions, fail to focus on the human element which becomes an impersonal and ineffective way of promoting change.

“they want much more technical supervision, for me is very restrictive but for him something like this may be needed. I'll give it a try. However, there is something to lose from the horizon the concept of the third person, the client of the trainee. I mean, we cannot discuss a client the same way you would talk about an object” (Pul, p.13)

As Rey also adds, trainees who are set in their own ways, not having the sensibility to get in contact with another human being, unable to understand different views cannot support or provide an avenue for change for their clients.

“it surely requires an openness - which means that if one's boundaries are so closed, cannot connect as a human being and cannot be vulnerable to each other's influence, cannot filter, but at the same time it is important to not be so close and rigid...so rigid, that I can't get the information either from the patient who comes to tell me something and I'm stuck due to my anger and anxiety, nor from my supervisor who comes to point out some things to me” (Rey, p.15).

Participants also discuss that at times trainees' inability to understand their own

emotions, any inability to become aware of possible problematic behaviors, their lack of insight may affect the way they connect and form relationships. This is projected in supervision but also in therapeutic sessions with their clients and negatively affects client change.

“What can go bad is when there are let’s say problematic traits in the personality of the trainee but also of the supervisor; some times and where pathological egosyntonic elements can be transferred from the patient to the trainee, and from the trainee to the supervisor and when these parts become immobilized, if they won’t come out on the spotlight and get analyzed and understood in a way that will defuse the feelings that exist underneath, this can really have a very bad outcome. It will lead the treatment to a very bad outcome...this will be one vicious cycle which will have as the final recipient mainly the patient but also the trainee, and at the end, there will be probably a worsening of the symptomatology. It could also lead to therapy dropout and to a disappointment” (Thur, p.5).

Supervisor factors hindering client change are also discussed by the study’s participants. Among these factors are the supervisors strict and demanding demeanor, an egocentric and uncaring attitude towards the trainees, an emphasis on a relationship of inequality, an inability to set a clear supervision framework, and unfamiliarity with current social issues and social awareness.

“many things can hinder supervision. One thing that comes to mind, is the over-control from the part of the supervisor. That is to say, the failure of the supervisor to create an environment which will be friendly and will not create guilt and shame the supervisee for the mistakes he will definitely be making. So, I think it is important that the form of control is not oppressive so that the person in supervision can be honest. A rigid style of “I know, you don't know, don't talk and listen” is not supervision” (Natou, p.9).

As Aniret shares, an uncooperative supervisor seeking power through supervision, seeking to force ideas rather than inspiring one to seek acceptance may restrict a supervisee from growing and learning how to be of help to their clients. An unequal relationship

overshadows the supervisee, abolishing the trust in the supervision relationship and ultimately hurts the client.

“...if a supervisor does not want to be perceived as equal, but wants to be to be a bit more important than the supervisee; If, we do not put the focus on the relationship with the client, but we place emphasis on how to differentiate from our supervisees, how to correct them, while we should focus on their needs and on the fact that this is their time...so in a way, we set a goal just to help us feel superior, we aim for a change that is our goal...” (Aniret, p.8).

On the other hand, as Xyr states when supervisors cater to supervisees narcissistic vulnerabilities, by communicating in a way that creates idealized selves, this pushes trainees to feel the pressure to be perfect or successful and in turn they may project this onto their clients.

“I’ve seen other supervisors that say “Aha, ah, you did very well bravo”....because then they think they could have done it even better. So, if I notice my supervisee to do something...as soon as I see it, I intervene and tell them what I think, rather than just say “Ahh, ahh, very good” (Xyr, p. 6).

At other times, as Kramer shares, as supervisors are usually more senior members of the therapeutic community, they may have specific views or no views of the current issues of society and this might be harmful for clients that come from different worldviews, or backgrounds.

“an important thing is for the supervisor to always be open to new experiences, Um, and this has to do with dealing with the unfamiliar...Because when supervisees bring such issues up, they don't know about them and that makes them feel awkward uh because they haven't, they haven't had similar experience. They might feel apprehensive, and in that they feel like they cannot deal with such narratives. Thus, as a supervisor, you have to explore these areas, be open about them” (Kramer, p.7,8).

Change as a principle

This last superordinate theme presents how supervisors understand, discuss, and promote client change through their supervision work with trainees. It is presented as a separate superordinate theme as emphasis is given only to supervisors' views of change process and how interventions and tools are used to promote it, and not on how change may be inferred. This superordinate theme encompasses two different subthemes, namely: gaining an understanding of change and change-centered practices.

Gaining an understanding of change presents supervisors view of change, and how they teach and lead trainees to discuss change with their clients, to promote and ask clients to set goals towards change, but also to celebrate changes they have made in the course of their therapeutic journey

As Pul expounds, through therapy clients have an opportunity to reduce the impact of existing attachment patterns, to learn how to cope in their daily life and modify their dysfunctional or ineffective coping strategies, to live a new life and to develop a new way of connecting.

“if we think about what is psychotherapy? It’s that the client actually finds a non-existent parent...and thus he is reborn in a healthy way. Well, accordingly in supervision it’s like someone comes in who has an independent life but let’s say during adolescence and has an issue and with a very substantial parenting and relationship issue and asks for care, support, some advice maybe. But mostly it feels like I have somewhere to turn to” (Pul, p. 5).

Aniret, drawing on her approach’s underpinnings, supports the view that change cannot come if one is looking to become better than someone else but rather when one sets one’s own goals based on their reality, accepting oneself and striving for the “self’s” better version.

“during our times we usually observe a need for vertical movements, where one wants to be better than the other and he/she may feel like they don’t measure up, and he will end up accepting society’s directive” which forces him/her to experience

shortcomings, or on the opposite side feeling overly ambitious the so-called superiority feeling, and all this can become very difficult. So our goal is horizontal movement (Aniret, p.4).

Xyr attests that good timing is essential in the therapeutic process, as there is the proper time to analyze material that a client had suppressed or to apply different interventions that may help clients to overcome their obstacles.

“Good timing is important. And we don't have to overly explain, over-analyze, I don't like this. «All in good measure” (Xyr, p. 9)

As supervisors discuss, identifying change is not always easy and clear as often change is subtle and needs a well-trained mind to detect it during the various stages of the therapeutic process. In addition, participants believe that a key factor for being able to identify change is the clarification of therapy goals which is an ongoing and intricate process

“the therapist needs to have an experience to be able to perceive the stages the therapeutic stages of client change. And (pause) respectively to be able to create an environment where some goals are set. Now these goals are not always so clear, neither the environment nor the, nor the, the levels of change are so, so clear” (Kramer, p.14)

Thur further explains that to understand change, a supervisor along with a trainee must be attentive to their clients' presenting problem and demeanor starting from the clients' initial appointment and must directly help them to set goals.

“(during the 1st appointment) the trainee gets to observe their client and where the client gets to set goals. To discuss what is the problem they are dealing with. So, you see, we get right to the point like this. Both the therapist and the patient have seen and have accepted what is the problem. This is a base where someone can start working from. If we don't have this this base, we cannot have therapy. Ah, you cannot help a person if the problem is expressed in an unclear way” (Thur, p.9)

In addition, as supervisors share, the information a client receives about trainees' receiving supervision, can be beneficial, as it instinctively suggests to them that like their therapists, they too can seek help.

"... when the client knows that their therapist is under supervision is something that teaches the patient that we can be open, take time to think about things, talk about them and allocate the necessary time to process them. I think it's fundamental.... they're being told that no one doesn't know everything, that all people need some time to analyze, to process and that is ok. That it is not wrong to do this with your people and with yourself (Glia, p.4)

Change-centered practices: Supervisors present ways, steps and interventions that are conducive to promoting client change. They discuss how they clarify and defend to their supervisees various parameters and dynamics that will help them to examine and promote change.

According to Vopal, therapy is all about change; this is what clients are searching for when they decide to seek therapy. Steps that may lead to change incorporate accepting and tolerating the array of human emotions through the therapeutic alliance; help clients to understand how to seek change; provide for them a view of their blind spots and resistances; help them understand or examine a different view of their reality; show them the importance of dropping their resistances and work towards their own goal of change.

"Change is what it's all about in principle, so clients come asking for a change. ..the immediate step is to deal with the client's defenses, to encourage them to be in an emotionally open relationship with their therapist, the alliance that is built...this will lead to a good, good result. And I think when you explain to someone why something isn't working or you're probably showing them why something isn't working, you help them to put it aside, if they want to" (Vopal, p. 14)

Natou, affirms that self-revelation helps clients to see that therapists are not perfect, and they don't require them to be perfect, but they are human beings who are allowed to have weaknesses, and to search for their own truth.

“...do not to be afraid of the self-revelation; that is the basis for the relational model for me, one of important elements... connection can only be made when I stand across of a person and allow him/her to see my potential and weaknesses, my successes and my mistakes and this cannot become academic, can only be done with hands on experience (Natou, p.12).

Glia adds that trainees need first to trust their observation of change and then they ought to ask clients about it, making sure to use wording that incorporates the word change.

“...your patient will tell you whether they are well or not. What I do and suggest my trainees to do is from time to time when I, my inner voice tells me...I do a recap and I'm like, "Okay, since you got here today, it's been eight months. Do you think we have any changes? 'Cause I see you're feeling really good about yourself and you're telling me it's all positive. But this is what I hear, what I see” ...So, I suggest my trainees to do this, because I think it is very helpful when you have an inner voice - something that tells you it's really good or it doesn't go well - to discuss it with your client” (Glia, p. 10).

Xyr, further argues that in order for trainees to facilitate change they need to be present, to seek information, to apply knowledge, to adjust to their clients' needs and to allow clients to define their own factors of change.

“There are those trainees who really seek out information, they are curious, and concerned., and this is a very big motivation.... In these cases, the outcomes are better... It's not just us or rather I'd say it, we shouldn't be the ones we manifest satisfaction with a client's outcomes. It is the client that needs to feel that they are satisfied, that they have reached the desired change. It's like I often say in a basketball game where the points are scored by the therapist, but the match is always won by the patient and that's the goal” (Xyr, p.11).

Kramer adds that therapists that want to help their clients to achieve change must be close but at the same time keep a healthy distance from their clients and that they have to be aware of issues of identification and projections of one's own needs.

“...you have to take this distance, be close but at the same time give this space to patients to express what they he want... allow them to hear themselves, to examine the “voices” that move them forward and are healthy” (Kramer, p.15).

6.6 Discussion

The aim of this study was to examine psychological therapist supervisors’ experience of exploration of client changes during supervision. Following detailed analysis five superordinate themes were found: Co-constructing relationships and change; The supervisors as an element of change; The trainee as an element of client change; Elements hindering client change; Change as a principle.

Results suggested that irrespectively of the participants’ theoretical background and/or model of supervision, they all engaged in very similar practices and processes. Findings are in accordance with Simpson-Southward, Waller and Hardy (2017) findings that shows that 88.46% of supervision models focus on the supervisees’ knowledge acquisition and development, 61.54% focus on emotional aspects of the trainees’ work and 57.69% focus on ethical responsibilities and logistics. In addition, data revealed that supervisors feel responsible to create the conditions in which learning, and development can take place, and to develop an open, triadic communication channel (Ladany et al. 1999; Scaife & Inskipp, 2001).

The findings of this study further confirm previous literature on the scope and aim of supervision, emphasizing the opportunity given to supervisees to examine and reflect on aspects of their work with their clients with the help of supervisors who promote client welfare by teaching and supporting trainees. This is in accordance with various supervision theories and teachings (Carroll, 2010; Inskipp & Proctor, 2001; Falender & Shafranske, 2004 Kilminster & Jolly 2000; Spence et al. 2001).

Based on the study’s findings, supervisors presented the concept of change as a subtle, complex, varied, and multi-layered process. Findings also revealed that supervisors taught and led trainees to promote client change, to discuss the concept of change with clients, but also to celebrate the changes that have been achieved.

The participants of this study reflected on a variety of processes associated with change such as clients' coping mechanisms, dysfunctional or ineffective ways of thinking or behaving, and of trainees fostering emotional exploration. They also maintained that for the clients, change involves willingness to move forward, willingness to explore hidden emotions and willingness to dedicate time to their therapy. Previous literature on change process and client experiences of change further support the finding that change is a gradual process and requires motivation, readiness and willingness for self-exploration (Carey et al., 2007, Elliot, 2010; Gelo & Salvatore, 2016; Hayes et al., 2007; Klein and Elliott, 2007; Safran et al., 1989; Wampold & Holloway, 1997).

Even though the findings support supervision's dual realm (Falender & Shafranske, 2007; Wampold & Holloway, 1997) which aims both at trainees' development and at clients' welfare, there were, to some extent different, as here greater emphasis was given on aspects of supervision that ensure supervisees' competent practice through interpersonal involvement in supervision. Similar findings are reported by Holloway and Neufeldt (1995) and Watkins and Scaturro (2013) studies.

According to the participants accounts, supervision promotes systematic thinking, and it monitors and assesses supervisees' work as it is traditionally presented by Bernard & Goodyear (2009), Carroll (2010), Inskipp & Proctor (2001), Pierce (2016). In addition, data showed that through the process of supervision the participants aim at trainees' confidence development (Folkes-Skinner, Elliott & Wheeler, 2010; Kanazawa & Iwakabe, 2016) by providing ongoing feedback, support and encouragement. (Rønnestad & Skovholt, 2003; Stoltenberg & McNeill, 2011). As the analysis of the data reveal, supervisors become part of the clients' story, they reflect on their suffering, but at the same time they realize the trainees' anguish to perform optimally. Based on the participants experiences, supportive supervision settles a sense of loneliness and self-doubt that trainees may experience, which may negatively affect how they will respond to their clients' needs. This finding is in accordance with previous ones reported by Angus and Kagan (2007), Cashwell and Dooley (2001), De Stefano et al. (2007), Howard et al. (2006), Lent et al. (2006) reporting on the effect of self-efficacy and self-

doubt on producing client outcomes. Findings also highlighted that supervision may bring a great value to the clients as supervisors focus on practices that promote trainee autonomy and impede their need for perfectionism associated with efficacy. Various studies support that supportive supervision, encourages autonomy, reduces trainee burnout and increases their self-efficacy (Hill et al., 2015; Gibson, Grey & Hastings 2009; Ladany, Mori & Mehr, 2013).

Co-constructing change is one of the superordinate themes that emerged through the data. Based on the participants' experiences, parallel processes that takes place in supervision reenact therapist-client interactivity patterns and feed back into the therapy session, creating a safe bases for clients to engage in emotional exploration and new ways of relating. Findings showed that phenomena such as transference, countertransference, defence mechanisms and emotions exploration are examined in supervision as they may depict or replay the manner that trainees and their clients respond to one another. As existing theory on parallel processes suggest such practices form a strong basis for client emotional and behavioral exploration and invite supervisees to engage in a reflective conversation with each case (Carroll, 2010; Morrissey & Tribe,2001; Norcross & Wampold, 2011; Patton & Kivlighan, 1997; Park et al., 2019; Tracey et al.,2012; Watkins, 2011).

Real relationships as a theme supported that supervisors' empathy, acceptance, warmth and pleasant demeanor towards their supervisees, create an environment of trust where trainees can openly disclose information about their sessions with their clients, they can ponder on shortcomings and ask for feedback and direction. Participants' accounts reveal that real relationships are vital for both trainees' and clients' emotional unburdening and reaching of cognitive insight. This finding is in line with Gelso and Hayes',1998 and Watkins', 2018 theory on "real relationships", referring to all those personal interactions, feelings, thoughts, and behaviors of supervisors, therapists and clients that are characterized by a transference-free relationship and by an authentic relatedness. Findings are also in line with various studies supporting that empathy, caring demeanor and support are perceived by supervisees as effective supervision. (Beinart,2004; Hill et al., 2007; Ladany, Mori & Mehr, 2013; Pierce, 2016; Watkins, 2014)

Supervisors' philosophy and roles is one of the themes that comprised the 2nd superordinate theme named didactic parameters of supervision. This is a unique finding in relation to the existing literature as for this sample's supervisors there was a very strong sense that their own philosophy and supervisory role played an important role in securing client change. More specifically, the participants shared that their in-depth subject knowledge, their personal and professional experiences over time and their interest in social welfare guide them to provide supervision that is beneficial for the clients and leads towards change. However, based on the participants' accounts for this to be achieved, supervisors need to engage in self-reflection practices, to be open to new ideas, to be less defensive and willing to understand both trainee and client world views. The argument in regard to the need for supervisors to engage in self-reflection and professional development is further supported by Watkins (2011).

The next superordinate theme that is highlighted through the analysis of the data is the role of trainees in client change process. As it is derived through the data, trainees' personal attributes determine the depth and breadth of skills they will develop, the ways they will relate with clients, and the way they will promote and support client change. Based on supervisors' experiences, trainees' level of motivation, their level of humility, their ability to accept human intricacies and diversity can lead clients towards self-acceptance, emotional unburdening, cognitive insight, and healthy relating patterns. Previous research on therapists' parameters and change, shows that therapists with whom participants experienced change were perceived as being trustworthy, real, genuinely caring, non-judgmental, helpful, promoting feelings exploration as well as exploration of deeper concerns (Arredondo, 1999; Collins & Pieterse, 2007; Decety & Lamm, 2009; Pieterse, Ritmeester & Collins, 2013; Hill et al., 2008; Greenberg et al., 2001; Elliott et al., 2011; Knox & Cooper, 2010; Sexton et al., 2005). Trainees' engagement in personal therapy and reflective practice are presented by the participants as crucial factors in enhancing their counselling efficacy. This is in accordance with previous research on the importance for trainees to gain insight, and self-awareness (Hill et al., 2007; Hill

& Knox; 2013; Pieterse, Ritmeester & Collins, 2013; Williams, Hurley, O'Brien, & DeGregorio, 2003).

The study's analysis also shows elements that hinder change. According to the data both trainees and supervisors can be agents of hindering client change. Contrary to the previous finding, certain trainee personality factors, behaviours and attitudes towards their clients and their supervisors may also result in hindering client change process. According to the participants, trainees who possess narcissistic traits such as striving for admiration and affirmation, being preoccupied with their own anxiety, showing inability to be flexible and empathic, may negatively affect their therapeutic relationship and client outcome. In addition, as results suggest, trainees who undermine the supervision process, the importance of theoretical knowledge, the significance of the therapeutic relationship, the concept of cultural agility, social awareness, and ethical practice put clients' goals for change in jeopardy. This finding adds knowledge on existing studies examining client dropout, negative experiences and negative outcome in therapy (Castonguay et al., 2010; Kraus et al., 2011 and Hardy et al., 2019).

As previously mentioned, the results also pointed supervisors as agents of hindering client change. Based on the participants accounts, strict and demanding demeanor, an egocentric and uncaring attitude towards the trainees, an emphasis on a relationship inequality, inability to set a clear supervision framework, and the unfamiliarity with current social issues and social awareness are all factors that may hinder client change. This finding is supported by previous studies which show that strict supervision raises supervisee anxiety, lowers their willingness to discuss difficulties they encounter and thus has a negative influence on the therapeutic process and outcome (Gray et al., 2001; Lambert & Ogles, 1997; Ladany, 2004; Ladany & Inman, 2012; Ladany, Mori & Mehr, 2013, Wampold & Holloway, 1997).

This study's results showed that different methods such as process recordings, live session observations (one-way mirrors), peer activities, trainee assessment, case notes and verbal reports by the supervisees are employed by supervisors to monitor client change and to support trainees' work with their clients. The use of video was perceived as an important tool,

allowing both trainees and supervisors to observe how clients respond to different interventions, how trainees and clients relate and work towards change. The use of video has been widely supported (e.g., Abbass et al., 2011; Binder, 2010; Hill et al., 2007 and Haggerty & Hilsenroth, 2011) who describe it as a tool that brings great value in the practice of psychotherapy supervision.

Finally, in support to the previous finding of supervisors and trainees being agents of change, comes the following idea that argues that tools for change monitoring are inherently various counselling skills such as therapists' ability to "listen" for change, to be able to detect when and how a client is ready to commit to changes. As Pieterse et al. (2013) state the main instruments of effective therapy, are therapists themselves and in order to act as effective instruments, they should develop the ability to reflect on their practices and demeanor.

6.7 Strengths, limitations and future directions

IPA as the methodology of this study allowed an exploration of counselling and psychotherapy supervisors experience of client change. The strength of this study lies on the fact that whereas most supervisory research examines the relationship of supervision and client outcome here emphasis was given on the elements that contribute to change as experienced by supervisors. The present study adds knowledge to existing literature on the change process as it examines experiences of supervisors coming from various supervision models, psychotherapeutic philosophies and training programmes namely, integrative, intensive short-term dynamic therapy, gestalt therapy, Adlerian therapy, and family systems therapy.

The use of the semi-structured interview protocol allowed simultaneously for both targeted and flexible data collection, where supervisors examined and captured their role in the therapeutic and change process along with trainees and clients.

Limitations in this study that warrant mention has to do with the small sample of supervisors, the fact that the study did not consider supervisors from cognitive behavioral

training programmes, the fact that all participants have the same ethnic background. On the other hand, one may consider a limitation the fact that interviews were not conducted with various supervisors utilizing the same model of supervision or that they belong to the same psychotherapy approach (more homogeneous sample).

The exploration of experience of different participants involved in the process may be very beneficial in providing a more rounded view of change process. This may involve three levels of participants: clients, trainees, and supervisors using multiperspectival IPA design so as to consider the interactive and intersubjective dimensions of the phenomenon (Larkin, Shaw & Flowers, 2019).

In addition, research that incorporates the use of video to follow trainees work with their clients based on supervision interventions may provide a clearer view on trainees' growth across their training and on elements that affect client change.

6.8 Conclusion

The supervisors' therapeutic approach, their model of supervision, their personal life philosophy, values and ethos, as well as their skills and knowledge seem to be perceived as crucial to change process. Based on this premise, it is evident that supervision training processes and ongoing personal development can make supervision more amenable to the needs trainees have on their effort to bring about client change. Supervisors should also be open to trainee feedback and insight as this will further enhance their view of themselves and the process.

Culture and other contextual variables seem to be significant in change process. Supervisors should demonstrate cultural competence and should foster therapeutic practices that addressing diversity in culture, age, gender, sexual orientation, socioeconomic and educational status.

Chapter 7

General Discussion

This thesis used qualitative methods, specifically meta-ethnography (Noblit and Hare, 1988) and Interpretative Phenomenological Analysis (IPA; Smith et al., 2009) to examine the lived experiences of clients, trainees and supervisors from counselling psychology and various professional psychotherapy programmes. The aim was to investigate the experience of processes involved in facilitating client change and the production of positive therapeutic outcomes for clients.

This thesis took as a starting point the theoretical view, that therapeutic change is characterized by a continuous flow of internal processes that emerge throughout the clients' therapeutic journey and result in different outcomes due to this ongoing process (Gendlin 1961; Elliot, 2010). The experience of change is implicitly meaningful and *felt* though not always verbalized (Gendlin 1961). According to Elliot (2010), change process research refers to the processes that lead to a change in therapy; it does not focus solely on process-outcome, but rather emphasis is given to identifying, describing, and explaining all the different factors that contribute to change. As such the dynamic nature of the change process can be regarded as a complex system composed of interconnected components that show hierarchical structure over time (Gelo & Salvatore, 2016). The therapeutic process can be viewed as a series of client states or sub-outcomes interconnected on a path to an ultimate outcome (Safran et al., 1989).

As Kazdin (2009) discusses understanding why and how therapy leads to change is important for several reasons; first, by understanding the mechanisms of change, one could assess whether different therapeutic approaches have common mechanistic elements that contribute to this change. Secondly, by understanding the processes of therapeutic change, one could be better prepared to achieve this change. Thirdly, improving knowledge of

treatment effects could help practitioners to enhance those elements. Finally, understanding the effectiveness variables can only be achieved by answering the question of how therapy brings about change.

Focusing on the complexity of the therapeutic process, Wampold and Holloway (1997) state that there are many intervening factors affecting client change including therapist variables (empathy, multicultural competence, self-awareness level), client variables (dedication to treatment, self-healing capacities, etc.) and supervision of intervention methods.

The findings of the current thesis revealed a wide range of experiences of change process that have not previously been explored in qualitative studies. Smith (2021) postulates that IPA seeks to explore turning points in someone's life. Central to the use of IPA in this thesis was the facilitation of participants construction of their own responses sharing what is or was important to them establishing change. Interpretative phenomenological analysis (IPA) as an idiographic method usually involves homogeneous samples with individuals who are given the opportunity to engage in a self-reflexive sense-making interpretation of a phenomenon (Smith, Flowers, & Larkin, 2009; Smith, 2021). This thesis followed IPA guidelines through the findings of the three different studies, but at the same time employed as multi-perspective approach to investigation by bringing together experiences by three different groups, clients-trainee therapists- supervisors (Larkin, Shaw & Flowers, 2019). The researcher of this thesis recognized that change process is not merely located within the accounts of those who experience change and positive outcome (i.e., clients) but the phenomenon is also located within the accounts of other people who, through their roles, contribute, experience and/or make sense of the phenomenon (i.e., trainee-therapists and supervisors). By examining how the various participants interact and co-construct meaning making processes a fuller understanding of the phenomenon was reached.

This thesis aimed at investigating not only the similarities but also the differences that derive from different viewpoints around the same phenomenon constantly moving between

the parts and whole (Shaw et al., 2014). For this reason, different interview protocols were constructed for 3 different groups of participants concerned with the same phenomenon.

A systematic literature review synthesized and critically evaluated findings from the empirical research that has investigated counselling, professional and clinical trainees' development and experiences in training, using metaethnography (Noblit & Hare, 1988). The review included papers on clinical psychology trainees' experiences in training, as well as those of trainees from other professional psychotherapy programs. A new synthesized paradigm was created based on the selected studies translation and presented 9 new superordinate themes: Aspects of training; Tutors; Supervision; Trainees and Peers; Self-Conscious Emotions during the process of training; Emotions & clients; Change & Development; Person & Professional self; Labels.

Interpretation suggested that professional training in mental health is complex and dynamic and is affected by trainees' personal parameters, by the nature of the training programmes, but also by the interaction of trainees with tutors, supervisors, peers, clients, and family members. Emphasis was also given to the legal and professional boundaries set by the profession.

Specifically, this metasynthesis showed that even though trainees appreciate gaining theoretical knowledge, they feel that more emphasis should be given on practical components that will lead to an in-depth experiential understanding of concepts. Experiential learning and role-playing seem to be at the center of the trainees' interest, as they found that these could enhance their counselling abilities. However, these experiential activities were also found to be stressful and even overwhelming as at times, personal self-reflections were subject to formative evaluations. In addition, as aspects of trainees' self-reflections were not approached therapeutically, left them feeling exposed. However, as results indicate in these instances, peer support was detrimental in helping trainees to feel more secure and accepted. Findings also showed that emotions and lack of exploration of them, affected trainees in various ways. Emphasis was then given on personal therapy and the positive effects it has on trainee emotional unburdening and development as through personal therapy trainees gain depths of

insight and develop a more concrete professional identity which supports not only their work with their clients but also their self-understanding and interpersonal relationships.

When it came to clients, results showed that trainees were often overinvolved, they felt responsible for their reaching their goals; they often identified with clients or projected their own needs onto the clients. However, even though client contact seemed intimidating and daunting for trainees, it also seemed to be the most influential factor in developing a professional identity

Finally, the metasynthesis findings indicated that tutors and academics were perceived as role models, helping trainees to develop a professional identity. Results also showed that trainees often depend on them for feedback and directions. Equally important seem to be the relationship trainees develop with supervisors. Trainees accounts revealed that they have a need for the supervisors to be supportive, congruent and willing to share knowledge. Contrastingly, studies also showed that strict, overly critical and cold supervision intensified feelings of inadequacy and raised trainees' anxiety level.

Several of the above findings are presented in conjunction with findings produced by this thesis' studies as they are recognized as common.

The first empirical study reported on chapter 4 examined international college students from various backgrounds and presenting problems reported benefitting from their experience in a university counselling center. Existing literature had only focused on the counselling services provided by Universities' counselling centers and their efficacy (Stone, Vespia, Kantz, 2000; Tracey et al., 2014). This thesis provided participants perspective on how therapy delivered by counselling psychology trainees affected change process and it allowed a further exploration of how different factors affect change.

The participants of the study presented their experience of positive change as an ability to gain insight, to learn something new about themselves, to freely express emotions, and to learn how to set healthy boundaries. According to the participants, important parameters involved in achieving these changes lie within therapeutic alliance, participants' own internal factors and self-involvement, trainees' personal characteristics, behaviors and

practices, their own beliefs about counselling and the organization of the modality where counselling was delivered.

Despite the centrality of therapeutic alliance one paradox evident in the data was the participants conflicting emotions towards their therapists; at times participant expressed feelings of disappointment towards their counsellors and expressed having higher expectations from them and at other times they expressed positive and caring emotions. One explanation, as it is derived from the data, is that in some cases attachment and transference issues as well as emotions exploration were not adequately addressed by trainees resulting in presence of puzzling strong emotions and change being hindered. Clients' pretreatment representations of significant others seemed to be projected onto therapists and affected the relationships they formed with them. The trainees' inability to deal with these enactments led clients to experience negative emotions towards their counsellors. This finding is commensurate with previous studies that examine the concept of alliance, clients' attachment style, the enactment of clients' early relationships in therapy and the importance for therapists to apply interventions with specific linking to the patient–therapist interaction and early relationship in their lives (Connolly Gibbons et al., 2012; Hillsenroth, et al., 2003; Gelso, Hill & Kivlighan, 1991; and Woodhouse et al., 2003). On the other hand, other trainee skills and practices, such as showing acceptance, being present, demonstrating active listening, willingness to tailor interventions to meet client needs, validation, psychoeducation and feedback enhanced the therapeutic alliance and were perceived by the participants as important in their experience of change.

In addition, the study in chapter 4 highlights clients' reflections on their own responsibility towards change. Participants reiterated that the moment they made the decision to assume the responsibility for their therapy, to engage and work towards achieving their therapy goals, they have started noticing changes. The participants' accounts showed that change was perceived as incremental, meaning that internal changes that they were experiencing were leading to further changes in their daily lives and in their interpersonal relationships. Furthermore, as data reveal, participants' primary motivation for continuing

their therapeutic work was the realization and experience of change, whether that meant symptom improvement or emotional unburdening. In addition, as per the participants' experiences, trust building, deeper internal awareness and consolidation with changes required time and patience by the participants and their therapists.

As emerged through the participants' reflections a distinct change element was the importance of non-counselling but psychologically relevant factors contributing to change, such as the counselling centre's organization and the flexibility and modality of service provision. The online counselling services as a medium of allowing participants to continue their therapy journey remotely was overly stressed. As this study was completed 1 year prior to the covid19 pandemic, this finding came prior to the need that arose for health safety reasons and it showed and it can be extended to other cases where certain constrictions may not allow for in person therapy.

The second study reported in chapter 5 moved on to examine the phenomenon of change process from the trainees' point of view. Specifically, the study aimed to investigate professional psychotherapy and counselling psychology trainees' experience of learning to work with client change and to explore the experience of the contribution of differing aspects of training in working with clients to achieve change.

The study presented insightful accounts of experience of eight trainees coming from a diverse psychotherapeutic approach studying to become therapists at different institutions around Greece. This study has made an empirical and theoretical contribution to the understanding of change process as it examined the next generation of therapists as sense-making agents of client change. The participants' accounts shed light in many areas of their training that prepared them to be of benefit to their clients and to produce change.

Participants emphasized the importance of theoretical knowledge as it provided them with direction and insight, improved their clinical reasoning, provided the fundamentals for appropriate interventions and practices. Role playing activities combined by peer and tutor feedback was also stressed as important for trainees' best preparation to deal with clients. This is in accordance with findings from other studies and as reported in the metasynthesis

chapter (Bischoff, Barton, Thober, & Hawley, 2002; Howard et al., 2006; Pascual-Leone, & Andreescu, 2013; Skovholt, & Ronnestad, 1992; Orlinsky & Ronnestad, 2005)

However, the findings in this chapter 5 go beyond the established studies and assist in demonstrating that experiential learning was crucial in helping trainees to gain a better understanding of aspects of their “self” so they can be better prepared to assist their clients to reach their goals. This current study’s finding further highlights the cruciality of trainees reaching deeper levels of self-awareness as the embracing of the vulnerable position of self-exploration led trainees to various levels of self-acceptance and helped them to guide clients towards doing so themselves.

Similarly to the metasynthesis findings, study 2 also highlighted how personal therapy helped trainees to build a more concrete professional identity and to improve therapeutics relationships with their clients so they can achieve change. This finding is supported by Bellows, (2007), Norcross and Guy (2005), Orlinsky and Rønnestad, (2005), Norcross and Lambert (2011) and Norcross and Wampold (2011) who have provided evidence for how therapists’ personal therapy affect client positive outcome

According to the participants, change came about as a result of strong therapeutic alliances they were able to build with their clients, which allowed linkages between the past and the present, exploration of emotions and blind spots, unraveling of defenses dysfunctional coping mechanisms, and resilience. Findings are further supported by various studies such as Hovarth’s (2001) review which presented the dialectical nature of the alliance; Cooper’s (2013) study on therapists’ relational depth which encapsulates an enduring sense of interconnection with their clients; Ackerman and Hilsenroth’s (2003) study that presents therapists’ flexibility, respect, honesty, and vigilance as characteristics of therapeutic alliance.

Similarly to findings from the 1st study, this one also underlined the importance of trainees’ trust in their clients’ ability to set therapy goals and to engage in the therapeutic process. The study also showed that clients’ internal capacities and strengths were experienced by trainees as important parameters for client change. The findings further emphasized the importance of focusing on the client, of understanding their clients’ internal

resources and of empowering them to use these towards reaching their goals. This study further highlights how a new generation of therapist sought not to guide their clients through their own world view, but rather to show trust in them to be the experts on their lives. A very powerful realization that participants also provided was the fact that it was crucial for them to be aware of small subtle changes in their clients as when they noticed and celebrated these, clients were willing to work towards bringing about further changes.

Furthermore, the results highlighted that the relationships developed through supervision enacted in trainees' future relationships with their clients as trainees seem to believe that they carry the interaction pattern with their supervisors forward to their sessions with their clients. Similar results emerged through this thesis metasynthesis and study 3 presented on chapter 6, and are in line with studies by De Stefano, et al. (2017), Ladany, et al. (2013) presenting how deprecatory supervision, weakens the supervisory relationship, negatively affects the trainees' development, and ultimately reduces their efficiency level with their clients.

The last superordinate theme that emerged through the data presents findings beyond established studies on termination process. Research on therapy endings usually examine problems arising and change hindering with premature termination. However, this study's finding revealed that the final stage of therapy can potentially become a key element of change for clients. It focuses on how therapy termination might provide a motivation for change and/or an opportunity to look back on the course of therapy and discuss the therapeutic goals that have been achieved, as well as the change that is still ahead. Moreover, this period was sought to be an opportunity for the participants to further work with their clients on their relationship, recapping things that happened throughout the process or even to "grieve" the end of their therapeutic relationship, and thus to explore and express an array of emotions. Trainees shared that it was important to reach the decision for therapy termination jointly with their clients, and that they had to allow enough time for it to be beneficial for the client.

In addition to examine clients and trainees' experiences, this thesis also examined psychological therapist supervisors' experience of exploration of client changes during supervision. Chapter 6 reports the findings of the third study with supervisors. Following detailed analysis five superordinate themes were found: Co-constructing relationships and change; The supervisors as an element of change; The trainee as an element of client change; Elements hindering client change; Change as a principle.

Based on the study's findings, supervisors present the concept of change as a subtle, complex, varied, and multi-layered process. Findings also revealed that supervisors teach and lead trainees to promote client change, to discuss the concept of change with clients, but also to celebrate the changes that have been achieved. The findings map onto some of the existing literature that suggests that there are a number of complex issues associated with linking client change and supervision. (Milne, Sheikh, Pattison & Wilkinson, 2011; Wampold & Holloway, 1997).

Comparable with the previous findings on the role of therapeutic relationships, this study showed that the relationships developed between supervisors and trainees are also central to the shaping of supervisees' therapeutic perception and philosophy which in turn affects the relationships they develop and promote to their clients. This finding is supported by Milne, 2003; Milne, 2009; Sarnat 2012 who emphasize that supervision relationship patterns are mirrored to therapy relationship patterns. In addition, the findings of this study highlighted that supervision brings a great value to the clients as supervisors focus on practices that ease trainees' feeling of self-doubt and ambiguity which elicit anxiety and can be linked to therapeutic process disturbances, disengagement and withdrawal from the therapeutic alliance. Instead, as the data showed participants' experience of promoting trainee autonomy and accountability enhanced therapeutic alliances among trainees and their clients. This finding is in line with previous findings that maintain that supportive supervision, encourages autonomy, reduces trainee burnout and increases their self- efficacy (Hill et al., 2015; Gibson, Grey & Hastings 2009; Ladany, Mori & Mehr, 2013). However, the finding comes in contrast with Nissen-Lie et al. (2013) study that presents that for experienced

therapists increased levels of self-doubt produce better client outcomes as self-doubt reflects a humbler attitude towards the client, willingness to be more flexible with interventions and deeper acceptance of clients' vulnerabilities.

A unique finding in relation to the existing literature was that for this sample supervisors there was a very strong sense that an important parameters of client change is their own personal and therapeutic philosophy and role. More specifically, the participants shared that their in-depth subject knowledge, their personal and professional experiences over time and their interest in social welfare guide them to provide supervision feedback and direction that is beneficial for the clients and leads towards change. However, as participants also attest, for this to be achieved they need to continuously engage in self- reflection practices, to be open to new ideas, to be less defensive and willing to understand both trainee and client world views. The argument in regard to the need for supervisors to engage in self- reflection and professional development supported by Watkins (2011).

Another finding that is highlighted through the analysis of the data is the role of trainees in client change process. The trainees' personal attributes and willingness for personal and professional development, their ethos and engagement in ethical practice is experienced by the study's participants as a crucial factor contributing to client change. Findings are in accordance with many studies that provide insight on effective therapist attributes and on practices that lead to therapists' professional and personal development (i.e., Arredondo, 1999; Collins & Pieterse, 2007; Decety & Lamm, 2009; Hill et al., 2008; Hill & Knox; 2013; Greenberg et al., 2001; Elliott et al., 2011; Knox & Cooper, 2010; Sexton et al., 2005; Williams, Hurley, O'Brien, & DeGregorio, 2003).

The study's analysis also revealed elements that hinder client change. According to the data both trainees and supervisors can be agents of hindering client change. Findings discuss certain trainee personality factors, behaviours and attitudes towards their clients and their supervisors may result in hindering client change process. According to the participants' accounts, trainees who possess narcissistic traits such as striving for admiration and

affirmation, being preoccupied with their own anxiety, showing inability to be flexible and empathic, may negatively affect their therapeutic relationship and client outcome.

In addition, as data showed, various supervision styles, demeanors and supervision frameworks might be counterproductive and undermine client change. This finding adds knowledge on existing studies examining client dropout, negative experiences and negative outcome in therapy (Castonguay et al., 2010; Kraus et al., 2011 and Hardy et al., 2019).

Not surprisingly, this study's results showed that the use of video was perceived as an important tool, allowing both trainees and supervisors to observe how clients respond to different interventions, how trainees and clients relate and work towards change. The use of video has been widely supported (e.g., Abbass et al., 2011; Binder, 2010; Hill et al., 2007 and Haggerty & Hilsenroth, 2011) describe it as a tool that brings great value in the practice of psychotherapy supervision.

7.1 Recommendations for training

The findings of this thesis added to the understanding of factors that affect client change as result of therapy. Insight gained can be utilized by universities and training centres to better understand the dynamics, the guiding explanations and practical applications of the counselling and psychotherapy change processes. Findings on clients' needs and perceptions of counselling can assist professional in the field to better assist those in need of support but also to prepare trainees to assist diverse population groups in need of mental health assistance. Theoretical principles and processes of change could be covered in training as such knowledge might be useful for future trainees in helping them to better understand and seek for change in their clients.

As trainees deal with multiple anxieties throughout their training, it is essential for training programmes and supervisors to support them in further identifying self-conscious emotions as well as unidentified personal issues that might hinder relationships with clients. Support in preparing trainees to assume the responsibilities of their profession may come

from tutors and academics from different disciplines in the field as well as supervisors and senior practitioners.

Experiential learning seems to be an incubator for trainees to practice their therapeutic skills, and as such further emphasis should be given to it. Trainees' personal therapy proves to be very important as an element of change for their clients. Even though most training programmes have an element of mandatory personal therapy in place, at times it is not presented to trainees with adequate research findings and support, which may lead to trainees focusing only on its mandated nature, and not on the actual usefulness of personal therapy.

Experiential and relationship-focused supervision can further enhance trainees' self-awareness and self-efficacy. Supportive supervision can enhance the understanding and the importance of trust and alliance in the therapeutic relationship. Constructive feedback and challenge can further enhance growth and development in trainees' professional identity. Supervision delivered by different supervisors during each trainees' development can be beneficial as it will allow wider feedback and differing personality dynamics. This may provide trainees with enhanced and diversified knowledge on the formulation and planning of treatment. A supervision framework that monitors, guides and enhances supervisees' progress and client care can be beneficial for all of the processes participants and may aid in delivering practices and interventions that enhance client change. The use of video in supervision can be very beneficial as it can help trainees and supervisors to observe and reflect on clients' and trainees' experiences of therapy. In addition, client feedback can be of benefit to clients, trainees and their supervisors and thus training programmes should consider adding various feedback tools to their processes.

As the need for diversity understanding and acceptance becomes a clear factor of client change, psychotherapy and training programmes should consider to further expose trainees to, and educate them in, various diversity cultural and social factors. Ethical legal and moral practice should be the epicenter of therapeutic practice and they are conducive to client welfare.

7.2 Evaluation on the empirical findings.

The aim of this thesis was to provide an epistemologically and methodologically sound insight of participants experiences that would enhance but also challenge current knowledge on the phenomenon of change process and that would provide further directions for practice and training. Nizza, Farr and Smith (2021) proposed 4 quality indicators for evaluating IPA research: Constructing a compelling unfolding narrative; Developing a vigorous experiential and/or existential account; Close analytic reading of participant's words; Attending to convergence and divergence. These are presented below and applied to the analysis presented on this thesis.

Constructing a compelling unfolding narrative

The narratives of the three studies presented on chapters 4, 5 and 6 aimed at communicating a sense of coherence and at linking parts with the whole as per IPA premises. This was done within and across the themes of each study. Subthemes, themes and superordinate themes are organized in a way that create a narrative. Narratives are created from individual participants' quotes and from the researcher's interpretations. These narratives are associated and presented under each theme to illustrate individual participants' unique perspective and experience. One may argue that certain experiences could belong in more than one theme which could lead to a different narrative. However, the researcher of this thesis made sense of the participants reflections while interpreting her engagement with the phenomenon and stived to illuminate the participants' resonance and meaning of their experience.

Developing a vigorous experiential and/or existential account

As per good Nizza, Farr and Smith (2021) IPA papers need to invoke strong experiential or existential themes. Analysis of the participants' accounts for the 1st study brought to the surface participant own sense of existence and selfhood as they reflected on

their therapeutic journey, their fears prior to going to therapy, their struggles as they came to some painful realizations about their lives, they shared moments of self-acceptance, moments of allowing themselves to be, to feel to relate. Narratives presented individuals' accounts who were deeply engaged in their experience and a level of significance participants bestow on those experiences.

Likewise, the analysis of the participants accounts for the 2nd study presented their deep engagement and reflections on their own development and effectiveness in producing outcome and change for their clients. By reflecting on their own development and change, trainees explored their role in bringing about change for their clients. They reflected on how their striving for reaching depths of inside, for self-acceptance, as well as their striving for reaching greater levels of empathic attunement and acceptance for others' worldviews assisted in producing positive outcomes and change for their clients. While the literature discusses parallel processes between supervisory and client relationships, it was clear that through this period of training, for these participants, parallel processes also existed between trainees' and clients' development and change.

Finally, the analysis of the participants accounts for the 3rd study also showed how they engaged and reflected in an existential quest as many of their narratives focused on their strong feelings of responsibility as agents of change for clients but also for the new generations of therapists. In addition, participants expressed their deep engagement and responsibility towards the society as they seek and aim to promote cultural agility and welfare for all human beings.

Close analytic reading of participant's words

The researcher of this paper was intrinsically interested in the process of interpretation and idiographic depth as part of her own philosophy stance. Throughout the study the engagement in analytic reading of the participants' words was one of her greatest concerns as she aimed to initially "set the scene" for participants to share, and then to show respect to the participants' experiences but also to not leave quotes to just speak for

themselves. As a matter of fact, one of the limitations this thesis present might be that at times she engaged in an over analysis of participants accounts. This was more obvious during the analysis of the 3rd study, as the researcher had gained a greater understanding of the phenomenon of interest and she was also captivated by the participants' long experience in the field of psychotherapy. Ongoing reflexivity and the audit process however helped the researcher to step back and provide interpretations that respected the participants experiences but also provided transparency to the researcher's interpretative claims.

Attending to convergence and divergence

This thesis involved analysis of data of the various participants of each study and of various participants amongst the three studies, presenting different perspectives for the same phenomenon of interest. As such, emphasis was given in convergence and divergence that were used to present the similarities and differences of clients in therapy receiving treatment from counselling trainees, on trainees' experiences of development to achieve benefit for their clients and on supervisors' experiences of exploration of change in supervision with trainees. Results presented unique experiences of each individual as well as common experiences between individuals and groups. This allowed the researcher to illustrate representation, prevalence and variability within the analysis (Nizza, Farr & Smith,2021).

7.3 Critical reflection and conclusion

As I am reaching the end of this journey and I am reflecting on my experience as a researcher and as psychologist and psychotherapist, I feel overwhelmed about the knowledge I have gained which allowed me to make connections and answer questions I had being a client in therapy, a trainee and a therapist in supervision or a therapist with clients. I also reflect on my early years as a trainee being anxious to help my clients, to be efficient, often doubting myself, seeking to find solutions to help my clients or seeking to comprehend what is effective practice.

As a result of this PhD, I learned that change is a subtle, complex, varied, and multi-layered process. I also became more convinced of the cruciality of the various relationships in the therapeutic change process whether these are alliances build between peers, therapists and supervisors or therapists and clients. It is now clear to me that no therapeutic intervention can be more beneficial than a welcoming and caring demeanor. Through this thesis I have also established that therapists owe to use their own self as a vehicle for client change; the only way though to accomplish this is through deconstructing and reconstructing oneself. Self-exploration through experiential learning while in training, through personal therapy and supervision throughout one's career, continuous professional development are the only ways towards supporting and benefiting another human being to reach their desired changes.

This brings me to my next realization; clients are the experts in their lives, they lead the way for their therapy, they decide on the changes they want to make. As one of my participants said, "therapy is like a basketball game, we all score points but only the client wins the game". Another significant insight I have gained was that fear, anguish, self-criticism and self-doubt are emotions that both trainees and clients experience intensely. Both trainees and clients are afraid of not being able to reach their desired goals; they anguish about not being accepted, of being inadequate, or "not enough". Supervisors on the other hand experience this intense responsibility for the profession, for making sure that they will help the new generation of therapist to be ready to be of help and for caring for their supervisees' clients. As one of the thesis participants said "a client can reach change because so many people care about him/her without even his/her knowledge.

The last important for me realization had to do with how crucial it is for all of us in this profession to have a social interest, to accept cultural differences, to seek to promote change in society, to accept that there is no one universal truth and reality. As phenomenology teaches us, reality is only internal to the knower; human beings are actors in the world and a relationship between humans and their lifeworld is inevitable as their realities are influenced by the world they live in (Smith, Flower & Larkin, 2009). This leads me to say that I believe

that the research approach I have chosen for this thesis was the appropriate one and that I feel that it is my obligation to further support and encourage qualitative research and in particular IPA. For example, I would consider carrying out research on pairs (therapist- clients) or on all three participants of a triadic process (supervisor-trainee-client) over a period of time to further explore experiences of change process. Furthermore, as my data pointed, and as the pandemic mandated online therapy at times is not only necessary but unavoidable. I would be interested in future research exploring experiences of trainees, clients and supervisors providing therapy in this modality in order to shed light on how to help professionals to be better prepared to reach their clients.

As a final note, I know that my personal values influenced my view of counselling and psychotherapy, but also how I chose to conduct my research in this field. Even though I engaged in deep reflection, I know that at times my interpretations were influenced by these values and views. However, the aim of this thesis was not to defend personal views of how to promote client change and positive outcomes, but to examine how this thesis' 28 amazing participants experienced it. I believe that I honored and gave voice to these participants and that I have analyzed their experiences and concerns from a psychological and social perspective (Biggerstaff & Thompson, 2008; Larkin, Watts & Clifton, 2006).

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Appendices

Appendix A

Ethics Approval Letters

A.1 Ethics Approval Letter Study 1



Downloaded: 02/04/2022
Approved: 13/05/2021

Maria Matiaki
Registration number: 170244967
City College - Psychology
Programme: Psychology PhD

Dear Maria

PROJECT TITLE: How do counselling psychology, psychotherapy, and clinical psychology supervisors 'experience exploration of change processes in supervision with trainees. An interpretative phenomenological analysis
APPLICATION: Reference Number 039100

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 13/05/2021 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 039100 (form submission date: 20/04/2021); (expected project end date: 02/09/2021).
- Participant information sheet 1089580 version 2 (20/04/2021).
- Participant consent form 1089581 version 1 (02/04/2021).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Aristea Ladas
Ethics Administrator
City College - Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPpolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

A.2 Ethics Approval Letter- Study 2



Downloaded: 02/04/2022
Approved: 02/12/2019

María Matlakl
Registration number: 170244967
City College - Psychology
Programme: Psychology PhD

Dear María

PROJECT TITLE: An exploration of how counselling psychology trainees develop as counsellors to achieve benefit for their clients: An Interpretative Phenomenological Analysis

APPLICATION: Reference Number 031014

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 02/12/2019 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 031014 (form submission date: 04/11/2019); (expected project end date: 28/02/2020).
- Participant information sheet 1070881 version 2 (04/11/2019).
- Participant consent form 1070882 version 2 (04/11/2019).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Aristea Ladas
Ethics Administrator
City College - Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.6710661/file/GRIPPpolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

A.3 Ethics Approval Letter Study 3



Downloaded: 02/04/2022
Approved: 16/07/2018

Maria Matiaki
Registration number: 170244967
City College - Psychology
Programme: PSychology PhD

Dear Maria

PROJECT TITLE: An exploration of students reporting benefited from their experience in a University's counselling center;
An Interpretative Phenomenological Analysis
APPLICATION: Reference Number 018228

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 16/07/2018 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 018228 (form submission date: 28/05/2018); (expected project end date: 30/09/2018).
- Participant Information sheet 1042334 version 2 (28/05/2018).
- Participant consent form 1042336 version 2 (28/05/2018).
- Participant consent form 1042335 version 2 (28/05/2018).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

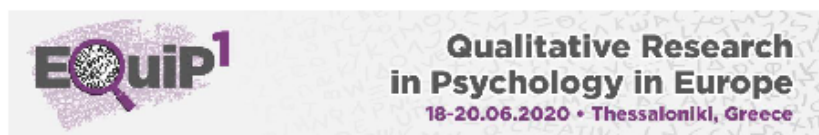
Aristea Ladas
Ethics Administrator
City College - Psychology

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/rs/ethicsandintegrity/ethicspolicy/approval-procedure>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/po/po/poly_fs/1_6710661/file/GRIPPpolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix B

Equip Conference Abstract



An exploration of students reporting benefited from their experience in a University's counselling center; An Interpretative Phenomenological Analysis

Maria Matiaki, Andrew R. Thompson, Suzie Savvidou

University of Sheffield & University of Sheffield International faculty, CITY College

Background: Investigating change as a result of therapy and the underlying processes that contribute to a change has been a central research topic over the years. The aim of the study was, to gain a nuanced account of the students' experience of receiving counselling with a specific emphasis on what might have helped and hindered change. Interpretative Phenomenological Analysis was used to explore individual experiences. Semi-structured, in-depth interviews were conducted with 10 former clients of a university's counselling center in Greece. All Participants had been in counselling with counselling trainees using an integrative counselling approach. All aspects of the study adhered to IPA guidelines and the analysis process followed a rigorous procedure that was subject to audit. The results contain six superordinate themes: 1. Alliance which included both positive and negative relationship issues; 2. Personal characteristics of trainees, which included knowledge level, professionalism and personality; 3. Client self-involvement which included expectancies and awareness of internal resources; 4. A change that brings change which focused on how gaining insight of perceived change brought about further change; 5. Beliefs about counselling focusing on how clients' beliefs about therapy affect their motivation and trust; 6. Organization, Modality and Flexibility focusing on how structure and flexibility in modality affect the therapeutic process. The results provide a better understanding of the experiences likely to contribute to change in people receiving counselling from trainees operating in an educational context.

Keywords: interpretative phenomenological analysis, psychotherapy change-process research, theoretical issues in therapy, client-experience, counselling psychology trainees

Corresponding author's contact details:

Maria Matiaki

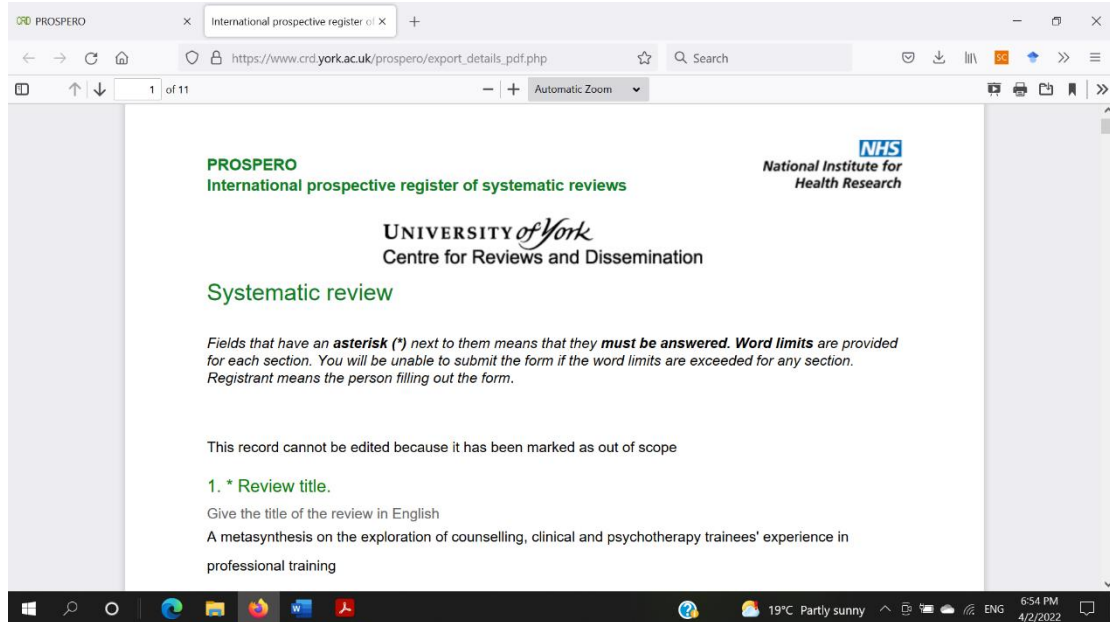
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Tel:0030-6945016641

Appendix C

Material for Metaethnography

C.1 Prospero registry



The screenshot shows a web browser window displaying the Prospero registry website. The browser's address bar shows the URL: https://www.crd.york.ac.uk/prospero/export_details.php. The page content includes the Prospero logo and the text "International prospective register of systematic reviews". Logos for the NHS National Institute for Health Research and the University of York Centre for Reviews and Dissemination are also visible. The main heading is "Systematic review". Below this, there is a note: "Fields that have an asterisk (*) next to them means that they **must be answered**. **Word limits** are provided for each section. You will be unable to submit the form if the word limits are exceeded for any section. Registrant means the person filling out the form." A message states: "This record cannot be edited because it has been marked as out of scope". The first field is labeled "1. * Review title." and contains the text: "Give the title of the review in English" and "A metasynthesis on the exploration of counselling, clinical and psychotherapy trainees' experience in professional training". The Windows taskbar at the bottom shows the date and time as 6:54 PM on 4/2/2022, and the weather as 19°C Partly sunny.

PROSPERO
International prospective register of systematic reviews

NHS
National Institute for
Health Research

UNIVERSITY of York
Centre for Reviews and Dissemination

Systematic review

Fields that have an **asterisk (*)** next to them means that they **must be answered**. **Word limits** are provided for each section. You will be unable to submit the form if the word limits are exceeded for any section. Registrant means the person filling out the form.

This record cannot be edited because it has been marked as out of scope

1. * Review title.
Give the title of the review in English
A metasynthesis on the exploration of counselling, clinical and psychotherapy trainees' experience in professional training

C.2 Table of Articles Included

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
Self-evaluation and self-perception of student learning in person-centred counselling training within a higher education setting. (Bennetts, 2003)	'What are the experiences of mature learners on person-centred counselling courses within higher education?'	6 UK female participants aged between 42 and 55 with a certificate level prior training	Experience of mature learners in person centered professional counselling course	Person centered Interviews and focus groups Analysis based on transcripts (no specific methodology for the analysis is mentioned)	An acknowledgement for in-depth training. Concerned more about the supervisor's feedback or whether another student is watching- concerned about "not doing it right". The issues of process and reflection played a regular and vital part in their counselling training Having difficulty writing reports Students perceived their own learning needs to be the same as client learning needs	1.Aim: Yes 2.Methodology: Partial 3.Design: Partial 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with participants: Partial 7.Ethical Issues: Not 8.Rigorous Analysis: No 9.Clear Statement of findings: Partial 10.Valuable; Partial Notes: No ethical consideration. Unclear analysis method. The role of the researcher in not clear. How some themes derived is unclear or not supported. Some assumptions are unsupported
Experiences of countertransference : Reports of clinical psychology students (Cartwright, Rhodes, King & Shires, 2014)	To examine t clinical psychology trainee's awareness of their countertransference, and to investigate the types of countertransference they experience.	55 clinical psychology students from New Zealand and Australia 17 enrolled in masters' programmes, 36 in clinical doctorates, and 2 in clinical PhDs.	This study examines confidence in managing countertransference, reports of supervision and goals for learning about countertransference. this study considers	Descriptive study Using scales to rate experience of countertransference and a written report that described countertransference reactions.	Even though the countertransference subject is specific, many interesting themes emerged from the study: such as trainees becoming overinvolved and feeling responsible for clients' problems; empathy shifting into an	1.Aim: Yes 2.Methodology: Partial 3.Design: Partial 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Not 7.Ethical Issues: Not 8.Rigorous Analysis: Yes

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
		Age: 20-35 49 female 6 male	if an emphasis should be placed on reflective practice in countertransference in training	Thematic analysis was used for the written report	over-identification; expressing feelings of inadequacy; self-reflection on their coping strategies; need for more training.	9.Clear Statement of findings: Yes 10.Valuable; Partially Notes: A descriptive report at times didn't address issues in depth...At times responses did not indicate countertransference examples, but initial trainee concerns were interpreted as such.
'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training (Folkes-Skinner, Elliott & Wheeler, 2010).	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.	One UK female participant in Counselling Psychology programme Age: 55	A longitudinal case study where a participant was interviewed 3 times, exploring her experience through counselling training.	Three-50min- semi-structured interviews using The Change Interview Schedule (Elliott et al., 2001) Data was analyzed using interpretative phenomenological analysis and generic principles of qualitative analysis as outlined by Elliott and Timulak (2005).	The participant experienced significant change during her first term. Each interview revealed a different phase of her development. The core categories were: becoming something new (week 3); 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	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes 7.Ethical Issues: Yes 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Notes: One participants only. Only categories, organized under the topic domains of change and helpful processes were presented

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
The path towards a professional identity: An IPA study of Greek family therapy trainees. (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013).	The aim of this study is to gain a better understanding of the trainees' experience of an intense systemic training programme and the process of their professional and personal development as psychotherapists.	7 Greek Participants were recruited at the Family Institute of Chania, Crete, a non-academic, part-time systemic psychotherapy training centre	To shed light on trainees' internal and emotional processes during systemic psychotherapeutic training and to understand the dynamic process of professional development	Semi- structured interviews were analyzed using Interpretative Phenomenological Analysis	1. Participants referred to their training as a journey in personal and professional meanings. 2. They found group self-disclosure to be challenging, but also a chance for self-observation. 3. Emphasized the importance of the trainer. 4. Personal therapy and self-awareness encouraged them to be empathic and understanding. 5. Training helped them to deal with weaknesses. 6. Only two felt comfortable to attribute the title 'therapist' to themselves. 7. Five participants felt that they will 'becoming' therapists	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes 7.Ethical Issues: Yes 8.Rigorous Analysis: partially 9.Clear Statement of findings: Yes 10.Valuable: Yes Notes: Non- academic psychotherapy training programme. Specific to family therapy. 7 participants
Professional identity among counselling psychology doctoral students: A qualitative investigation.	What experiences and conditions do counselling psychology doctoral students perceive as contributing to their professional identities.	10 Canadian graduate students who had completed their first year of doctoral study in counselling psychology, aged 25-31.	Participants were asked to reflect on their sense of professional identity and to identify experiences that they believed	Semi-structured interviews. A variation of the consensual qualitative research (CQR) method	(1) the experience of providing services to clients, (2) the positive influence of institutionalized training,	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
(Gazzola, De Stefano, Audet & Theriault, 2011).	(b) What experiences and conditions do counselling psychology doctoral students perceive as hindering their professional identity?	(coming from various theoretical backgrounds, e.g. feminist (3), psychodynamic (1), humanistic (1), cognitive-behavioral (1), multicultural (1), integrative (2), Educational/behavioral	fostered and hindered their professional identities	was used to present large amounts of information	(3) giving and receiving supervision, (4) the importance of role models and mentors, (5) a resonance between the personal and the professional, (6) an induction into the professional community, and (7) an emerging sense of expertness.	7.Ethical Issues: Yes 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Notes: Examined implication of training programmes. Mostly concerned with finding an identity; however, their experiences in training leads towards this identity
Is training effective? A study of counseling psychology doctoral trainees in a psychodynamic/interpersonal training clinic (Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015).	1.To assess whether and how therapist-trainees changed over the course of training in a psychodynamic/interpersonal clinic. 2.to examine the attributions trainees make regarding their changes, particularly how trainees viewed the suggested importance of individual and group supervision given the role of supervision in psychodynamic/interpersonal psychotherapy training.	6 trainees were interviewed at the end of their training in the clinic (between 2 to 3 years). An additional 3 trainees, who were continuing between 2.5to 3.5 years. Trainees reported interested in psychodynamic/ Interpersonal therapy	Examine how trainees experience change during the course of clinical placement	Mixed method study. Only the qualitative part will be incorporated to this metasynthesis. Semi-structured interviews taken at different time intervals from different participants Interview data were analyzed using consensual qualitative research	1.Tranees felt more self-efficacious 2. Enhanced self-awareness was another change. Better understanding of their own biases, anxiety, countertransference, and emotions. 3.Trainees indicated that they were increasingly able to be present in the therapy room 4. They report that they became more curious about client and relationship dynamics. 5. Through their program they learned about becoming a therapist. Supervision, and clinical experiences were all identified as helpful.	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes 7.Ethical Issues: Yes 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Notes: Very thorough investigation. However, it focuses more on change process

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
A longitudinal analysis of changes in counseling skills during doctoral training in counseling psychology (Hill, Charles & Reed, 1981).	1.To examine changes in the basic counseling skills in counseling psychology graduate students during the first 3 years of their training program. 2. To identify changes in other abilities beyond the basic counseling skills.	Twelve students (7 female, 5 male; 10 Caucasian, 2 black), ranging in age from 22 to 36 years who entered a doctoral program	An exploratory study to examine what changes students had made in their counseling abilities and also to specify the impact of graduate school on them personally and professionally.	Mixed method study. Utilized the Hill Counselor Verbal Response Category System. In-depth interviews and Transcripts of sessions. In depth qualitative analysis was used CQR	All of the students felt that graduate school had had a tremendous impact on their lives. Several students reported that the intensity of the training served as a catalyst to intensify their personal problems. Most of the changes students reported were not in the basic counseling skills, but rather in the more abstract and less operational higher-order abilities, such as timing, appropriateness of intervention, ability to conceptualize client dynamics, planning treatment strategies, with resistant and defensive clients & termination	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes 7.Ethical Issues: Yes 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Partial 10.Valuable: Partial Notes: Very thorough investigation but dates back to 1981. Valuable to discuss historical developments in the field. Discusses findings but no excerpts are provided
BECOMING PSYCHOTHERAPISTS: EXPERIENCES OF NOVICE TRAINEES IN A BEGINNING GRADUATE CLASS.	To begin to fill such gaps in the existing literature by examining the lived experiences of novice psychotherapists during their first semester of graduate training.	5 students (European American) in their first semester of a counseling psychology doctoral programme	Examining trainees' inner experiences, specifically regarding their feelings and concerns about becoming psychotherapists.	Analysis of weekly journals written across the course of a semester (15 weeks). Used consensual qualitative research for the analysis	The major challenges were self-criticism, managing client reactions, learning and using the helping skills, and session management; the gains were primarily in the areas of learning and using the helping skills,	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes 7.Ethical Issues: Yes 8.Rigorous Analysis: Yes 9.Clear Statement of

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
(Hill, Sullivan, Knox & Schlosser, 2007).					becoming less self-critical, and being able to connect with clients. Individual supervision helped trainees learn about doing psychotherapy; problems in supervisory relationships needed to be repaired.	findings: Yes 10.Valuable: Yes Notes: Very thorough investigation. Study specific to the beginning of trainees' studies. As trainees kept a journal might have not reflected deeply to areas, or disclosed info
Critical incidents among novice counselor trainees (Howard, Inman & Altman, 2006).	Aim: To investigate which experiences do novice counselors perceive as critical to their professional development	9 master's level participants (white Americans), in counselling & human services (n=3), school counselling (n=6), currently in practicum	Trainees' subjective experiences of Critical Incidents, or significant turning points, or learning moments over 15 weeks	Qualitative research using reflective journals. Discovery-oriented research method was used for the data analysis	Results revealed 5 predominant themes; professional identity, deeper level of self-awareness, and client awareness; self-efficacy and competence; positive changes because of supervision; building conceptual framework for counselling.	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Partial 5.Data Collection: Yes 6.Relationship with Participants: No 7.Ethical Issues: Partial 8.Rigorous Analysis: Partial 9.Clear Statement of findings: Yes 10.Valuable: Partial Notes: Not too many excerpts. 8/9 participants are females-some bias issues: some in school counselling. Only self-reflections journals were used. Emphasis only on critical incidents.

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
Experiences with counselor training in central Europe: Voices from student trainees. (Jacob, Roth, Flanders, Jackson, Park-Davidson, Grubrova, Chehayl, 2017).	1.To explore the experiences of European master's-level students in an English-language counseling program in Central Europe (the Czech Republic) 2.To develop a better understanding of factors that impede or support the acceptance of counseling and wellness-based perspectives	5 students (4 Female, 1 male) enrolled in a master's-level counselor training program located in the Czech Republic, but overseen by an American university Age: 25-41	To gain in-depth insight into a previously unexplored concept regarding international training of counselors (i.e., the experiences of Central European students being trained according to US standards of counselor training).	Semi-structured interviews. Qualitative methods—specifically, phenomenology was used for the data analysis	Three main themes emerged: 1. a distinction between US and European standards of training and practice (with sub-themes related to frustration and confusion regarding practice standards, communism, and perceptions of Czech culture), 2.psychologists being superior to counselors 3. a somewhat clandestine adherence to humanistic values.	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Yes 7.Ethical Issues: Yes 8.Rigorous Analysis: Partial 9.Clear Statement of findings: Partial 10.Valuable: Partial Notes: Paper focuses mostly on Chech Republic students. Small sample size. Emphasis on cultural differences and differences in training systems.... Findings in identity are of interest
Learning and difficult experiences in graduate training in clinical psychology: A qualitative study of Japanese trainees' retrospective accounts. (Kanazawa & Iwakabe, 2016).	To explore how graduate trainees experienced their training and explored what might enhance, and what might hinder, their professional development	17 master's degree clinical psychologists of Japanese descent (15 female, 2 male). Participants were interviewed 1-3 years after the completion of their course Average age: 26.8	This study is part of a longitudinal study on therapists' professional development	Semi-structured interviews. Grounded theory approach was used for the analysis	Positive learning occurred when trainees worked closely with another person or other people and emotional reactions were evoked. The two essential components of learning were close interpersonal contact between trainee and supervisor, client and/or colleagues, and	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Partial 7.Ethical Issues: Yes 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
					<p>trainees' emotional engagement in that process. Difficult experiences reported that professional development requires careful attention., it was often taught that clinical competence is developed only after many years of training and practice. In addition, in the context of hierarchical interpersonal relationships, instructors and supervisors gave more negative than positive feedback. Coupled with the cultural emphasis on humility as a desirable social characteristic, trainees presented themselves as "humble and eager to learn".</p>	<p>Note: Thorough study; however, participants were asked about their experiences after graduation and not during the time of training The Japanese culture was big part of the experience in training</p>
<p>Self-criticism in therapist training: A grounded theory analysis. (Kannan & Levitt, 2017).</p>	<p>To engender an understanding of how therapists-in-training experience and cope with self-criticism in the context of</p>	<p>15 (14 +1 entered later) graduate trainees in clinical and counseling psychology doctoral programs in Mid-</p>	<p>Therapists-in-training experience and cope with self-criticism</p>	<p>Semi-structured interviews. Grounded theory approach was used for the analysis</p>	<p>The analysis highlighted the vulnerability of self-criticism in therapists' training experiences, especially when they related to balancing the "expert" role while</p>	<p>1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Partial 5.Data Collection: Yes 6.Relationship with Participants: Yes</p>

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
	their clinical training and therapy experiences.	South region of the USA theoretical orientations, participants listed: cognitive-behavioral (n = 8), humanistic/existential (n = 4), and interpersonal (n = 1). Ages: 24-48			maintaining authentic interactions with their clients. The results also described ways in which self-criticism is mitigated by a sense of interpersonal safety and the provision of clinical freedom and flexibility in therapists' training.	7.Ethical Issues: Partial 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Note: Credible study. However, the concept of self-criticism requires in depth self-reflection and it is a sensitive topic. Ethical implications might be in question
Personal Growth and Awareness of Counseling Trainees in an Experiential Group. (Luke, & Kiweewa, 2010).	To begin to bridge this major gap in the literature by using a qualitative grounded theory approach to examine the processes through which counselor trainees identified and developed personal growth and awareness within a semester long experiential group	14 US master's level counselor trainees. 13 identified as Caucasian, one as African American	Personal growth through experiential activities	Reflective journals were used as a means of tapping into participants' own subjective accounts of experiences that contributed to their personal growth and awareness Grounded theory was used for the data analysis	Findings identified 30 factors of varying significance to trainees' personal growth and awareness clustering within the systemic levels of intra-personal, inter-personal, group-as-a-whole, and supra-group. Gaps in discussion. Not in-depth analysis of the findings. Only journal used for class assignment might be compromising in depth expressions on experiences	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Partial 5.Data Collection: Yes 6.Relationship with Participants: No 7.Ethical Issues: No 8.Rigorous Analysis: Partial 9.Clear Statement of findings: Yes 10.Valuable: Yes Note: Emphasis on the development through experiential group. Not in-depth analysis of the findings. Only journal used for class assignment

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
						might compromise in depth expressions on experiences. Many excerpts provide repetitive themes, but allow further interpretations
What else are psychotherapy trainees learning? A qualitative model of students' personal experiences based on two populations. (Pascual-Leone, Rodriguez-Rubio & Metler, 2013).	To shed light on What do trainees feel that change in an experiential psychotherapy skills course; and what do students consider the course's impact on their personal lives.	21 US master level students in clinical psychology. Also enrolled in a psychotherapy skill training course. 18 female and three male participants. Their ages ranged from 22 to 48	Trainees' experiences of change and the specific training difficulties they report	Students provided personal narratives of their experiences (using specific guidelines), which were analyzed using the grounded theory method	Results produced 37 hierarchically organized experiences, revealing that students perceived multiple changes in both professional (i.e., skill acquisition and learning related to the therapeutic process) and personal (i.e., self-growth in a more private sphere) domains. Analysis also highlighted key areas of difficulties in training	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: Partial 7.Ethical Issues: No 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Note: Thorough study; however, self-reflection report were used for the analysis, giving the opportunity to participants to "double process" their experience. The study didn't have access to raw material of experience
Overwhelmed with the Burden of Being Myself: A Phenomenological Exploration of the	To explore the existential experiences of counseling supervisees in the	Five participants consisted of counselors in-training from various programs throughout	Trainees experience in practicum and internships	Used Phenomenology to code the collected data by highlighting	Five major themes were developed related to the personal experiences of the participants: (a) actually	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Partial 5.Data Collection: Partial

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
Existential Experiences of Counselors-in-Training. (Pierce, 2016).	practicum and internship experiences	the United States who had completed practicum or internship Participants ranged in age from 25 to 35 years. Four participants identified as Caucasian, and one participant identified as Asian		significant phrases or quotations and establishing clusters of meaning. These clusters were used to develop textural and structural descriptions of the data	being real; (b) I'm not really depressed. It's more like overwhelmed; (c) questioning of self; (d) worry; and (e) loneliness. Two themes were developed that provided some meditating factors: (a) relationships with program faculty and (b) relationships with programme peers.	6.Relationship with Participants: Partial 7.Ethical Issues: No 8.Rigorous Analysis: No 9.Clear Statement of findings: Yes 10.Valuable: Partial Note: Very limited in Extracts. No access to raw material. Focus on existential Experiences. However, Some Findings are not "existential"
The Journey of the Counselor and Therapist: Research Findings and Perspectives on Professional Development. (Rønnestad, & Skovholt, 2003).	To use a longitudinal method in order to study of counselor/therapist development	100 American counselors/therapists at different experience levels, i.e., two student groups, beginning and advanced graduate students of counseling or psychotherapy , and three postgraduate groups of practitioners with the average of 5, 15 and 25 years of professional experience with doctoral degrees in	Counselor/Therapist development through different levels of their training and careers	Cross-sectional and longitudinal qualitative study of the development of 100 counsellors and therapists.	1: Professional Development Involves Integration of the Professional Self and the Personal Self -2. The Focus of Functioning Shifts from Internal to External to Internal. - 3. Continuous Reflection Is a Prerequisite for Professional Development. - 4. An Intense Commitment to Learn Propels the Developmental Process. - 5. Beginning Practitioners Rely on External Expertise.	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: No 7.Ethical Issues: No 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Note: Very rigorous & Important study. However, as this is a cross sectional study, findings at a times are not clear on whether they

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
		professional psychology.			6. Many Beginning Practitioners Experience Much Anxiety. - 7. Clients Serve as Influencers and as Primary Teachers. - 8. Personal Life Influences Professional Functioning & Development. - 9. Interpersonal Sources Influence Prof. development.	apply to students, novice, or senior therapists. Limited access to excerpts
Themes in Therapist and Counselor Development. (Skovholt, & Ronnestad, 1992).	To understand the elements that contribute to their own professional growth and development; to go beyond the limitations of stages to consider broader themes of development, as well as the dimension of development versus stagnation	100 therapists and counselors divided by education and experience into 5 groups of 20. Groups of interest: first-year graduate students and advanced doctoral students	Therapist and counselor development	Inductive analysis overall qualitative focus. A modified version of Grounded Theory methodology is used	1: Professional development is growth toward integration of the professional self and the personal self. 2. An external and rigidity orientation in role, working style, and conceptualizing issues increases throughout training, then declines continuously. 3. It is important an environment where the person is connected to other professional searches and uses a reflective stance. 4. Beginning practitioners rely on external expertise. 5.	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: No 7.Ethical Issues: No 8.Rigorous Analysis: Yes 9.Clear Statement of findings: Yes 10.Valuable: Yes Note: Very rigorous study. However, as this is a cross sectional study, findings at times are not clear on whether they apply to only students and or senior therapists. No access to extracts. A study from 1992

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
					Development is influenced by multiple sources that are experienced in common and unique ways. 6. professional development is a long, slow, & erratic process. 7. Personal life influences professional functioning. 8. Clients are a major source of influence and serve as primary teacher. 9. External support is most important at the beginning of one's career and at transition points.	
The stresses of learning counselling: Six recent graduates, comment on their personal experience of learning counselling and what can be done to reduce associated harm. (Truell, 2001).	(a) learn more about and document the negative effects of learning counseling from the recent graduate's viewpoint; and (b) to learn more about and document what methods the recent graduates consider to be the most useful for reducing unnecessary pains associated with learning counseling.	6 UK participants. All 6 participants had been mature students aged between 25 and 45-years-old. Of the six that participated, 4 were female and 2 were male.	Negative and stressful aspects of learning counselling	In-depth semi-structured qualitative interviewing Grounded Theory was used to analyze the data	The relationships of the participants were significantly affected during their training. They reported varying levels of distress; faced difficulties in integrating counselling skills. They were afraid of harming the client, fear of self-disclosure in the classroom and questioned their own state of mental health.	1.Aim: Yes 2.Methodology: Yes 3.Design: Yes 4.Recruitment: Yes 5.Data Collection: Yes 6.Relationship with Participants: No 7.Ethical Issues: No 8.Rigorous Analysis: Partial 9.Clear Statement of findings: Yes 10.Valuable: Yes Note: Focus on stressors And negative effects.

Citation	Aim	Sample-Participants	Phenomenon of Interest	Design	Findings	CASP Evaluation
					There were a mixed range of reactions when it came to supervision.	Range of participants as far as age and sex

C.3 Metasynthesis Analysis

Analysis step 1(example)

Font	Paragraph	Styles	Editing
<p>Self-criticism in therapist training: A grounded theory analysis. (Kannan & Leviitt, 2017).</p>			
<p>Theme 1: Cluster 1: Self-criticism Is Tied to Misconceived Responsibility</p> <p>The complete title for this cluster was: "I am more Vulnerable to Self-Criticism When I Feel Entirely Responsible for Solving my Clients' Problems."</p>	<p>self-criticism increases when in doubt about how to direct the session, especially when viewed as an expert.</p> <p>One trainee said: Like if in session...maybe you planned a general plan...and things go a completely different way or the client says something that you weren't expecting or, just in general in session I feel like, "Should I have said that? Or should I have said something more?" Or just sort of issues when I'm not sure if I handled the situation correctly and wondering, getting lost in my head, thinking about it, and what I should do next.</p> <p>Trainees' self-doubt about how to lead clients in session was particularly heightened when clients expected ready solutions for their problems. For instance, one participant said, "Anytime they're [clients] turning to me like, "You're the expert tell me what to do," then that's when I start to...like I don't want to over-represent my self-criticism, but these are times when I am self-critical"</p> <p>Early termination and poor alliance with clients creates feelings of inadequacy and self-criticism. According to one participant, [A client had] tremendous anxiety and I definitely felt...his decision to not continue after two sessions was, "I just want to try medication I'm not sure I can handle the emotions—it's really frightening." But even from that I remember processing it in my supervision class and...I felt I must have pushed him too much or maybe I'm not good enough for him to want</p>	<p>Anxiety about doing or saying the "right" thing leads him/her to loose focus on the client...and to be preoccupied with his own performance.</p> <p>When clients view him/her as an expert he feels a burden put on his/her shoulders.</p> <p>The agony of wanting to save the client an internal need ...feeling responsible for their decisions, their behaviour.</p>	

Analysis step 2 (example)

Citation	Aim	Phenomenon of Interest	Findings/ CASP Evaluation
<p>Searching for recognition: The professional development of psychodynamic psychotherapists during training and the first few years after it.</p> <p>(Carlsson, Norberg, Sandell & Schubert, 2011)</p>	<p>To explore the development of the professional self during training in psychotherapy and during the first few years afterward, as described by the therapists</p>	<p>Focus on interviewees professional development and self-reflection of their development based on a previously administered TASC-2 scale</p> <p>Emphasis on their experience at 3 different time intervals beginning of their training, mid training and after completion of training</p>	<p>Analysis showed that a major theme was trainees search for recognition.</p> <p>At the beginning they felt they had limited knowledge and had a need for improvement;</p> <p>they longed for the prestige that a degree will give them.</p> <p>Mid-training, they felt trusted by their supervisor, they appreciated the encouragement.</p> <p>At the same time, they felt inferior to their supervisors and at times they didn't feel they had to follow their direction.</p> <p>They felt negatively judged by their supervisors.</p>

Citation	Aim	Phenomenon of Interest	Findings
Experiences of countertransference: Reports of clinical psychology students (Cartwright, Rhodes, King & Shires, 2014)	To examine t clinical psychology trainee’s awareness of their countertransference, and to investigate the types of countertransference they experience.	This study examines confidence in managing countertransference, reports of supervision and goals for learning about countertransference. this study considers if an emphasis should be placed on reflective practice in countertransference in training	trainees becoming overinvolved and feeling responsible for clients’ problems; empathy shifting into an over-identification; expressing feelings of inadequacy; self-reflection on their coping strategies; need for more training.
Citation	Aims	Phenomenon of Interest	Findings
The path towards a professional identity: An IPA study of Greek family therapy trainees. (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013).	The aim of this study is to gain a better understanding of the trainees’ experience of an intense systemic training programme and the process of their professional and personal development as psychotherapists.	To shed light on trainees’ internal and emotional processes during training	1. Participants referred to their training as a journey in personal and professional meanings 2. They found group self-disclosure to be challenging, but also an chance for self observation. 3. Emphasized the importance of the trainer. 4. Noted that personal therapy and self-awareness encouraged them to be

Analysis step 3 (example)

Learning and difficult experiences in graduate training in clinical psychology: A qualitative study of Japanese trainees' retrospective accounts. (Kanazawa & Iwakabe, 2016).		
<p>Theme 1: Developing as a Clinician Hot Learning</p>	<p>Hot Learning, reported by 11 participants, includes the following four categories of training experiences:</p> <p>Learning directly and immediately from experienced professionals</p> <p>One trainee said, There was a sense that we were in direct contact with each other, if not "intimate" contact, which sounds a bit weird. If I responded to the client in the wrong way, he would point that out right there, right at that moment. The supervisor would say, "You must respond to that right there!", and it made perfect sense to me. He also pointed out changes in client behavior as they were emerging.</p> <p>Sometimes receiving advice was fruitful but painful, which was expressed metaphorically as a physical experience:</p> <p>My supervisor was very incisive in pointing out my weaknesses: Why couldn't I bring up certain topics in session, and why couldn't I lead the session in a certain direction? I really felt as if I were being cut to pieces. But later on I realized that what I was doing was not in the client's best interests. I understood that the supervisor revealed what I had been repressing in order to show me that it was bad for the client. I now appreciate the supervisor's intervention.</p>	<p>A close supervision relationship created a feeling of security. The supervisor was supportive, congruent and willing to share knowledge</p> <p>The trainees realized the feelings he had towards the supervisor's pressure</p>

Analysis step 4 (example)

Students perceived their own learning needs to be the same as client learning needs	Self-evaluation and self-perception of student learning in person-centred counselling training within a higher education setting. (Bennetts, 2003)
trainees becoming overinvolved and feeling responsible for clients' problems; empathy shifting into an over-identification	Experiences of countertransference: Reports of clinical psychology students (Cartwright, Rhodes, King & Shires, 2014)
managing client reactions	Becoming psychotherapists: experiences of novice trainees in a beginning graduate class. (Hill, Sullivan, Knox & Schlosser, 2007).
client awareness;	Critical incidents among novice counselor trainees (Howard, Inman & Altman, 2006).
Positive learning occurred when trainees worked closely with another person or other people and emotional reactions were evoked	Learning and difficult experiences in graduate training in clinical psychology: A qualitative study of Japanese trainees' retrospective accounts. (Kanazawa & Iwakabe, 2016).

Analysis step 5-Compilation of quotes per theme (example)

Supervision	Article	Quote
Supervision bringing everything together.	<p>1. Is training effective? A study of counseling psychology doctoral trainees in a psychodynamic/interpersonal training clinic (Hill, Baumann, Shafran, Gupta, Morrison, Pérez Rojas, Gelso, 2015).</p> <p>2. The Journey of the Counselor and Therapist: Research Findings and Perspectives on Professional Development. (Rønnestad, & Skovholt, 2003)</p>	<p>1. "Overall, I'm really lucky. I've had some people who just through their years of clinical experience it was a gift to be with them and to understand this is how you conceptualize, this is how you deal with someone with an eating disorder, this is how you recognize someone with borderline personality disorder."</p> <p>2. "It was a concrete realization of what I had learned. It was really valuable. The contrast between them and me helped me see my own style and how far I had come in my development."</p>
Supervision, anxiety & performance	<p>1. 'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training (Folkes-Skinner, Elliott & Wheeler, 2010).</p> <p>2. Is training effective? A study of</p>	<p>1. 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.</p> <p>1.2 "Supervision is helping me very</p>

Analysis step 5 - Initial translation of themes (example)

Code	Dealing with emotions	Trainees and clients	Aspects of training	Trainees' change & Development	Peers	Labels	Tutors
1	Dealing with an array of emotions wanting to save the client	Projection of therapist needs/views on to client	Multifaceted training	Contact hours enhancing abilities	Need for support, acceptance and trust in group sharing	Label as a student	Idolizing Tutors
2	Experiencing guilt/questioning abilities	Feeling responsible for the client	Experiential learning and role-playing	Reconstruction and rebuilding of self	Peer sharing allows exploration of emotion	Being approached as less competent/ or knowledgeable	-Tutors' feedback and self-doubt
3	Emotions that are not explored enhanced vulnerability for trainees	Issues of Countertransference	Learning to use and bear confrontation and negative emotions	Development of empathy	Peer sharing allows exploration of emotion	Professional titles	Tutors demeanor affecting self-doubt
4	Self-criticism and doubt	Being entuned with client feelings	Conceptualizing concepts & process	Work with Countertransference	Gaining insight	Professional titles	Inspiring others to be
5	Anxiety about the training process	Attachment & therapeutic relationship	Self-reflection process	Time as change parameter	Confinement inhibits growth	seen as an expert	Wanting to impress the tutor
6	Difficulty to assume the responsibility that comes with the profession	Environment and culture sets the pace	Training instruments (e.g. Observation, recordings, journal)	Personal therapy and or self-reflection as tools of dealing with complexities of the profession	Different perspectives' exploration	The "rescuer"	
7	Feeling accomplished and proud	Environment and culture sets the pace	Helping Skill training	Aspects of alliance	Groups enhances growth	The stress of belonging to a professional organization	
8			Incorporating theory and research	Cultural parameters, acceptance and respect	Building ability to relate	Acceptance	
9				Adjusting to own style	Effects of judgement	Validation	
10				Client feedback			
11				Unfinished business			

Analysis step 5 New derived themes

Id Themes	Paper	Newly Added papers	New derived Themes
		Self-evaluation and self-perception of student learning in person-centred counselling training within a higher education setting. (Bennetts, 2003)	Gaining professional insight Reconstruction and rebuilding of self Client feedback awareness as a tool of dealing with complexities of the profession
the participant experienced significant change during her first term. which interview revealed a different phase of her development. the presence of real clients was identified as the main driver for change.	'A baptism of fire': A qualitative investigation of a trainee counsellor's experience at the start of training (Folkes-Skinner, Elliott & Wheeler, 2010).		Contact hours enhancing abilities
participants referred to their training as a journey in personal and professional learnings	The path towards a professional identity: An IPA study of Greek family therapy trainees. (Fragkiadaki, Triliva, Balamoutsou & Prokopiou, 2013).		Reconstruction and rebuilding of self Personal therapy and or/self-reflection as tools of dealing with complexities of the profession
	Is training effective? A study of		Contact hours enhancing abilities

Analysis- step 5 Themes emerging from included studies (example)

Themes emerging from the included studies

Final Themes	Metasynthesis Themes	Initial Studies' Themes
Supervision	Supervision bringing everything together. * Supervision, anxiety & performance* Transference feelings for supervisors* Alliance and trust* Feeling vulnerable in supervision * Supportive supervision enhances reflection and correction * Challenge	Concerned more about the supervisor's feedback * stressful involvement' through supervision * Supervision identified as helpful * Individual supervision helped trainees learn about doing psychotherapy * problems in supervisory relationships needed to be repaired * positive changes because of supervision * essential components of learning were close interpersonal contact between trainee and supervisor * supervisors gave more negative than positive feedback * a mixed range of reactions when it came to supervision
Dealing with emotions	Dealing with an array of emotions wanting to save the client* Experiencing guilt/questioning abilities* Emotions that are not explored enhanced vulnerability for trainees* Self-criticism and doubt* Anxiety about the training process* Difficulty to assume the responsibility that comes	Trainees generally felt more self-efficacious* *Enhanced self-awareness*anxiety, and emotions * self-criticism * emotional engagement * criticism is mitigated by a sense of interpersonal safety * being overwhelmed * worry * loneliness * anxiety * varying levels of distress.

Appendix D

Study 1 Material

D.1 Participant Information Sheet



Psychology
Department.

Invitation to Participate

Strategakis Building

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521
email: mmatiaki@citycollege.sheffield.eu

Title of study: An exploration of students reporting benefited from their experience in a University's counselling center; An Interpretative Phenomenological Analysis

1) Invitation paragraph.

You are invited to participate in this research project.

Please take a moment to read the following information carefully so that you can make an informed decision as to whether to participate.

The aims of this study are to:

1.To gain a nuanced account of your experience of receiving counseling services with a specific emphasis on what might have helped & hindered change.

2. To explore whether your experience of change affected wider aspects of your live

2) Do I have to take part?

Please note that the decision to participate is totally yours. If you decide to participate, at the beginning of our interview I will give you a pseudonym which will ensure anonymity. This way you will not be identifiable within the information you give me.

- Please note that even if you decide to participate you can later withdraw without any explanation by contacting me at mmatiaki@citycollege.sheffield.eu
- However please keep in mind that there is a cut-off date for withdrawal which is two weeks after our interview. After two weeks I will have begun to analyse the data for my report, therefore it will not be possible for you to withdraw after that point.

3) What happens to me if I take part?

We will have to set up a specific time at a mutually agreed place where the interview will take place. Please note that the interview will be audio-recorded and that later will be transcribed verbatim. Please note that this interview is aiming at allowing you to freely express yourself on the topic and in no way to judge your views or experiences. There are no wrong or right answers. Please also note that anonymity will be kept at all times. To ensure anonymity, you will not be mentioned by your real name but rather with a unique pseudonym. In addition, all recordings will be destroyed upon successful completion of the study.

If there is something that is not clear or if you would like more information, please don't hesitate to ask me. If you need to contact me at a later time you may send an email to mmatiaki@citycollege.sheffield.eu.

4) How could I address any concerns or complaints shall they arise?

This project is supervised by two academics at the University of Sheffield. Their names are, Dr. Andrew Thompson, and Dr. Suzie Savvidou, and you may contact them directly shall you have any additional comments or concerns. If at any point you are concerned for the process of this interview, or you would like to file a complaint please send an email to Dr Suzie Savvidou at SSavvidou@citycollege.sheffield.eu

5) Will my participation in this study be kept confidential?

Confidentiality will be kept at all times. Please note that participant's signed consent form and the end report are not stored together. The aim is that a third party will never be able to match the two; therefore, the interview will remain confidential.

As previously mentioned, all data will be deleted if you decide to withdraw up to 2 weeks after the interview. All data will be stored on a password protected computer. Only the researcher and the supervisors and examiners will have access to the data.

6) What will happen to the results of the study?

The results of this study will form the basis of a study as part of a PhD thesis and might be published and presented in academic literature

7) Contact for further information

Further information can be obtained from:

Maria Matiaki, mmatiaki@citycollege.sheffield.eu

Thank you for taking the time to read this information. I hope that you feel able to take part in the study. If you have any further questions about the study, please let me know. If you are happy to take part in the study, please sign the attached consent form.

D.2 Consent Form- Pilot study

Psychology
Department.

Consent Form for Pilot Study

Strategakis Building
24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521
email: mmatiaki@citycollege.sheffield.eu

Title of study: An exploration of students reporting benefited from their experience in a University's counselling center; An Interpretative Phenomenological Analysis

Researchers: Maria Matiaki (PhD student), Dr. Andrew Thompson (Reader in Clinical Psychology). Dr. Suzie Savvidou (Senior Lecturer in Psychology & Clinical Director at the College's Counselling Center)

Please initial each box and then write your name, the date and signature at the end:

1. I confirm that I have had the opportunity to ask questions about the study

2. I understand that the interviews will be recorded on a password protected digital recorder and that the files will be deleted after participation

3. I understand that I am free to withdraw from the study at any time

4. I consent for the anonymized interview excerpts of my interview

To be used for academic publications & presentations

5. I agree to take part in the study



.....

.....

Name

.....
Date

Signature

.....

Researcher 's Name

Date

Signature

1 copy for patient, 1 for researcher

D.3 Consent form for participants



Psychology
Department.

Consent Form

Strategakis Building

24, Prox. Koromila str.,
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1 July 2022

Telephone: +30 (2310) 224 421, 224 521

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Please initial each box and then write your name, the date and signature at the end:

1. I confirm that I have had the opportunity to ask questions about the study

2. I understand that the interviews will be recorded on a password protected digital recorder and that the files will be deleted after participation

3. I understand that I am free to withdraw from the study at any time

D. 4 Biographic information and Interview protocol

Biographic Information

Pseudonym:

Gender:

Age:

Study level at the time you received counselling:

Presenting Problem that led you to seek counselling:

How did you find out about the counselling Center?

(Was it your idea, referred by someone else; did someone suggest it to you?)

Interview Schedule

As we have previously discussed, my interview with you is about your counselling experience and how you found it.

Starting Counselling

1. Could we start with you telling a bit about yourself? What had brought you to counselling?
2. How did you decide to do it?

Prompt: Can you recall what you thought about when you were deciding whether to seek counseling?

Do you remember back at the time when you made your first appointment?

What was it like once you knew you were going to start going to counselling?

3. When you made the decision to go to counselling, what were some of your initial thoughts & feelings?

Prompt: *What you were thinking it will happen? How did you feel?*

4. What was it like at the beginning, when you first started?

Prompt: *Can you recall your first session? What was it like for you?*

Continuing with Counselling

5. Can you tell me about your sessions as they continued?

Prompt: *What was it like;*

6. Can you tell me about any important or significant moment you had during counselling?

Prompt: *What happened? Why was this important or significant for you?*

7. The study is about change, what has your experience of change related to counseling been like?

Prompt: *When did you know that you were experiencing changes?*

How did you know? How did this (benefit) develop over time?

What did your counsellor do to that was part of this process?

8. If you were to list some important moments/elements that contributed to this change, what would you say they are?
9. Can you tell me whether there something that did not change? Why so?
10. How did counselling come to an end? How did you find this?

Prompt: *How was this experience like for you? How different aspects of your life been affected because of the change? Studies, work, intimate and family relationships?*

Is there something else you wish to tell me about change in your counselling?

Thank you

D.5 Debriefing



Psychology
Department.

Debriefing

Strategakis Building

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521

email: mmatiaki@citycollege.sheffield.eu

Title of study: An exploration of students reporting benefited from their experience in a University's counselling center; An Interpretative Phenomenological Analysis

Debrief Sheet

Thank you very much for taking the time to participate in this study.

Please be reminded that Confidentiality will be kept at all times. In order to ensure anonymity, you, as a participant, will not be mentioned by your real name but rather with an alias name of your choosing. Please note that the signed/ticked consent form and interview material are not stored together. It is the University's aim to never be able to match the two. Therefore, any responses you give will remain confidential.

All data will be stored on a password protected computer

Your participation is very much appreciated but if you decide that you would like to withdraw your data from the study, you can do so without giving any reason. Please note that this withdrawal can only take place up to two weeks following the day of the interview; after this time, it will be too late. You can withdraw your data by contacting me directly via email at mmatiaki@citycollege.sheffield.eu.

D.6 Study 1 Analysis steps

Interview analysis example (Christina)

CHRISTINA
I: Good afternoon again.
P: Good afternoon.
I: Uh, thank you for being here. Um, as we have previously discussed, my interview with you is about uh, your counselling experience and uh, how you, you found it, how you have experienced it.
P: Mm, hm.
I: Um, so uh, starting could you tell me a little bit about yourself and what brought you to counselling in the first place?
P: Okay. Uh, about myself, well I'm a person who is hard-working, I am ambitious and generally I see myself like uh, a person who can overcome everything and make um, my life better in every aspect.
I: Mm, hm.
P: So, um, when uh, I saw that poster for career counselling, I thought that like it's in uh, an opportunity for me to help myself through that service.
I: Mm, hm.
P: And eh, I also study psychology so I know that people there are doing their best to respect me, help me and they are doing it by eh, scientific way which I like a lot. So, I thought that this will be um, a productive experience and will help me in the long term.
I: Mm, hm.
P: But as we discussed (laughs) earlier, it's like uh, that was um, an excuse for me, career counselling. Um, I thought like I needed help at that period of time and I, I said that lie to myself that I needed for my career but

Self stigma needed excuse

Poster for Career Counselling

→ Another way to explore counselling without the "label"

knowledge & science equally important to respect & help

hoping for long term effect

(Could feel that she could not cope on her own but could not be honest with (stigma))

Interview analysis example (Val)

<p>V: ... and I felt this just pretty much curiosity and - uhh - the hope that I would find something useful and helpful.</p> <p>M: Ok - Do you remember back at the time when you first made your first appointment?</p> <p>V: Yeah.</p> <p>M: Can you tell me a little bit about this.</p> <p>V: When I made the first apt or when I</p> <p>M: When you first to a counsellor to make an appointment, or the counselling center to make the appointment. How was this feeling.</p> <p>V: I honestly, I don't remember the details - uh - I do remember feeling a slight sense of fear about it.</p> <p>M: Uh - huh.</p> <p>V: as part of my background, as part of my culture counselling is seen as a thing people don't do unless they are crazy or something like that.</p> <p>M: Uh - huh.</p> <p>V: Even though, I had grown away from that consciously and intellectually, I believe when these fears become part of you in childhood, they do show up every now and then. I did not - hesitate and I short of went on, and book the thing, and then we had the phone call and then it was booked - uh</p> <p>M: Uh - huh.</p> <p>V: but this was part of it?</p> <p>M: Ok - huh... What was it like when you knew you are going?</p>	<p>Curiosity hope!! (hope for what)</p> <p>Importance of feeling (worry) Sense of fear</p> <p>Again cultural issue & stigma concern (very insightful)</p>
<p>4.09</p> <p>V: ... huu (short pause)</p> <p>M: I mean after the aptm.</p> <p>V: Yeah, I guess I was just looking forward to see what was going to happen.</p> <p>M: Ok - huh - what was it like in the beginning, when you first started. Can you recall your first session?</p> <p>V: Yeah, yeah... I think so hmm... So, in my first session I had this discussion (short pause) ... the thing is I didn't expect that kind of thing would happen, but when I entered this room, and my counselor's voice and presence short of made me feel comfortable and I've been told that this all guaranteed to be anonymous, and that there will be serious consequences, in a situation that a psychologist break anonymity.</p> <p>M: huh - huu.</p> <p>V: So I felt this comfort around me - I started saying things that I haven't even thought about I think - I started saying many that I haven't even admitted to anybody I think.</p> <p>M: Hm.</p> <p>V: Huu... and (short pause thinking) It was (short pause) I don't know how I felt after that, I didn't feel a sense of relief or anything like that, I just it must have been more like ok, that was</p>	<p>(it was like you off renaissance)</p> <p>Anticipation</p> <p>Surprise</p> <p>Importance of coun voice & presence ↳ Calmness of the ↳ importance of con building of the ↳ discussion of feeling comfort (what is ↳ Immediate all</p>

It's about the feeling not the details

Self-stigma

Worship Presence

Anonymity

Emotional Relief

↳ Anxiety level dropped.
Relief
Relief acceptance

brought different results to the client

quest (do we actually help or we scientist?)

V: Because I would be skeptical if anyone would be telling me how I feel, or should feel or, how I am not - umm - you know - (thinking) something like that - if someone told me I am wrong about something they better back it up with evidence.
 M: Uh uh.
 V: As she did. And the (pause) essentially she yeah, she taught me a lot about psychology, as if I was in psychology, as if I was in a psychology course.
 M: Ok.
 V: And through that I learned... it was she figured out how - how. I needed to be

11.43
 convinced about stuff.
 M: Uh - uh.
 V: And then, she - you know - used these methods not in a manipulative sense, but rather in the sense that, she knew that was the way I was willing to open the door.
 M: Uh - uh - so, um, if you were to list some important elements that contributed to your change what these would be.
 V: pause Umm... My counsellor's calmness, one thing, my counsellor's umm, very high intellect that could take me through arguments, and thoughts, and feelings philosophy through scientific evidence in a very convincing and strongly constructive fashion, um, these are, I believe were the most important, and I think to some degree (pause) I felt very comfortable with her, and after, um, we finished the session, we usually had these late sessions, we would go down stairs, and I would go my way and she would go hers and I know that, me being a very social

12.54
 guy, I once or twice started a conversation with her, and was accidentally turning into personal territory, like you know you ask things to a friend.
 M: Uh um.
 V: And she sort of stopped me, in a very polite way, and then I realized that it was very important for me not to know my counsellor.
 M: U - ha U - ha.
 V: And I think that must have been part of it, I, it helped me accept our discussions, because it didn't get personal. I didn't, I wasn't aware of any of her biases.
 M: Ok. All right. Uh. Can you tell me whether there was something that did not change - Uh and if yes why so.
 V: Something that did not change (wondering tone). That is a very ?? (broad) question - laughing - uh -uh - uh. Let me think - something that it did not change) (long pause). I guess I still

→ The client's need to trust an "expert" (is it because of his background or a bigger need)
 → "Psychoeducational"

Exhibiting congruence
 Caring. Not going where client didn't want to go

Being calm could be his need, or a pro
 → The labelled ago
 → Exploring thoughts, feelings, actions
 → Alliance

→ Fostering transfer
 → Keeping distance
 → not sharing per

→ He didn't w

Real Focus of something did
 → The import
 changing only

Different Phases of themes' compilation

Version 8	Therapist Personal Development, Beliefs & Techniques ¹	Client's Self-Development ²	A Change that brings Change ³	Beliefs about Counselling/Helping the process ⁴	Organisational, Mobility & Flexibility ⁵
<p>Therapist Personal Development, Beliefs & Techniques</p> <p>Therapist's beliefs about themselves that inform their work and how they see the client's role in therapy.</p> <p>Therapist's beliefs about themselves that inform their work and how they see the client's role in therapy.</p> <p>Therapist's beliefs about themselves that inform their work and how they see the client's role in therapy.</p>	<p>Client's Self-Development</p> <p>Client's beliefs about themselves that inform their work and how they see the client's role in therapy.</p> <p>Client's beliefs about themselves that inform their work and how they see the client's role in therapy.</p> <p>Client's beliefs about themselves that inform their work and how they see the client's role in therapy.</p>	<p>A Change that brings Change</p> <p>Change in the client's beliefs about themselves that inform their work and how they see the client's role in therapy.</p> <p>Change in the client's beliefs about themselves that inform their work and how they see the client's role in therapy.</p> <p>Change in the client's beliefs about themselves that inform their work and how they see the client's role in therapy.</p>	<p>Beliefs about Counselling/Helping the process</p> <p>Therapist's beliefs about counselling/Helping the process that inform their work and how they see the client's role in therapy.</p> <p>Therapist's beliefs about counselling/Helping the process that inform their work and how they see the client's role in therapy.</p> <p>Therapist's beliefs about counselling/Helping the process that inform their work and how they see the client's role in therapy.</p>	<p>Organisational, Mobility & Flexibility</p> <p>Therapist's beliefs about organisational, mobility & flexibility that inform their work and how they see the client's role in therapy.</p> <p>Therapist's beliefs about organisational, mobility & flexibility that inform their work and how they see the client's role in therapy.</p> <p>Therapist's beliefs about organisational, mobility & flexibility that inform their work and how they see the client's role in therapy.</p>	

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D.7 Interviews' summaries

Agnes Summary

Agnes went to therapy to further explore thoughts that were bringing anxiety affecting different aspects of her life. Her emotions were out of reach at that point. However, she claims that she felt ready, she realized and accepted the need to explore. The feeling of comfort, the warm and kindness of her counsellor allowed her to feel at ease from the very beginning of her therapy.

The therapeutic relations provided trust and stability. She was committed and contributed to this relationship, seeing this as an important time in her life.

"I was waiting this moment eh, I was willing to come here every week because ...it was something like um, all my best stuff of the week".

Trust developed over time; she needed her time to let her guard down...to start trusting herself, her therapist, the process.

"I need a little bit time to open my, my mind, my feelings and myself to another person"

She continued trusting the process and this alone brought up change as the therapist provided a corrective experience, allowing her to examine different aspects of her life.

"...my counselling it, it is always there for me. It's something like a, a place which is safe for me... I think that all my sessions here were important because I, I noticed um, myself in every part of my life... the time has passed, and nothing is the same from the beginning".

Challenges and reflection techniques by the therapist helped her see hidden aspects of her persona and life. Her therapist created an ambience that helped the client to explore, to question, to accept responsibility for her life choices. She feels that she is a new person “*nothing is the same*”; that she has acquired new skills allowing a progressive change towards coping with her everyday life. Her counsellor’s calmness and presence provided support that helped her unfold aspects of her personality.

“she was very calm uh, she has a willing, she has a willing to help me and to discover my personality... she is here and is our moment”.

Agnes chose to end her therapy when she knew she had control of her life, when she found new ways of relating.... knowing her strength...being kind with herself.

“I chose to end my uh, counselling uh, when I was good with myself and all uh, uh... events in my life came into some balance... I’m not the same anymore.”.

Change over time worked like communicating vessels; one aspect of her life affected the next...and this continued with many different aspects of her life. She was able to accept her emotions, good or bad and feel empowered; “*Everything changed*”.

Apollon

Apollon claimed that he first seek counselling wanting to explore hidden aspects of his personality. He used “*curiosity*” as an excuse, having a notion about the process based on the movie industry.

“I was watching movies and uh you know in American way everybody was going uh, in a counsellor and I found interesting, eh thereafter I wanted to discover myself because, um I thought that, mm I didn’t know me”.

At the same time, he knew he was suppressing needs and emotions.

“I was....um...never expressing exactly what I wanted...I was always saying yes despite the fact that I didn’t, I might not like”

The fact that the service was promoted in a positive manner, that it was free of charge, and easy to book an appointment allowed him to make the decision.

“I said why not since I was wondering generally um, how it works and I said it’s nothing, actually for students it it’s for free”.

He was ready and committed, he had trust in a process, where professionalism, trust and comfort is fostered. “*...em that person might help me to find out eh about me*”; however at the same time he had the belief that the counsellor will take the responsibility of providing answers to his quest.

“...that the person who tell me you are like this personality”.

Apollon had an assessment with counselling trainees who was not supposed to undertake new clients. However, he immediately developed strong emotions and a strong attachment with her, not allowing him to feel comfortable with the counsellor that subsequently took over. He felt great disappointment, *“I didn’t like her”*. He never trusted his new counselor, claiming her questioning style made him feel uncomfortable. He felt that this was a waste of his time.

“I thought that she was not the one because the questions that she was asking me... Unfortunately, I, I lost, eh like four, five uh counselling sessions”.

He had very strong feeling against her, and as it seems, the therapist hold on to a therapy protocol, leaving an opportunity to work with transference unexplored.

“...her face was like cold, uh I thought I was talking to a person that doesn’t care...I didn’t tell that I don’t like you and she told me that you have to know that the counselling sessions work like this and you never find, you will never find something different”.

At the same time Apollon seems to feel that his counsellor was not engaging making him feel very nervous. At the same time though it seems that this negative experience worked as a canvas later on during sessions he had once more with his initial counselor.

“I felt that she would not ask, actually when I was finishing a sentence, the conversation would stop... I didn’t like...either my topic is not that uh important to her or she is bored... It might be my issue as I have understood afterwards that I don’t like the silence”

Apollon had strong negative emotions for his assigned therapist. After expressing his disappointment, the counselling center’s administration intervened, allowing his assessment counselor to take over as they felt client’s need to reconnect with the person he had developed a therapeutic bond was important

“they gave, they gave...her back”.

Very early on Apollon, with the help of his therapist felt free to share and started gaining insight, he started realizing how different aspects of his life have shaped him.

“...feeling real comfortable... free to say anything...I understood that the main reason that, uh our personality takes its shape is from our family and our childhood period”.

His counselor’s professionalism, knowledge and demeanor allowed him to draw his own inferences about his lives and reach his therapy goals, to be in control by embracing new behaviors.

“she was smiling in a proper way to show that she feels me and, uh I never felt an expression, a facial expression of her that it was judgment, judgmental... I’m open and I can make and express myself easier... I opened myself and we had another, eh conversation that I might have, might hadn’t before the counselling”.

Apollon felt embowered, knowing his contribution to therapy made a real difference.

“I might did it on my own without, eh trying”.

At the same time, he knew that this is a lengthy process and that time is important to change;

“I think that I wanted more time to analyze other things as well...some things didn't change because of my counsellor but because we didn't dis, have the time”.

He felt important though to have an opportunity for feedback, for some validation from the counsellor as they were finishing.

“I achieve many things but I, I wanted to hear, eh a comment...”

Christina

Christina used career counselling as an excuse to set up a counselling appointment as, at the time, she was dealing with self-stigma issues and counselling.

“that was um, an excuse for me, career counselling. Um, I thought like I needed help at that period of time and I, I said that lie to myself that I needed for my career, but the urgent reason was my um, my family situation and my emotional state at that uh, uh, period of time.... Uh, maybe I was, it was my ego, I don't need help. I can make it, I can deal with it”.

Even though this was the reason she claimed, she needed help with her therapist being in tuned was able to understand the inferences that Christina was making, connecting career issues with many other aspects of her life.

“and she saw that I wasn't talking only about my career but how it is connected to my life, em my personality and my experiences... she asked me if I wanted to change that, the, the the goal of therapy”.

As Christina thinks of herself as a person who is concerned with self-awareness, and a psychology student she found it strange that she was so much in denial about her need to seek counselling.

“I'm a person who em, have a high self-awareness but at that moment it wasn't, I didn't, I wasn't that person. Em, and that was difficult for me to, to say... I'm, I'm struggling and I, I was, I wasn't even in the position to admit it”

What helped towards the direction to admit to her therapist what were her needs, have to do with the fact that she saw herself into the therapist.

“She was around my age; she was studying psychology and she was female... But I believe that these three characteristics that were similar, made me see her like um, an, like she, we have an alliance...”

Christina felt safe to disclose, however, at the same time, she realized that she needs her time to build the alliance and feel comfortable enough to disclose personal information.

“I answered um, normally but that was too much for me at that moment. I felt like um, uh, things are changing really fast... initially um, I, I was very stressed that uh, that period and I was seeing that um, it was going to be even more stressing for me”.

However, her tenacity, her self-involvement and the fact that her therapist gave her space and time to set the pace helped to build trust.

“I realized um, um, session after session that I am the one doing the work. I knew that theoretically, but it was a, a very different thing to experience it that I am the one leading this situation, the other person is just facilitating me...and when I realized that, I felt um, empowered... I have that opportunity to go deeper and reflect deeper in ways that I wouldn't be able to do”

She was doubtful at times, having high expectations from her therapist, seeing in her a reflection of a past significant relationships.

“I felt like she was responsible for making that happening to me”.

At the same time though she could see that even small changes as result of her sessions were bringing more significant changes in her life.

“after a few sessions I saw myself changing and I liked that change very much that uh, I am grasping, I am hearing, I am uh, thinking critically and um, she's giving that um...that, um, sp, sparkle”

Change has affected many aspects of her life; the way she sees herself and this has affected the way she relates with others.

“I differentiated the relationship with myself um, and the um, relationship I have with the world outside me and I learned that results are not defining who I am and how I feel about myself and with the results I mean what, whatever comes to me in my everyday life I, I mean that results... I have to protect myself, if I have to um, keep my standards, if I have to make life choices”.

Christina, kept on working with herself, making steps towards her goals, and at some point, her therapist had to move back to her country. The counselling center offered Skype as an alternative modality for her sessions and that was very beneficial for her as it made her feels important and well-cared. This had as a result a higher commitment level on her behalf.

“I remember that, that girl had to go back to her country, but she was that professional and that she is suggested to continue through Skype... eh, for as much as I needed. Eh, and that made me even more committed to that. She was there, she was very professional, she was there for me”.

Even though Christina presented many significant positive changes, as result of the relationship she had developed with her counsellor as well as her counsellor's skills and abilities, she also comments on some moments of doubt on her therapist's inability to tolerate some of her

emotional disclosures, feeling that her therapist's inexperience made her seem unable to cope with what she was listening and be dismissive of her problem.

"...it's like, we had a relationship, I was feeling that and that was therapeutic, but I felt that I talked to her for certain things...I felt that she was sometimes uncomfortable with what I was saying. That was what made me feel that I need to continue with someone else or in different approach".

Christina's therapist was the one who eventually suggested ending therapy as goals were set by Christina were met. Christina believes that an important element of her therapy was the opportunity for closure; however, she didn't feel ready to stop, leaving her with an emotional burden.

"The last session, okay eh, my therapist told me that we're gonna stop it and she asked me em, how that experience was, if I had to share something and I thank, thanked her very much. Um, I feel like I needed a little bit more but I knew that I have to seek help somewhere else so it was um, I was feeling a little bit bad but not that much. Ah, I gained, I feel like I gained uh, things. Um, I can describe it as a sweet ending".

Fibi

Fibi claims, that initially, chose to seek counselling as a result of a suggestion made during her counselling studies. She claims she had no real therapy goal, neither was sure of what she might want to bring to the sessions.

"...we were taught that it would be really helpful to have our own personal therapy at the same time. Um, so I decided um, to give it a go about halfway through the course. Um, I at first, I wasn't really sure why we were discussing..."

She soon realized that it is a time sensitive process, and when the parameters are right it could be very beneficial. When she felt secure, she allowed herself to explore and accept emotions that were left untouched for a while.

"...I think after even a couple of sessions um, like I felt like I did need to have the counselling so yeah it was beneficial... I um, wanted to talk about my family relationships... my parents divorced so I never really like talked about that before or discussed it with anyone".

Initially she was assigned to a therapist offering only short therapy (5 sessions), but when she realized she really wanted to invest in this she continued with one of the trainees with no session limits.

“I didn’t go into that much detail and I think because I knew that um, it wouldn’t be long term at the beginning um, so I kind of, I shared with her uh, more than I would with others but at the same time not like every single thing...”

As she felt she shared too much too soon with her 1st counselor, she decided to take things slower, to set the pace.

“I decided to take it slower and kind of like share when I was ready and not force myself”.

One of the things that Fibi found extremely beneficial throughout the process was her counselor’s questioning style and challenge techniques, allowing her to draw her own inferences and to set her own goals.

“I think it was um, one way she would kind of suggest, well not suggest things but she would kind of bring up things into the session that I didn’t really consider so like, for example about um, how I thought about myself”.

This way Fibi, started accepting different aspects of herself, her reality and she started changing the way she was relating to others.

“...my own behaviour and I think once I had realized that for myself after we had had the discussions. Um, I think um, it changed a lot for me like things got a lot easier and I was much happier, and things were a lot more manageable, so I think that was a good turning point for the sessions”.

Fibi believes that started realizing that things were changing for the best, only after she start thinking back at her life before therapy.

“I think it was only until after I had experienced it because I remember looking back um, about how I used to handle things or how things used to be or how I used to feel about certain things or certain people. I, I noticed that it was something different to how I am now and it was a positive change so um, yeah I was really happy about things that are different but maybe because I didn’t really notice them when it was what was happening”.

Fibi also appreciated her counsellor’s ability to be tuned in, to listen, to empathize and “allow her to freely express her emotions.

“I felt like she was really understanding um, and she was kind of like on your side um, a lot of the time. Um, just felt like she was someone that would uh, really listen to you um, and then see it from your point of view um, yeah and she was um, like interested in like the whole picture and not just um, like certain things that you might have mentioned”.

After a while, they continued via Skype, and as they had built a strong relationship in person the therapeutic relationship remain the same.

“really nice to have her support because um, she was really understanding and um, well we, we would meet up in the center um, and then because she knew I was moving away, um, we arranged Skype calls and stuff because I already had so many sessions with her before, it still felt the same...”

Fibi seems to think that the ending session she had with her therapist, as they had an opportunity to reflect on their relationship and to bring closure.

“she wanted to make sure that everything was, was all so we had like finished our discussions and it ended properly um, and I think that’s what happened like there wasn’t anything that was left, uh, you know to talk and I’m thinking about”.

Later on, Fibi continued therapy with a different counsellor working on new therapy goals.

Georgia

Georgia decided she needed therapy when started exhibiting psychosomatic symptoms due to her living arrangements with her boyfriend’s family.

“Um, I had psychosomatic symptoms, so I had rashes on my, on my arms and um, my hair was falling so a lot of uh, physical symptoms in the beginning...”

Having her sessions at the college premises, initially, elevated her stress level as she associated her feelings with the academic environment.

“...in the university um, and I think that I felt particularly anxious because uh, my stressors were very relevant in my academic performance which was linked in some way... with the actual building so me meeting her there, it was uh, a temporal behavioral activation you know”.

However, at the same time she took the responsibility and make the commitment to deal her issues.

“Um, yeah but I was ready to face the issues and uh, I think that subconsciously I had decided that I’d make those changes no matter what”.

Her therapist’s characteristics, and approach, helped in building an alliance with her, and to provide a corrective experience.

“I realized that this was a safe place for me uh, and I think that that was a very important moment and uh, it might be uh, one of the main reasons that I decided to move out of that house uh, shortly afterwards”.

As time went by, she was able to reflect on subtle changes, she was willing to see behind the obvious, to embrace emotions and to start adopting practical life changes.

“I could feel something changing inside me uh...I noticed that things that I discussed in sessions uh, a month ago uh, those same things I would have changed a month later and I mean emotionally uh, my feelings around that topic would have changed, my

thoughts would have changed, I would have a clear purpose around this issue and I would also have made uh, practical changes in my life”.

By showing acceptance, through active listening, Georgia’s therapist contributed to building a strong relationship, where she would feel safe, and accepted for who she was. This gave her a new perspective of how other relationships in her life should be.

“there was a person there who would listen to me no matter what, who would unconditionally accept me um, no matter what my decision was um, no matter if it was right or wrong, no matter how much it would cost to me and to my family um, it was very, it was very important for me... when I moved houses um, I had decided that my relationship with my partner was not functional”.

Georgia took the initiative to end her therapy when she felt that her initial therapy goals were reached. Changes were kept on bringing more changes, affecting many different aspects of her life.

“Um, it also affected my uh, career aspirations um... in the beginning I saw everything through a glass or a fog and um, I think that after the sessions this uh, glass was lifted and um, since I, I lived on my own and I made my choices... I said since I’ve figured all these things out about the present moment uh, we can stop for now”.

Georgia felt that through her therapy she was able to grow as a person, to take responsibility of her own life.

“...I started acting an adult too in my relationship (laughs). I wasn’t a child anymore”.

Haas

Haas has a concrete belief about the counselling process as he has been in brief therapy before. As he believes this is a process that provides support and hope he decided to seek counselling once more as he has difficulties to deal with his family and life situation.

However, at the same time, he claims that he initially decided to do it wanting to see himself in a role of a counselor.

“ I started coming to counselling on my first level psychology was first because I was intrigued and interested and it, because it is something that I want to do for myself, I thought that first, firstly I need to...actually be on this um, side of the couch”.

He makes sure to reiterate that this is something “normal”, and that everybody is doing it.

“It was just normal to me like to me counselling feels really normal and it feels like something that if not everyone, at least most people nowadays need to do”.

At the same time, he made sure to express that he had doubts about the effectiveness of his sessions as counselling students were delivering the sessions.

“I already knew that I, I the person that would be me, would be with me in the room was going to be from the master’s department so...he’s not a full-fledged psychologist so I knew like that my expectations shouldn’t be that high”

Right from the beginning, it is very obvious, that the therapist was not able to create an ambience that helps the client to tolerate their emotions expressed and directed towards the therapist or reported and shared within the session. Haas describes his therapist as distant, and immature. It is very clear he is very angry towards his therapist, probably due to projection or transference issues.

“the person was really distant... it felt really awkward, it felt really forced I really didn’t like that... a person that was clearly younger than me...: like both on age and mentally”.

Haas did not feel comfort or safety to disclose. As he describes it he felt forced. However, he never mentioned anything that the counselor did to force him.

“I couldn’t force myself to talk, like when you have a person across you that doesn’t inspire, not confidence but like to open”.

It is rather unfortunate that his counsellor was not able to foster this transference and to deal with it on the here and now, even though the client seem to be longing for it.

“It got worse, it got much, much worse cuz like the person never took any notes, he never made any points, he just let me talk... there is no input, there is no help, there is nothing”.

Even during the interview Haas made sure to express his anger towards his therapist. He stated that during the time of his therapy, he felt alone, and that he needed to stop and complain.

“it felt like a complete waste of time which was really disappointing because I’m not one of those persons that believes that going to a, to a psychologist is a waste of time... what I did is I wrote an email ... I explained the reasons why I can’t keep going and I can’t go on and like how that person actually made me feel”.

As he spent some time discussing his life situation, one could see that the therapeutic relationship he had with his client was a reflection of his personal relationships, evoking strong emotions.

“like what, what are you doing, why are you even here, you’re not even trying. I, I don’t know it made me really mad ... I remember things that make me sad ...I think like mostly it shows

up when I deal with past experiences of frustration and anger because I, the feelings keep getting bottled up and then at some point I explode but other than that I would have to say that I'm basically pretty used to it by now... things keep happening to me, one after the other".

One might wonder if the counsellor was so inexperienced to deal with such a case, or whether the client just wanted to have an opportunity to exhibit defiance and to dramatize.

"It's frustration and anger that was never channeled because I just start to let it go and let it be and I was really disappointed".

Haas felt abandoned and alone. There was no alliance repair.

"I might be that unlucky that I fell to the one guy that shouldn't have been there..., I don't even recall his name... Like he didn't care ..."

At some point Haas mentioned he was dealing with depression and suicide ideation, proving that this trainee was not prepared to deal with this case. His inexperience, or lack of skills and personality, activated further emotional burdening to the client.

"after a point, you just come to expect the worst from everyone... it affected... my confidence in actually trying again to come to the counselling center of the college"

Haris

Haris never really revealed the actual problem that brought him to therapy. He actually made sure to emphasize the it wasn't a problem, but rather "some thoughts" he had. He also claimed that he did it in order "to help the master students" with their practicum hours.

"Uh, uh, actually it was not exactly problem, uh but it was something that I wasn't any time to, to participate so eh, due to, due to the, the reality that was free and it was eh... I thought that eh, I ca, I could help eh, the, the master student for his or her studies... I didn't have exactly problem, but I had some thoughts, only some thoughts".

At the same time though, he mentions this was a conscious decision; that he was ready for a challenge.

"...I was, actually I was ready for this, for this challenge for me".

The beliefs he had about counselling were based only on TV and the movies.

"I saw some, some stuff about this eh, and about this process on, on the TV or in movies... a little bit stressed cos it was, something different for me, something not strange exactly but something that I have never met..., I thought that the process, the whole process it was be like movies so I was staying in a sofa and start from to speak from (laughs) a young age".

To him, having a set schedule for his therapy was very important.

“we book an appointment, every once, once a week, one hour per week...I remember we had every Monday, special, special day...”

Haris’ counsellor’s genuineness, supporting his concerns allowed him to express his thoughts and feelings and to try to uncover the root of his problems and started embracing change.

“I tried to speak eh, eh, with my counsellor eh, try to find eh, where is the root of the problem..., I tried to, I, I, I was trying to change, I changed. Eh, I tried to settle my habits, I change my life, I start eh, deal my whole life was better” ... she was very kind with me in general for my life and tried with such specific questions to find why I think like this, like that or to find the root as I said before, the root of the problem”.

His counselor’s demeanor, empathy and support, allowed him to tolerate and express emotions.

“She never eh, make me feel hurt, bad or sad or something like this, or something strange or embarrassed ...So, I had never problem to, to answer. I, I felt free to answer... but the whole behaviour of my counsellor made me, made me feel more, more free to answer eh, more cosy, more convenience eh, with the whole process general with specifically with her so eh, all, all this tactic, this tactic”.

For Haris, time was a very important concept in the process. He keeps on repeating how important was to not be rushed by the therapist...to allow him to test the waters.

“Eh, step-by-step, not rapidly, but step-by-step, I saw that I have the help, yeah... and made me step-by-step, day by day, week by week to feel freer to answer to find myself as I said before, the, the answers, the solution”.

Haris discusses the fact that many aspects of his life have been permanently changed; however, there are other areas that still needed to be addressed. He states that he would consider therapy again, as he could not work on them with his counselor as she had completed her training. *“we can say 80% I change like my behaviour, my daily bad habits as we can say that, but till now this 10 to 20% stays eh, maybe cannot bad but sometimes when I’m pressed so much, I feel a little bit inconvenient... if of the future, not now but in the future, eh,in this, in this concern that’s be more and more, I could try again to go to this specialist speak about my problem... we didn’t have any time cuz the programme, (laughs) the programme was special time, the hours... I felt better, very better but I was a little bi sad cos I’m, I, I thought that I needed a little bit more, a little bit more eh, to be totally”.*

Mutang

Mutang chose to contact the counselling center as she was looking to be heard in confidence.

“I want to be the person who seek for counselling and the other reason is I also have some, some things that I want to share with somebody in a confidential area so be, I, I’m not really seek for any um, opinions or um, ideas of what should I do. I just want to have somebody who can listen to me and within the confidential”.

It was important to discuss her issues with a professional that wouldn’t rush to share an opinion or judge her.

“these kinds of people, normally they are professionals, they, they won’t judge you... they won’t just give their opinion so easily and normally I think from what I believe they should be a very good listener”

For Mutang, listening exhibited by the therapist seem to be the most important aspect of her therapy and the main contributor to change.

“I just want to ...have somebody to talk... this person...make me feel more comfortable to talk with her about my feelings and everything... she made me feel that she is listening, she is concerned my problem and she is a good listener”.

Her therapist’s ability to give her the space to freely express herself allowed her to self-reflect...to truly hear herself...to see things from a different angle. This was very therapeutic to Mutang and it was what brought about change to her presenting problem.

“at the meanwhile, I was talking, I was also thinking so I will also tell her that oh, now I’m telling you, I mean I will have some new thinking while I’m talking...It just make me feel better and then also having some new thoughts about it like going through, going through the whole story once again, it kind of made me have some new thinking,or new thought about this”

Mutang went to therapy only twice, but for her this was enough...it was enough in order to give her the courage to face her problem, and to find her own solutions, based on her own world view.

“this make me realize it um, it’s actually you, even with, I mean not even with some small problems but if you don’t really feel good, it’s actually can help you like relieve...the sessions kind of like bring down some of my stress... I even cried...during the sessions”.

Teta

Teta states that she didn’t have a specific problem that led her to therapy. Throughout the interview she keeps on protecting her self-image, at times the image of her therapist. At other times, she is very critical about her experience in therapy, about a serious problem that was never addressed. Transference and projection are apparent throughout the interview. Very contradicting comments. On one hand talks about a great change, about a therapist being nice on the other hand she complains of her therapist being uncaring and indifferent. She initially

presents herself as an extrovert only to conclude, later on that she is an introvert. She kept on reiterating that feedback was something she was longing for. She wanted her therapist to express how she felt about her...she was looking for validation. She commented on the inexperience of her therapist, but at the same time she mentions she had great skills and she helped her change. She even goes to the extend to complain, saying that her therapist should keep on calling and insisting that she should come back to therapy when she kept her distance. The following contradicting statements depict this picture.

1. *"I didn't have a specific problem that led me to start counselling"*
2. *"Eh, during the previous year that I was eh, doing the counselling sessions I started thinking before I go to bed at night about death and it was, I and it scared me a lot as a thought and I couldn't remove it from my mind and stop thinking about it"*
3. *"I felt that it is very beautiful telling what you think and feel about problems in eh, the daily routine of your life in a person that you don't know"*
4. *"I am very extrovert as a person eh, after the first minutes eh, of our session I started talking very, very friendly way with her"*
5. *"I'm very shy person... I become more shy and introvert"*
6. *"I thought, and I was thinking that it would be more helpful than it was"*
7. *"there was a problem eh, was with the therapist, the specific therapist and not with the therapist session". I was feeling every time relieved when eh, I was telling my problems, my thoughts"*
8. *"we found the reason why I was thinking, thinking that"*
9. *"I just, without her help eh, I started thinking on my own"*
10. *"I like the fact that...that I was talking ... to my therapist every week and the time was passing so quickly and eh, every time I, we had the session after that I was feeling very nice but I think that it eh, would be much more helpful than it was."*
11. *"She helped me a lot eh, but the, the main problem on the, of all these sessions is that I, I wanted more feedback"*.
12. *"The counselling helped me here and that, that is why these moments are important to me because they affect my personality... it helped me a lot to feel more relaxed ..."*
13. *"One thing is that uh, made me, not dislike her but feel strange that she wasn't talking a lot... I was waiting for some expression of her thoughts about me as she knew me".*
14. *"I think that, next time that she will uh, do that she will, she will be much better"*
15. *"I think that she would, could communicate with me again. I thought about it. I thought that I would hang out seen her... if I was her therapist... she can send me an email and tell me what are you going to do for her eh, good... And, because she is the person that has to communicate with her...client".*
16. *"I would like to do, to have therapist sessions, therapy sessions eh, for all my life"*.

Val

Val starts with a generalization statement to support his need for therapy. He shares that at the moment he had relationship problems. He admits that he comes from a culture that sees men that seek therapy as weak and problematic.

“I suppose most people go through – there were interesting challenges, eye opening experiences – uh part of it was some – some relationship problems – part was me thinking a lot about my productivity, and how I could get better at what I do and stuff like that... the relationship problem was that part of my main reasons... as part of my background, as part of my culture counselling is seen as a thing people don’t do unless they are crazy or something like that”.

At the same time he felt ready to approach his problem ‘professionally’.

“I wanted to see what an expert had to say about these things”.

As Val describes, his counsellor’s characteristics and demeanor created an ambience that helped the client to tolerate their emotions, to feel acceptance, and comfort in order to talk.

“my counselor’s voice and presence sort of made me feel comfortable..., I felt this comfort around me – I started saying things that I haven’t even thought about I think –I started saying many that I haven’t even admitted to anybody... but later on I realized that “wait a second – umm – ok, there may be truths about what I am thinking that I am not aware of... and I wanted to go back, I was really interested in cleaning this rabbit – hole”.

Throughout the process, Val was willing to learn, to explore and accept emotions. This brought up a great change for him.

“I believe one of the most important things, when, that I learned in there, was it ok for me to feel and to accept my feelings for what they are”.

Being a scientist, it was important for him to cognitively grasp what was happening, and his counsellor accepted this need and helped him to not only experience the change, but also to support it with scientific facts.

“then we had these discussions about, scientifically what role feelings play and all sort of analyzing how my feelings (are?) and I just realized that feelings are not stupid at all, are necessary part of life... Well one of the things was she could back her statements up with science. That really helped... she figured out how – how. I needed to be convinced about stuff”.

Val reiterates that the counselling process is a time sensitive process important to bring change.

“And this journey went on – I learned the importance of my own humanity and the feelings that I had and how to accept them, and how this sort of legal (?) life that is cultured (?) to who I am that I sought to be”

For Val change was incremental and permanent.

“...all that changes has been with me, and stopped, yeah – it is more of a character formation thing that happened to me basically something like that, and all those lessons are part of my everyday decision making, so...”

He thinks that his counselor’s demeanor, knowledge and intellect were the most important elements to his change.

“My counsellor’s calmness, one thing, my counsellor’s umm, very high intellect that could take me through arguments, and thoughts, and feelings philosophy through scientific evidence in a very convincing and strongly constructive fashion, um, these are, I believe were the most important, and I think to some degree (pause) I felt very comfortable with her...”

Val and his therapist continued their therapeutic relationship via Skype as he had moved away. For him this was very important as he felt that they still needed to work on some therapeutic goals.

“I kind of, I finished my master’s, and went back home, and I thought, that we, I wanted to continue a few more skype sessions so that we could short of close it off, but then I continued having skype sessions with her, because I had more challenges, more things for me to wonder about”

D.8 Study 1 reflexivity examples

There are so many moments that I feel these interviews are a training material for me. Even though I read about ~~the~~ some of these things in literature, even though they have been taught in my training programs, hearing clients say what is important for them is priceless. I'm thinking of a way where the therapist can receive feedback from their clients. How valuable this could be.

- Another thing that made me wonder is the fact that the client had somehow known her therapist from school. I was always wondering how much this was the process or the client. This is a university counselling center. Services are provided by staff. This is a small college. The chances of someone have met the "therapist" at a different capacity is not small. However, this didn't seem a problem in this case. I was surprised that the client made her more emotional.

Fibi was very clear on how the process has helped her. While interviewing her I felt that I would want all my clients to be like her. Very dedicated in trying to find answers, not rushing into change. She seems more dedicated to the process rather than the actual therapist as she has to problem solve between therapists as they complete their training. It seems as with each one of them, has a way of working different goals, making sure she brings closure to each therapeutic relationship before moving to the next one.

However, I felt totally empathized with her on how experienced I felt on the 1st, 5 session brief therapy process. It seemed I was seeing myself in her position, wondering if brief therapy works, but at the same time feeling not enough. "Are we failing these clients?" In this process, Fibi had the resilience to bounce back.

had a concern about one of my questions. I think that even though it is one of the most significant questions to the interview protocol it needs to be restructured.

Other than this, my thoughts prior to the 1st interview were focusing on how my clients would have answered these questions. What is important to them? What might be some of my personality characteristics that help them through the process? Has therapy helped them reach their intentions, how they experienced change?

What came as a surprise though, was that while listening to my participants words, I kept thinking about my own therapy. Thinking back to when I booked my 1st appointment, how it was taking to my therapist for the 1st time, how I felt, what did he do to help me through the process?

I am wondering how much the answers to these questions might affect the way a perceive participants answers. Could we have a case of countertransference? Can I look beyond the not only through my participants eyes? While listening to my recording through & while transcribing this was no longer a concern. I was able to tune in my clients words, trying to listen through his eyes. This is or ma

Appendix E

Study 2 Material

E.1 Invitation email (sent on the researcher's behalf by the programme Directors)

Dear potential participant

As a PhD Candidate I am looking to interview participants for one of my studies that focuses on how counselling psychology trainees develop as counsellors to achieve benefit for their clients.

As a trainee counselor you are in an ideal position to add valuable first-hand information from your own perspective.

Please note that if you decide to participate, your responses and identity will be kept confidential and you will not be identified in the final report, as you will not be addressed your real name.

Your participation will be a valuable addition to our research.

If you are willing to participate please contact me at mmatiaki@city.academic.gr.

Thank you

Maria Matiaki

E.2 Participant Information Sheet



Psychology
Department.

Invitation to Participate

Strategakis Building

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521

email: mmatiaki@citycollege.sheffield.eu

Title of study: An exploration of how counselling psychology and professional psychotherapy trainees develop as professionals to achieve benefit for their clients: An Interpretative Phenomenological Analysis

4) Invitation paragraph.

You are invited to participate in this research project.

Please take a moment to read the following information carefully so that you can make an informed decision as to whether or not to participate.

The aims of this study are to:

- (1) To investigate counselling psychology and professional psychotherapy trainees' experience of learning to work with clients so as to be of benefit to them
- (2) To explore the experience of the contribution of differing aspects of the training in assisting trainees in working with clients to achieve change;

5) Do I have to take part?

Please note that the decision to participate is totally yours. If you decide to participate, at the beginning of our interview I will give you a pseudonym which will ensure anonymity. This way you will not be identifiable within the information you give me.

- Please note that even if you decide to participate you can later withdraw without any explanation by contacting me at mmatiaki@citycollege.sheffield.eu
- However please keep in mind that there is a cut-off date for withdrawal which is two weeks after our interview. After two weeks I will have begun to analyze the data for my report, therefore it will not be possible for you to withdraw after that point.

6) What happens to me if I take part?

We will have to set up a specific time at a mutually agreed place, or via Skype where the interview will take place. Please note that the interview will be audio-recorded and that later will be transcribed verbatim. Please note that this interview is aiming at allowing you to freely express yourself on the topic and in no way to judge your views or experiences. There are no wrong or right answers.

Please also note that anonymity will be kept at all times. To ensure anonymity, you will not be mentioned by your real name but rather with a unique pseudonym. In addition, all recordings will be destroyed upon successful completion of the study.

4) How could I address any concerns or complaints shall they arise?

This project is supervised by two academics at the University of Sheffield. Their names are, Dr. Andrew Thompson, and Dr. Suzie Savvidou, and you may contact them directly shall you have any additional comments or concerns. If at any point you are concerned for the process of this interview or you would like to file a complaint please send an email to Dr Suzie Savvidou at SSavvidou@citycollege.sheffield.eu

6) Will my participation in this study be kept confidential?

Confidentiality will be kept at all times. Please note that participant's signed consent form and the end report are not stored together. The aim is that a third party will never be able to match the two; therefore, the interview will remain confidential.

As previously mentioned, all data will be deleted if you decide to withdraw up to 2 weeks after the interview. All data will be stored on a password protected computer. Only the researcher and the supervisors and examiners will have access to the data.

6) What will happen to the results of the study?

The results of this study will form the basis of a study as part of a PhD thesis and might be published and presented in academic literature/presentations

7) Cases of misconduct

Reported experiences with clients where ethical, legal and professional obligations were not met will result in interview termination. The Researcher will have the obligation to report the alleged misconduct to the participant's supervisor and programme director.

Misconduct towards the researcher, at the time of the interview, will result in interview termination and shared data will be excluded from the final report. Misconduct allegations towards the researcher will be reported to the researcher's supervisors, as well as, to the participant's programme Director and supervisor.

8) Contact for further information

Further information can be obtained from: Maria Matiaki

mmatiaki@citycollege.sheffield.eu

Thank you for taking the time to read this information. I hope that you feel able to take part in the study. If you have any further questions about the study, please let me know. If you are happy to take part in the study, please sign the attached consent form.

E.3 Consent form

Psychology
Department.

Participant's Consent form**Strategakis Building**

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521
email: mmatiaki@citycollege.sheffield.eu

Title of study: An exploration of how counselling psychology and psychotherapy trainees develop as therapists to achieve benefit for their clients: An Interpretative Phenomenological Analysis

Researchers: Maria Matiaki (PhD student), Dr. Andrew Thompson (Clinical Psychologist).
Dr. Suzie Savvidou (Psychologist & Clinical Director at the College's Counselling Center)

Please tick each box and then write your name, the date and signature at the end:

1. I have had the opportunity read the information sheet dated XX/XX/XX and to ask questions about the study

2. I understand that the interviews that I will participate in, will be recorded on a password protected device and transcripts will be kept at a password protected computer.

3. I understand that I am free to withdraw from the study at any priory agreed time frame.

1. I understand that anonymity will be kept at all times during this study and anonymized extracts may be used in publications, presentations or teaching

2. I understand that if I reveal any issues associated with possible risk to myself or to my client, this information would be shared with my programme's director.

3. I agree to take part in the study

.....

.....

Participant's Name

.....
Date

Signature

Maria Matiaki



16/01/2020

Researcher's Name

Signature

Date

1 copy for patient, 1 for researcher

E.4 Study 2 biographic questionnaire and Interview protocol

Biographic Information

Pseudonym:

Gender:

Age:

Cultural Background:

Programme Attending:

Length of personal Therapy:

Practicum hours completed:

Client1 Presenting Problem:

Interview Schedule

As we have previously discussed, my interview with you is about how your training has helped you to work with your clients to achieve change or improvements.

Training Experience

1. What has been your experience of applying principles of your training programme to prepare you to effect client change?

Prompt: How so? Could you give me an example of how you applied this in your work? Any things that worked particularly well, or not so well?

2. How would you describe your experience of training has evolved over time to help you work with clients to effect change?

Prompt: Can you give me specific examples of critical incidents (either taught-theory-teaching, assessment or practice based) that helped shape learning in relation to effecting change with clients?

3. What do you believe you did or said that helped your client the most?

Prompt: Which factors and processes you feel were the most important aspects contributing to this change?

Different aspects of training

4. Let's now consider other specific aspects of the counselling training (e.g. foundation course, reflexive practise etc) that have helped you effect change with clients- what has been your experience of these in relation to helping you achieve change with your clients?

Prompt: Can we see each area separately? Can you give me an example of each?

5. Are there any additional aspects of personal and/or your personal life (such as receiving therapy) that you have experienced as useful in achieving change for your own clients? Can you tell me a bit about your experience of this process in relation to achieving change with your clients?

Prompt: Was this something you chose yourself, or did you do it because it was mandatory to your programme? When you went to counselling, what where some of your initial thoughts & feelings?

6. In what way (positive or negative) do you think that your own therapy has affected your own therapeutic skills?

Prompt: The way you relate to your clients, treatment structure, empathy, transference and countertransference. Can you give me some examples?

Personal Characteristics and reflection on the use of these

7. What has been your experience of using yourself in relation to achieve client change?

Prompt: Personal characteristics or style that have played a role in relation to change?

8. What has been your experience of considering/exploring change in your clients during supervision?

Prompt: Any specific focus on change? Examples of supervision being helpful/unhelpful.

Examples of discussing stuckness, therapeutic ruptures, sudden gains etc?

9. What was tried/used? What is your experience of this?

Measuring/monitoring change and Termination

10. What has been your experience of measuring, monitoring or understanding how progress is going with your clients?

Prompt: Use of any measurement tools, questioning style, feedback systems to ascertain/understand the nature of change/progress being made?

11. How do you prepare your clients for the last phase of the process, i.e. termination (how do you address it, time frame, discussion, sharing of thoughts)?

Prompt: What are some of the feelings you and your clients experience? What do you think are some of the most important aspects in the process as far as your client change is concerned?

Thank you

E.5 Debriefing



Psychology
Department.

Debriefing

Strategakis Building

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521
email: mmatiaki@citycollege.sheffield.eu

Title of study: An exploration of how counselling psychology trainees develop as counsellors to achieve benefit for their clients; An Interpretative Phenomenological Analysis

Debrief Sheet

Thank you very much for taking the time to participate in this study.

Please be reminded that Confidentiality will be kept at all times. In order to ensure anonymity, you, as a participant, will not be mentioned by your real name but rather with an alias name of your choosing. Please note that the signed/ticked consent form and interview material are not stored together. It is the University's aim to never be able to match the two. Therefore, any responses you give will remain confidential.

All data will be stored on a password protected computer

Your participation is very much appreciated but if you decide that you would like to withdraw your data from the study, you can do so without giving any reason. Please note that this withdrawal can only take place up to two weeks following the day of the interview; after this time, it will be too late. You can withdraw your data by contacting me directly via email at mmatiaki@citycollege.sheffield.eu

Finally, I would like to thank you again for your participation in this study.

E.6 Study 2 Analysis steps

Case analysis example (One)

This screenshot displays a transcript of a therapy session with extensive annotations. The transcript is organized into columns, with the first column containing the raw text and subsequent columns containing analysis notes. A sidebar on the left lists various categories such as 'Affect', 'Cognition', 'Emotion', 'Motivation', 'Personality', 'Social', and 'Values'. The annotations include highlighting of specific words and phrases, as well as marginal notes explaining the significance of these elements within the context of the session.

Case analysis example (Six)

This screenshot shows a transcript of a therapy session with annotations, similar to the first example. The transcript is divided into columns, with the first column being the original text and the others containing analysis. A sidebar on the left lists categories like 'Affect', 'Cognition', 'Emotion', 'Motivation', 'Personality', 'Social', and 'Values'. The annotations consist of highlighting and marginal notes that provide a detailed analysis of the client's and therapist's interactions.

Examples of various analysis step

Discussing change during termination	Endings	Therapist's optimism	Technical skills
Grieving process at termination as in any other ending	Endings	Transference towards supervisor	Supervision
Not wanting to let go	Endings	Anxiety and supervision	Supervision
Therapist's personal philosophy	Gaining insight	Responsibility of the client	Technical skills
Person and a professional as one	Gaining insight	Change as a result of emotion exploration	Move beyond the obvious
Dealing with silence	Technical skills	Client commitment helps the therapist to help the client	Technical skills
Client personality structure	Technical skills	Accumulation of client hours	Technical skills
Anxiety and performance	Technical skills	Relationship more important than theory	Therapeutic Alliance
The "here and now"	Technical skills	Amplification	Theoretical framework
Practice makes better	Technical skills	Make theory your own	Theoretical framework
Adjusting techniques to client's needs	Technical skills	Rigid supervision may hinder the process	Supervision
Identifying with clients' vulnerability	Gaining insight	"Seeing through the clients' eyes"	Supervision
Connecting at a deeper level	Therapeutic Alliance	Trainee person supervision	Supervision
Clients defining the therapeutic way	Technical skills	Self-awareness amplified through supervision and this has a positive effect on clients	Supervision
Attention on the client	Technical skills	A need to impress the supervisor may hinder the therapy process	Supervision
Non-verbal communication	Therapeutic Alliance	Group supervision allowing access to multiple perspectives	Supervision
Anticipation to help clients	Technical skills	Experiential learning enhances the process	Theoretical framework
Trusting oneself to help a client	Therapeutic Alliance	In order to truly listen to clients, one needs to have awareness of themselves	Incubator for client change
Knowing one's limitations	Gaining insight	Help clients understand their present based on their past	Trust in the dynamic of the process
Ultimately termination	Endings	Allowing emotions into the process	Trust in the dynamic of the process
The choice to respect your client's vulnerable position	Technical skills	Understanding and creating a safe environment	Therapeutic Alliance
Becoming a nurturing parent	Therapeutic Alliance	Case studies helps in better understanding of concepts and pushes towards the art of counselling (counselling as an art, see notes)	Theoretical framework
Seeing through the clients' eyes	Technical skills	Understanding of projection and countertransference	Gaining insight
Trainees becoming the mental kids of their therapist	Incubator for client change	Experiences and personality as agents of empathy	Gaining insight
Therapist using themselves as a medium of change for their clients	Incubator for client change	Trainees learning from their therapist	Incubator for client change
Therapists life philosophy and congruence	Incubator for client change	Being congruent and showing a human side	Technical skills
Supervisor intention and disclosure about client	Supervision	Clients know when they change	Technical skills
Dealing with emotions	Gaining insight	Endings natural part of the process	Endings
Showing to clients their change	Technical skills	Letting clients go	Endings
Preparing clients to be independent	Incubator for client change	Transference in endings	Endings
Protecting own emotions to the client	Gaining insight	Theoretical stance affecting personal stance	Theoretical framework
Feeling insecure about competences	Gaining insight	Believing in the therapeutic approach using	Theoretical framework
Theory important in frames a client's presenting problem	Theoretical framework	Videotaping of sessions as a method for feedback (self and supervision)	Theoretical framework
Feeling the need to be perfect... to save the client	Gaining insight	Focus on specific evidence-based techniques	Technical skills
Therapist compensating trainee	Incubator for client change	Challenge the client	Move beyond the obvious
Feeling self-conscious negatively affect clients	Gaining insight	"Attack" to the defenses	Move beyond the obvious
Therapy helps to put oneself in a vulnerable position	Incubator for client change	Being patient with the change process	Trust in the dynamic of the process
Feedback and direction from a supervisor is important element of change for the client	Supervision	Inventing to the client as this will be beneficial for the therapist development	Technical skills
Research guides knowledge and understanding	Theoretical framework	Lack of experience helps to see things from a "clean" perspective	Trust in the dynamic of the process
Guide clients to make their own inferences	Trust in the dynamic of the process	Acceptance of one's own vulnerability as a guide to empathy	Gaining insight
Reframing and reflecting	Technical skills	Being able to tolerate clients' pain	Technical skills
Experiential groups without personal therapy can be harmful	Theoretical framework		

stinate

Focus

Font	Paragraph	Styles	Editing	Vo
theoretical framework	The client	Trust in the dynamic of the process	Endings	(unexplored a
theoretical concepts as a base to build on	Client context brings everything together	Being present vs overthinking	Active listening	Preparing for endings
foundation as an incubator for practicing counseling skills	A duel for one's reality	The felt sense	Inability to recognize and deal with defence mechanisms	Termination process as a for profession maturity
theory important in framing a client's presenting problem	Learning to see the world through the client's eyes	Starting from a point of not knowing	Facial expressions	Dealing with a array of emotion during termin
research guides knowledge and understanding	Speaking the client's language	Trusting	Dealing with silence	Planned termination as agent of change as it motivates clients to work their goals
experiential groups without personal therapy can be harmful	Fighting for the client	Change that brings change	The "here and now"	Practice makes better
take theory your own	Speaking the client's language	Allowing times to the client	Adjusting techniques to client's needs	Showing to clients their change
experiential learning enhancing the process	Supporting clients to the supervisor	Genuine interest	Reframing and reflecting	Not wanting to go
case studies helps in better understanding of concepts and pushes towards the art of counselling (counselling as an art, see notes)	Observing & understanding the holism of my client	Setting boundaries	Therapist's optimism	Ultimately termination
case studies helps in better understanding of concepts and pushes towards the art of counselling (counselling as an art, see notes)	Giving space to the client - client in charge	Guide clients to make their own inferences	Being congruent and showing a human side	Endings natural part of the process
theoretical stance affecting	Client setting the pace	Help clients understand their present based on their past	Focus on	Letting them
	Showing own	Allowing emotions into the process		

English (United States) Accessibility: Investigate

Focus

Training and knowledge gaining	Focus on the client "A duet for one"	The trainee as person and professional	Alliance	Moving beyond the obvious and fully engaging in the process	Trainees' personal therapy as an Incubator for client change	Supervision	Endings (unexplored area)
<p>Theoretical concepts as a base to build on</p> <p>Theory important in framing a client's presenting problem</p> <p>Research guides knowledge and understanding</p> <p>Case studies helps in better understanding of concepts and pushes towards the art of counselling (counselling as an art)</p> <p>Foundation as an incubator for practicing canceling skills</p> <p>Experiential groups without personal therapy can be harmful</p>	<p>Trusting the client</p> <p>Giving space to the client – client in charge</p> <p>Client setting the pace</p> <p>Allowing time to the client</p> <p>Showing faith to the client</p> <p>clients defining the therapeutic way</p> <p>Guide clients to make their own inferences</p> <p>Preparing clients to be independent</p>	<p>Knowing one's limitations</p> <p>Acceptance of one's own vulnerability as a guide to empathy</p> <p>Trusting oneself to help a client</p> <p>Therapist's optimism</p> <p>Being congruent and showing a human side</p> <p>Feeling insecure about competences</p> <p>Feeling the need to be perfect...to save the client</p> <p>Feeling self-cautious negatively affect clients</p>	<p>The dynamic between a client and a therapist</p> <p>Countertransference & transference</p> <p>A reparative relationship</p> <p>Becoming a nurturing parent</p> <p>Emotional unburdening</p> <p>Relationship more important than theory</p> <p>Therapy as a living organism</p> <p>Non-verbal communication</p>	<p>Willingness to explore</p> <p>Seek deeper meanings</p> <p>Amplification</p> <p>Make the unconscious conscious</p> <p>Help clients understand their present based on their past</p> <p>Need to trust one's instinct</p> <p>The felt sense</p> <p>Feelings' exploration</p> <p>Change as result of emotion exploration</p> <p>Allowing emotions into</p>	<p>Developing counselling skills through personal therapy</p> <p>Personal Therapy compensating training</p> <p>Therapist's personal therapy assist in client relationship, and professional training helps in how one will approach therapy</p> <p>Trainees becoming the mental kids of their therapist</p> <p>Trainees learning from their therapist</p> <p>Therapist using themselves as a medium of change for their clients</p>	<p>Self-exploration through supervision</p> <p>Supervision helping in seeing thinks clearer</p> <p>Feedback and direction from a supervisor is important element of change for the clients</p> <p>Supervisory alliance affecting the way one views the client</p> <p>Rapture in supervisory relationship</p> <p>Supervisor do not show trust in the therapeutic alliance</p>	<p>Planned termination as a agent of change as it motivated clients to work on their goals</p> <p>Discussing change during termination</p> <p>Grieving proces at termination as in any other ending</p> <p>Endings natural part of the process</p> <p>Teaching clients to leave the nest emancipation</p>

Training and knowledge gaining	Focus on the client "A duet for one"	The trainee as person and professional	Working through	Trainees' personal therapy as an Incubator for client change	Supervision	Endings
<p>Knowledge through theory</p> <p>Theoretical concepts as a base to build on</p> <p>Theory important in framing a client's presenting problem</p> <p>Case studies helps in better understanding of concepts</p> <p>Experiential learning</p> <p>Incubator for practicing counseling skills</p> <p>Role playing</p> <p>Experiential groups without personal therapy can be harmful</p> <p>Experiential learning to enhance self-awareness</p>	<p>Client in charge</p> <p>Client setting the pace</p> <p>Clients defining the therapeutic way</p> <p>Trust the client to make changes</p> <p>The stance of not knowing</p> <p>Learning to see the world through the client's eyes</p> <p>Starting from a point of not knowing</p> <p>Being the client's advocate</p> <p>Fighting for the client</p> <p>Empowering clients and lead them to see their change</p>	<p>Professional awareness</p> <p>Knowing one's limitations</p> <p>Acceptance of one's own vulnerability</p> <p>Trusting oneself to help a client</p> <p>Growing as a professional</p> <p>Being congruent</p> <p>Feeling the weight of the profession</p> <p>Feeling the need to be perfect...to save the client</p> <p>Feeling self-cautious</p> <p>Positive Trainee factors</p> <p>Personal Experiences</p> <p>Trainee's personality and demeanor</p>	<p>Therapeutic Alliance</p> <p>A reparative relationship</p> <p>Bond and Trust</p> <p>Create a safe environment</p> <p>A structured way of looking at therapy, setting clearer boundaries</p> <p>Being involved and present in the process</p> <p>Allowing time</p> <p>Willingness to explore</p> <p>Seek deeper meanings</p> <p>Help clients understand and move beyond the obvious</p> <p>Challenging the client</p> <p>Observing, allowing, and encouraging emotions</p>	<p>Personal therapy as a guide</p> <p>Developing counselling skills through personal therapy</p> <p>Personal Therapy compensating training</p> <p>Therapist's personal therapy assist in client relationship, and professional training helps in how one will approach therapy</p> <p>Trainees learning from their therapist</p> <p>Missing an important component when personal therapy is not present</p> <p>Understanding change</p> <p>Therapist using themselves as a medium of change for their</p>	<p>Self-awareness</p> <p>Self-exploration through supervision</p> <p>Feedback & Direction</p> <p>Supervision providing different perspectives</p> <p>Encouragement and support</p> <p>Supervisor relationship affecting the way one views the client</p> <p>Supervision hindering client change</p> <p>Supervision and trust in the therapeutic alliance</p> <p>Supervision intimidation</p>	<p>Change and termination</p> <p>Planned termination motivating work on the</p> <p>Opportunity discuss and understand</p> <p>Client "emai"</p> <p>Grieving pr termination dealing with</p> <p>Teaching el leave the ne</p> <p>Untimely te hindering el</p> <p>Trainees pec of letting ge</p>

Table 6.

Table of Themes

Training and knowledge gaining ¹	Focus on the client. "A duet for one" ²	The trainee as person and professional ³	Working through ⁴	Trainees' personal therapy as an Incubator for client change ⁵	Supervision ⁶	Endings ⁷
<p>Growth through theory</p> <ul style="list-style-type: none"> -Theoretical concepts as a base to build on. - Theory important in framing a client's presenting problem. -Case studies helps in better understanding of concepts <p>Theory shaping personal philosophy</p> <ul style="list-style-type: none"> -Theory shaping personal philosophy <p>Experiential learning</p> <ul style="list-style-type: none"> -Incubator for practicing counseling skills -Role playing -Experiential learning to enhance self-awareness <p>Peer learning</p> <ul style="list-style-type: none"> - Peer relationships teach trust -Being part of a wider team (peers) increase confidence -Provide different perspectives and may & protect the client <p>Client contact hours</p> <ul style="list-style-type: none"> -Client contact brings everything together. -Learning from clients <p>Tools for understanding change</p> <ul style="list-style-type: none"> -Session observation -Note keeping -Videotaping 	<p>Client in charge</p> <ul style="list-style-type: none"> -Client setting the pace. -Clients defining the therapeutic way. -Trust the client to make changes <p>The stance of not knowing.</p> <ul style="list-style-type: none"> -Learning to see the world through the client's eyes. -Starting from a point of not knowing <p>Being the client's advocate</p> <ul style="list-style-type: none"> -Fighting for the client -Empowering clients and lead them to see their change. -The choice to respect the client's vulnerable position. <p>Client parameters</p> <ul style="list-style-type: none"> -Client personality structure -Assuming Responsibility 	<p>Professional awareness</p> <ul style="list-style-type: none"> -Trusting oneself to help a client. -Growing as a professional -Feeling self-cautious <p>Life experiences and Demeanor</p> <ul style="list-style-type: none"> -Personal Experiences -countertransference -Trainee's personality and demeanor <p>Acquired skills</p> <ul style="list-style-type: none"> -Active listening -Understanding the "here and now" -Dealing with silence -Reframing and reflecting -Adjusting techniques 	<p>Therapeutic Alliance</p> <ul style="list-style-type: none"> -A reparative relationship -Bond and Trust -Create a safe environment. -A structured way of looking at therapy, setting clearer boundaries. -Allowing time <p>Willingness to explore.</p> <ul style="list-style-type: none"> -Seek deeper meanings -Help clients understand and move beyond the obvious -Observing, allowing, and encouraging emotions into the process -Dealing with deference mechanisms and utilize challenge 	<p>Personal therapy as a guide</p> <ul style="list-style-type: none"> -Developing counseling skills through personal therapy/Personal Therapy compensating training. -Therapist's personal therapy assist in client relationship and professional training helps in how one will approach therapy. -Missing an important component when personal therapy is not present <p>Understanding change</p> <ul style="list-style-type: none"> -Therapist using themselves as a medium of change for their clients. -Therapist's own view of therapy affect how one works with clients... 	<p>Feedback & Direction</p> <ul style="list-style-type: none"> -Supervision providing different perspectives. -Encouragement and support -Supervisor relationship affecting the way one views the client. Opportunity for reflection <p>Supervision hindering client change.</p> <ul style="list-style-type: none"> -Supervision and trust in the therapeutic alliance -Supervision intimidation -Anxiety and supervision 	<p>Change and termination.</p> <ul style="list-style-type: none"> -Planned termination motivating clients to work on their goals. -Opportunity to discuss and understand change <p>Client "emancipation"</p> <ul style="list-style-type: none"> -Grieving process of termination teaches dealing with endings. -Teaching clients to leave the nest. -Untimely termination hindering change. -Trainee's perceptions of letting go.

E7 Reflexivity Summaries

Interview 1

I was impressed by the interviewee's demeanour when talking about visually impaired clients. I automatically put myself in a position of a client that cannot see but has to experience life with the other senses. How will this affect me as a therapist? How powerful it is to learn to listen and 'see with all your senses... move beyond the obvious... 'This seems to be a powerful experience for this trainee. Wondering how this could work in a learning environment... teaching therapists to be present, to guide them to develop a strong therapeutic relationship through mutual trust, without the intimidation of the client's vulnerabilities.

Interview 2

I felt very close to this interviewee. Her world view, the way she approached her practicum, her personal therapy and supervision resembles the path I followed through my long training. While she was talking, I could remember how excited I was to learn about aspects of clinical psychology, only to later find that even if this is very important for assessment, it is the relationship and trust that you develop with a client that helps them explore unexplored emotions.

Her deep understanding of the importance of reaching depths of insight was moving to me. She represents my view on how personal therapy and supervision help to shape who one becomes as a therapist. Dealing with transference feelings towards the supervisor and/or therapist can help explore countertransference feelings towards the clients.

Understanding the intricacies of the termination process, and how this can become an agent of change seem to be of great importance. I feel that there is a need for a deeper understanding of the process as it can be important parameter of change.

Interview 3

I found this interview to be the most challenging of all. It felt as the interviewee was trying to impress me somehow... and throughout the interview I was trying to be present, to allow him to express himself, but also maintain focus on the aim of the study. I agree with many of the therapeutic principles he abides by, but I felt a confusion at times... While transcribing and coding, I was trying to see the deeper meaning of his experience... Again, I felt confused... and I am wondering whether this was happening because he felt confused with contradicting principles he was faced with, and different styles of supervision he had. I empathised with his need to understand where he belongs in the profession. It seems as if his personal therapy has affected him in a profound way. His own struggles helped him to develop deep levels of empathy but also an anxiety to keep up with his clients' goals. Aspects of countertransference were always present, and in way it led me down that road as well. While analysing my data, I found myself thinking about my own therapy, and my own training, and my role as a researcher. At times I got frustrated, thinking he was self-involved... a bit narcissistic... wondering whether this had affected the way he interacted with his clients... need to pass his personal philosophy on to them.

Interview 4

I was impressed with how willing the interviewee was to present her internal struggle of not being able to relate with clients prior to having her own therapy. Her honesty, of presenting how changing herself helped her clients reach change, puts me at ease for choosing to explore this topic.

At the same time, she appears cold to me... keeping minimum eye contact during the interview. I kept on thinking how she may come across to clients. As we kept on going, I could not stop thinking that supervision issues were heavily affected by transference and countertransference feelings.

She discusses a journey, with important moments and milestones... clearly stating how all the pieces of a training process are important to help clients reach their goals. Interesting discussion on how supervision may hinder the process.

While analysing the data I couldn't stop thinking that during my 1st study, participants reiterated on how change came as a result of their internal frame, from their own commitment, while here trainees

rarely discuss how crucial it is to encourage their clients to commit to their goals. Participants here seem to want to carry the responsibility of client change on their shoulders. In addition, this interview made me further consider the topic of endings... and how this may affect the trainees. I am also curious of how this could be further approached in training so both trainees and clients can learn from what it may represent. How tutors and supervisors deal with this, keeping in mind that in most training programmes planned termination is a given. In addition, I am wondering how trainees deal with their own moving on.

Interview 5

I admired this interviewee. I thought highly of whom she has become as a therapist. I admired the steps she took towards her personal and professional development. It was admirable how well she seems to comprehend the dynamics of the relationships between her and her clients, but also between her and her supervisor and her peers. She discussed reaching levels of self-awareness through her own therapy, how countertransference affected these relationships; how cultural differences and her personal philosophical stance have affected who she has become as a therapist, and how these may affect her clients... Her willingness to put herself aside in order to focus on her clients' need was inspirational for me. Her understanding of the importance of being congruent to who you are represents some of my own views. While talking to her I was thinking that any client would love to have her as a therapist... that s/he would be lucky working with such a well-rounded individual. And I am thinking, isn't this what theory tells us when it comes to change process and how therapists' characteristics can enhance the therapeutic relationship, can give space to a client to rise above, to be an expert in their lives? It is a stance of: I am willing to be aware of who I am at any given time, and I chose to give you space to understand and embrace who you are, as all that matters in this relationship is for you to find how and where you want to stand in it, so you can later find your place in the world.

Interview 6

It was interesting for me to hear that her inexperience leads to a drive towards tenacity and persistence in helping her clients. So, it is not incapacitating, but rather a positive attribute. It shows how much she is dedicated to helping her clients and not relying on some type of expertise. Focusing on her clients' needs, being present, embracing sensibility, helps her clients to gain strength and set goals. At the same time though, I could see her modesty and humbling demeanour. This trainee through her answers showed that she had an in-depth understanding of theoretical knowledge, that she had a clear personal philosophy that guides her. Who she is as a person directs who she is as a therapist? Her relationships with her peers and her supervisor are clearly shaped by it. At the same time, this is a trainee who uses very specific techniques to approach her clients' defences. So here one can see the combination of technical skills and personality and how personality directs the use of skills. I was kind of envious of the participant, as at this young age she has such a good understanding of who she wants to be as a professional.

Interview 7

I was amazed by something she said... and how I interpret it. How her therapy affected her training, but also how her training has affected her therapy. She was ready to explore. Her understanding of how therapy works, how important it is to be dedicated to it, helped her set therapy goals, helped her to work towards reaching change. So maybe this gives us a bit more information on the importance of explaining to trainees how their own therapy may work. The how and why of what experiential training can be... and how it can be related to personal therapy. As I was speaking to her, I remembered a couple of colleagues that had resisted personal therapy during our training. Being superficial about it, not investing in a trusting relationship, and I felt sad... I was also thinking of my own therapy, and of how much I have grown through it. My therapist was my front and rear-view mirror, allowing me to see me as a whole.

Another part of her narrative that strikes home was her experience with multiple supervisors. I had three different supervisors throughout my professional training, and I can relate. What I took from every single one of them, how they have shaped me, how our relationship has helped me to help my clients.

Interview 8

This interview came after 2 “unsuccessful” interviews that I cannot use, so I was a bit stressed, not knowing what to expect. She appeared assertive and said that she agreed to participate as long as we did the interview in Greek. I agreed without knowing what to expect or whether this would be okay methodologically. I tried very hard at that point to put aside feelings of desperation, thinking I would never manage to find participants.

Immediately after we started the interview I was amazed, and glad I had the chance to talk to her, regardless of whether I would be able to use the interview.

The participant was a mature trainee of Adlerian therapy, who had prior training in a different therapeutic approach. As she said, therapy is dynamic. You decide on what approach guides you, as you get to develop a deeper self-understanding. There is a reciprocal effect of who you are and what approach you are trained in.

A big part of her development is her own self-understanding. Through the process she gets to better understand her clients. This is something I constantly “struggle” with. I am trained in 3 different approaches... I love all three of them... I draw techniques and ways to approach each one of my clients from all of them as at the end I believe that all that matters is what my client gives me, and how better I can be attuned with their needs. As my interviewee said, she has something to gain from each therapeutic relationship. The uniqueness that each client brings, the change they have achieved helps you to learn how you can better serve their needs.

Other reflexivity excerpts

-Understanding the intricacies of the termination process, and how this can become an agent of change seem to be of great importance. I feel that there is a need for a deeper understanding of the process as it can be important parameter of change.

-While working on this, I also worked along a bachelor's student on a project on the process of planned termination in therapy. We explored areas on different stages of one accepting freedom and responsibility of his/her life. I believe that some great changes occur during this time as one, through therapy, learns to connect but also understand aloneness. I also recalled different times that I have dealt with termination either during my own therapy, or on the role of a therapist with my clients. So many emotions involved, that need to be contained and put into a perspective.

-While I am working on my data analyses, I keep wondering about the reasons why an individual seeks to become a therapist. What were my own reasons to leave my previous field of study and immerse into this field that excites me so much? What are we looking for? Could this be a covert form of narcissism? Are we looking to be saviours? Are we engaging in countertransference more often than we think?

Keep thinking of the need to be worldly, to have life experiences as we provide therapeutic services to our clients. And this in a way answers my quest on trainees' ability to lead their clients towards change. A worldly trainee, open to experiences, with social awareness, usually develops a better understanding and sensibility for a fellow human being and thus can lead them to seek their own truth.

-Therapy is a journey, with important moments and milestones... training is a journey as well. Learning from our journey, therapists can better help clients to set and reach their goals. I keep wondering though whether at times we push our own

clients to reach goals as we project our own needs on to them. I often feel overly worried about this in my practice, and at times I feel guilty for doing it. My expectations are so high of them, and I take the role of a demanding parent. I have to be very careful, as I am looking at my data, making sure to not try to interpret findings through this prism.

-I am thinking that when it comes to change process, theory tells us that therapists' characteristics can enhance the therapeutic relationship, can give space to a client to rise above, to be an expert in their lives. It is a stance of I am willing to be aware of who I am at any given time, and I chose to give my clients space to understand and embrace who they are, as all it matters in this relationship is for each member to find how and where they want to stand in it, so they can later find their place in the world.

- I felt the need to reflect on how I have evolved as a therapist over time. In reality I still do. One of the biggest changes is a deeper understanding of the here and now concept...of being present, listening with all my senses. I feel I am able to truly listen to my clients' unspoken words. To observe, to share my observations with my clients. I also feel that one of my most strong qualities is my ability to tolerate their feelings towards me; to work with transference feelings and to explore what lies behind the obvious. These were not things I clearly comprehended at the beginning of my training. I had to rely to my supervisors to lead me in exploring them. I also used to and still do, rely to my peers to discuss my blind spots...to wonder what else I might not see. My supervisor plays such an important role throughout this process. Especially my latest supervisor who is an analyst. The work we do together opened up new avenues for me.

Appendix F

Study 3 Material

F.1 Participant Information Sheet



Psychology
Department.

Invitation to Participate

Strategakis Building
24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521

Title of study: Supervisors' experience of exploration of change in supervision with trainees: An interpretative phenomenological analysis

7) Invitation paragraph.

You are invited to participate in this research project.

Please take a moment to read the following information carefully so that you can make an informed decision as to whether or not to participate.

The aim of this study is to:

To examine psychological therapist supervisor' experience of exploration of client change during supervision.

8) Do I have to take part?

Please note that the decision to participate is totally yours. If you decide to participate your anonymity will be ensured at all times. This way you will not be identifiable within the information you give me.

- Please note that even if you decide to participate you can later withdraw without any explanation by contacting me at mmatiaki1@sheffield.ac.uk
- Please note that if you decide to withdraw after I have started analyzing the data, data you have shared will still be used, unless you indicate otherwise. If you indicate that your wish to withdraw up to that point contribution, all data that you have shared will be excluded from the study.
- However please keep in mind that there is a cut-off date for withdrawal which is one weeks after the interview. After this time weeks I will have begun to analyze the data for my report, therefore it will not be possible for you to withdraw information you have shared up to that point.

9) What happens to me if I take part?

You will be contacted so we set up an online interview meeting using skype or the gmeet platform. Your interview will be solely audio recorded.

Please note that answers you will be sharing will be used verbatim and anonymously. Please note that this process is aiming at allowing you to freely express yourself on the topic and in no way to judge your views or experiences. There are no wrong or right answers. Please also note that anonymity will be kept at all times. To ensure anonymity, you will not be mentioned by your real name but rather with a unique pseudonym. In addition, all original data will be destroyed upon successful completion of the study.

If there is something that is not clear or if you would like more information, please don't hesitate to ask me. If you need to contact me at a later time you may send an email to mmatiaki1@sheffield.ac.uk.

4) How could I address any concerns or complains shall they arise?

This project is supervised by two academics at the University of Sheffield. Their names are, Professor Gillian Hardy, and Dr. Suzie Savvidou and an academic at the University of Cardiff, Professor Andrew R, Thompson. You may contact them directly shall you have any additional comments or concerns. If at any point you are concerned for the process of this

interview, or you would like to file a complaint please send an email to Dr Suzie Savvidou at s.savvidou@sheffield.ac.uk

7) Will my participation in this study be kept confidential?

Confidentiality will be kept at all times. Please note that participant's signed consent form and the end report are not stored together. The aim is that a third party will never be able to match the two; therefore, all information will remain confidential.

As previously mentioned, all data will be deleted if you decide to withdraw up to one week after each iteration, and shall you decide to withdraw information given to a previous round. All data will be stored on a password protected computer. Only the researcher and the supervisors and examiners will have access to the data.

6) What will happen to the results of the study?

The results of this study will form the basis of a study as part of a PhD thesis and might be published and presented in academic literature.

8) Contact for further information.

Further information can be obtained from: Maria Matiaki, mmatiaki1@sheffield.ac.uk

Thank you for taking the time to read this information. I hope that you feel able to take part in the study. If you have any further questions about the study, please let me know. If you are happy to take part in the study, please sign the attached consent form.

F.2 Consent form English

Psychology
Department.

Appendix 3**Participant's Consent form****Strategakis Building**

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

1 July 2022

Telephone: +30 (2310) 224 421, 224 521
email: mmatiaki@citycollege.sheffield.eu

Title of study: Supervisors' experience of exploration of change in supervision

with trainees: An interpretative phenomenological analysis

Researchers: Maria Matiaki (PhD student), Professor Andrew R. Thompson (Professor of Clinical Psychology, University of Cardiff). Dr. Suzie Savvidou (Psychologist & Head of the Psychology Department of the International Faculty of the University of Sheffield). Professor Gillian Hardy (Clinical Psychology Unit Department of Psychology University of Sheffield)

Please initial each box and then write your name, the date and signature at the end:

1. I have had the opportunity read the information sheet dated XX/XX/XX and to ask questions about the study

2. I understand that the questions I will answer will be recorded on a password protected device and transcripts will be kept at a password protected computer.

3. I understand that I am free to withdraw from the study at any priory agreed time frame.

4. I understand that anonymity will be kept at all times during this study and anonymized extracts may be used in publications, presentations or teaching

5. I agree to take part in the study

.....

.....

.....

Participant's Name

Date

Signature

.....

.....

.....

Researcher's Name

Date

Signature

1 copy for patient, 1 for researcher

F.3 Consent form Greek (text used for Google form)

Παρακαλώ μαρκάρετε το κάθε τετραγωνίδιο για να συναινέσετε και, στο τέλος της φόρμας, συμπληρώστε το όνομά σας, και την ημερομηνία

1. Μου έχουν δοθεί πληροφορίες σχετικές με το σκοπό της έρευνας, καθώς και η ευκαιρία να και να θέσω ερωτήσεις.

2. Καταλαβαίνω πως η συνέντευξη θα ηχογραφηθεί, και πως η αποθήκευση του ηχογραφημένου αρχείου καθώς και η απομαγνητοφώνηση γίνεται με ασφαλή κωδικό πρόσβασης

3. Καταλαβαίνω ότι είμαι ελεύθερος να αποχωρήσω από την έρευνα σε οποιοδήποτε συμφωνηθέν χρονικό πλαίσιο (2 εβδομάδες από την ημέρα συνέντευξης).

4. Κατανοώ ότι η ανωνυμία θα διατηρείται ανά πάσα στιγμή και πως αποσπάσματα των ανώνυμων απαντήσεων μου μπορούν να χρησιμοποιηθούν σε δημοσιεύσεις, παρουσιάσεις ή και σε διδασκαλία

5. Συμφωνώ να συμμετάσχω στην ερευνα

.....

Υπογραφή Ημερομηνίας Όνομα Συμμετέχοντα

.....

Υπογραφή ημερομηνίας ονόματος ονόματος ερευνητή

1 αντίγραφο για τον ασθενή, 1 για τον ερευνητή

F.4 Biographic Information and Interview Protocol

Biographic Information

Name:

Therapeutic approach

Years of practicing supervision

Model of Supervision

Interview protocol

1. As we have discussed this interview has to do with your experience of supervising psychotherapy/counselling/ clinical trainees to facilitate client change. May I start by asking you what your model or approach is of supervision?

Prompt: philosophy, aims, expectations

2. Can you tell me about important or significant elements in supervision? Why do you think these are important?

Prompt: What do you find helpful in supervision sessions? How do they help the supervisee? Can you give me some examples? Are there things that you think are important to talk about? Do you have a structure to supervision?

3. Can you tell me about any thoughts or feelings regarding your role as a supervisor in the triadic therapeutic process (between you and the supervisee and the supervisee and their clients)?

Prompt: How do you think supervision helps the supervisee work with their clients?

4. I'm interested in how you use supervision to promote client change.

Prompt: Are there any supervisor personal characteristics or styles of supervision that impact on client change? How do you think might be involved in client change?

5. Are there any personal characteristics that trainees need to develop to achieve client change?

Prompt: How do you usually identify benefits or barriers in the way a supervisee approaches their work that lead to effective work with clients?

6. Based on your experience, what elements of supervision hinder therapeutic outcome for supervisees' clients?

Prompt: Can you give me examples of when supervision has gone well/ not so well? Why might this be?

7. What has been your experiences of using “tools” or techniques to monitor or assess supervisees’ work with their clients that may affect client change?

Prompt: Have there been times when you have explored supervisees’ personal responses to clients, or any other therapeutic skills?

8. What has been your experience of how supervisees can go about exploring, emphasizing or achieving change?

Prompt: How do you monitor this? Can you give me some examples?

9. Is there anything else you feel it is important to discuss regarding our experience in supervision?

Thank you!

F.5 Interview Protocol Greek

Όνομα:

Θεραπευτική προσέγγιση

Χρόνια εμπειρίας στην εποπτεία

Μοντέλο εποπτείας

Ερωτήσεις:

Όπως έχουμε συζητήσει, η συνέντευξη έχει να κάνει με την εμπειρία σας ως επιβλέπων-ουσα και πως αυτό επηρεάζει τις αλλαγές που μπορούν να πετύχουν **οι πελάτες** των εποπτευομένων. Θα ήθελα να ξεκινήσω ρωτώντας σας ποιο είναι το μοντέλο ή η προσέγγισή εποπτείας που χρησιμοποιείτε
-φιλοσοφία, στόχοι, προσδοκίες

2. ποια πιστεύετε πως είναι κάποια σημαντικά στοιχεία κατά τη διάρκεια της εποπτείας; Γιατί είναι σημαντικά;

-Τι βρίσκετε χρήσιμο; Πώς αυτά τα στοιχεία βοηθούν τον εποπτευόμενο; Μπορείτε να μου δώσετε μερικά παραδείγματα; Χρησιμοποιείτε κάποια συγκεκριμένη δομή εποπτείας?

3. Πως βιώνετε το ρόλο σας (συναισθήματα, σκέψεις)...ποιος πιστεύετε πως είναι ο ρόλος του επόπτη στην τριαδική θεραπευτική διαδικασία (μεταξύ εσάς και του εποπτευομένου και των πελατών τους);

4. Πως η εποπτεία συμβάλλει στο να βιώσουν αλλαγή οι πελάτες των εκπαιδευόμενων?

-Πως η δική σας φιλοσοφία ή στυλ εποπτείας συμβάλλει στο να επηρεάσει την αλλαγή στον πελάτη (όχι στο θεραπευτή)? Με ποιο τρόπο μπορούν αυτά να επηρεάσουν τους πελάτες?

5. Υπάρχουν κάποια χαρακτηριστικά, ή δεξιότητες που πρέπει να έχουν, ή να αναπτύξουν οι νέοι θεραπευτές;

Πώς συνήθως εντοπίζετε αυτά τα στοιχεία;

6. Με βάση την εμπειρία σας, ποια στοιχεία της εποπτείας εμποδίζουν το θεραπευτικό αποτέλεσμα;

-Μπορείτε να μου δώσετε παραδείγματα πότε η επίβλεψη έχει πάει καλά / όχι τόσο καλά;

7.Υπάρχουν κάποια «εργαλεία» ή τεχνικές που σας βοηθούν να κατανοήσετε τον τρόπο με τον οποίο οι εποπτευόμενοι προσεγγίσουν τους πελάτες τους έτσι ώστε να προωθήσουν αλλαγές?

-χρήση γλωσσικών εκφράσεων που χρησιμοποιούν, τρόπος λεκτικής ή και μη λεκτικής προσέγγισης κλπ?

8. Σύμφωνα με την εμπειρία σας, πως οι εποπτευόμενοι μπορούν να εξερευνήσουν τα βήματα αλλαγής των πελατών τους , ή να βοηθήσουν τους πελάτες τους να στοχεύσουν την αλλαγή;

- Μπορείτε να μου δώσετε μερικά παραδείγματα;

9. Υπάρχει κάτι άλλο που πιστεύετε ότι είναι σημαντικό να συζητήσετε σχετικά με την εμπειρία σας στην εποπτεία;

Σας ευχαριστώ!

F.6 Debriefing

Psychology
Department.

Debriefing

1 July 2022

Strategakis Building

24, Prox. Koromila str.,
Thessaloniki, 54622
Greece

Telephone: +30 (2310) 224 421, 224 521

Title of study: Title of study: Supervisors' experience of exploration of change in supervision with trainees: An interpretative phenomenological analysis

Thank you very much for taking the time to participate in this study.

Please be reminded that Confidentiality will be kept at all times. In order to ensure anonymity, you, as a participant, will not be mentioned by your real name but rather with an alias name of your choosing. Please note that the signed/ticked consent form and interview material are not stored together. It is the University's aim to never be able to match the two. Therefore, any responses you give will remain confidential.

All data will be stored on a password protected computer

Your participation is very much appreciated but if you decide that you would like to withdraw your data from the study, you can do so without giving any reason. Please note that this withdrawal can only take place up to two weeks following the day of the interview; after this time, it will be too late. You can withdraw your data by contacting me directly via email at mmatiaki1@sheffield.ac.uk

F.7 Study 3 analysis steps

Example of cases analyses

The screenshot shows a software interface for text analysis. The top menu bar includes Paragraph, Styles, Editing, Voice, Editor, and Reuse Files. The main window is divided into several sections:

- Left sidebar:** A vertical list of green boxes representing analysis steps. The text next to them reads: "Using the synthetic relational supervision model guides me to focus constructing a relationship with the supervisees which will inspire and affect the relationship they build with their clients. Many supervision characteristics resemble the therapeutic process."
- Paragraph column:** Contains a transcript of a conversation. The text is partially highlighted in pink and blue. The pink highlights include phrases like "I'm going to focus on his thoughts and that way I'm going to be able to learn things about my client." and "I always urge my supervisees to go back to their personal therapy with issues that are relevant to what is happening, to work on them." The blue highlights include "Supervision examining trainees feelings and personal parameters that may affect their work with their client, urging supervisees to further explore aspects of their self in order to be better prepared to help their clients."
- Styles column:** Contains analysis notes corresponding to the highlighted text. It includes phrases like "Supervision examining trainees feelings and personal parameters that may affect their work with their client, urging supervisees to further explore aspects of their self in order to be better prepared to help their clients." and "When there is a clear framework in supervision, characterized by equality, boundaries, respect, knowledge sharing, can help bring security to the trainees' clients."
- Editing column:** Contains a transcript of a conversation. The text is partially highlighted in pink and blue. The pink highlights include phrases like "I'm going to focus on his thoughts and that way I'm going to be able to learn things about my client." and "I always urge my supervisees to go back to their personal therapy with issues that are relevant to what is happening, to work on them." The blue highlights include "Supervision examining trainees feelings and personal parameters that may affect their work with their client, urging supervisees to further explore aspects of their self in order to be better prepared to help their clients."
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- Reuse Files column:** Contains analysis notes corresponding to the highlighted text. It includes phrases like "Supervision examining trainees feelings and personal parameters that may affect their work with their client, urging supervisees to further explore aspects of their self in order to be better prepared to help their clients." and "When there is a clear framework in supervision, characterized by equality, boundaries, respect, knowledge sharing, can help bring security to the trainees' clients."

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<p>I: What do you usually notice in videos? What is it that you observe as a supervisor?</p> <p>R: Everything. You see the patient, you also see the therapist, but you also see how they're going to sit down, how they talk, what their attitude is, and that's what I told you before that in supervision we can talk to the supervisee about his own parts that might affect the treatment. Through the video you see it, you see them sitting, talking.</p> <p>I: Yes.</p> <p>R: How's the other person sitting across from them?</p> <p>I: Very helpful. Oh, I'm sorry.</p> <p>R: Too helpful, it's particularly helpful.</p> <p>I: Yes. In your experience, how do you think supervisors can explore the clients' steps towards change or help them aim for change?</p> <p>R: Change is what it's all about in principle, so clients come asking for a change. So, from there on, depending on the approach one takes, also takes the appropriate steps. Let's say in the video, the immediate step is to deal with the client's defenses as we say, to encourage them to be in an emotionally open relationship with their therapist, the alliance that is built, these are important factors.</p> <p>I: Where will they lead...</p> <p>R: They will lead to a good place, and I will lead them to that place.</p>	<p>Important details that other wise can be lost can be observed... focus not just on what is being said, but rather a detail observation on mannerisms, posture, etc.</p> <p>Therapy is all about change... this is what clients are searching for when they decide to go to therapy</p> <p>Steps that may lead to change incorporate accepting and tolerating the array of human emotions, through the therapeutic alliance</p> <p>Helping clients understand how to seek change; provide for them a view of their blind spots and resistances, help them understand or overcome...</p>	<p>Cooperation</p> <p>Helping clients to drop their resistances</p> <p>Not properly assessing oneself</p> <p>Trainees' responsibility</p> <p>Professional ethics</p>	<p>working or you're probably showing them who something or you're probably showing them who if they want to. Behavioral does something else, systemic does something else, each treatment has its own, its own tools, but certainly, in every session what happens you understand where the thing is coming and you bring it back as far as you can on target. Again, I will say this is the work of two people, because unfortunately we learn that the therapist has the upper hand, it is not like that though. If you don't have a client who will work with you</p> <p>I: Yes.</p> <p>R: Or that you don't convince them to cooperate anyway, so I don't blame anyone. It's just saying that both sides hold the same responsibility.</p> <p>I: The same responsibility.</p> <p>R: Yes, because what breaks the young supervisees taking all the responsibility upon them, that's really crushing them. It's scary, yes.</p> <p>I: I don't have any other questions for you but to ask if you think there's anything else you'd like to add that you think is important.</p> <p>R: I do not know if I have something for me the important thing, I do not know if I should say this, it that when someone intends to become, or wants to become a therapist, he should do it because it is something he/she desires and not because he/she has nothing else to do or because they just graduated with a certificate or a certificate from a school.</p>	<p>A duet for one</p> <p>Showing clients, the importance and of dropping their resistances and work towards their own goal of change</p> <p>If trainees assume all the responsibility for their clients' change can become volatile, they will feel unable to help their clients and this will affect their relationship and thus therapy outcome</p> <p>In order for trainees to support their clients to achieve change they should have a genuine interest for others' welfare. To have a desire to follow this profession, to be a choice</p> <p>Understanding of all the elements affecting the various aspects of the profession, having the ethics to be present at all levels, being a trainee, a therapist or a supervisor</p> <p>A supervisor has to be good enough</p>
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Analysis steps

List of subthemes								
I: The supervisor's role in client change	Shared responsibility	The trainee as an element of client change	Elements hindering client change	Change as a principle	Tools and methods used to follow client change			
<p>Diversity and imagination</p> <p>Philosophy of supervision representing philosophy of life</p> <p>Modeling</p> <p>A dialectic approach</p> <p>Encouragement</p> <p>Encourage the use of 'self'</p> <p>Feedback and respect</p> <p>Personal philosophy guiding supervision</p> <p>Model of supervision</p> <p>Adjusting approach to trainees' needs</p> <p>Need for a theoretical background</p> <p>What helps trainees to understand therapy is the</p>	<p>Countertransference and parallel process</p> <p>Teaching a parallel process</p> <p>Allowing one to use the client through countertransference</p> <p>Personalities and dynamics</p> <p>Shared emotions</p> <p>Supervision bringing comfort to the client</p> <p>Client acceptance</p> <p>Accepting who one is as a whole and not parts of it</p> <p>Building alliances with boundaries ethics and respect</p> <p>Teaching to client a better way</p> <p>Encouragement and support</p>	<p>Self-acceptance</p> <p>Having a genuine and humble will</p> <p>Trainees' responsibility towards the process</p> <p>Need for personal therapy</p> <p>Accepting individual differences</p> <p>Gaining experience working with clients</p> <p>Dynamic development of skills</p> <p>"own the approach"</p> <p>Boundaries and ethics</p> <p>Willingness to help their clients</p> <p>Understanding oneself and blind spots</p> <p>Looking towards as a way</p>	<p>Perfection as a hindering process</p> <p>Absence of personal therapy</p> <p>Not practicing ethically</p> <p>Arrogancy and inequality hindering moving forward</p> <p>Identifying with the client</p> <p>Unexplored and suppressed emotions</p> <p>Projection</p> <p>All parties involved need to understand and accept their strengths and limitations</p> <p>Be very rigid when it comes to the therapeutic approach</p>	<p>Having a change centered philosophy</p> <p>Direct and indirect way of change</p> <p>Fading symptoms</p> <p>Spilling change</p> <p>Change manifestation</p> <p>Ask for changes</p> <p>Discuss change</p> <p>Help clients see the change</p> <p>Work on transference</p> <p>Looking at supervisor's impact on change</p> <p>Supervision and change!!!!</p> <p>Honoring the client presence</p> <p>Have clear and mutual with the client goals</p>	<p>Controlling skills as tools for tracking change</p> <p>Exploring emotions towards the client</p> <p>Session observation</p> <p>Therapist dynamic affecting client dynamic</p> <p>Use of video to access progress</p> <p>Role playing activities</p> <p>Access to peer's view and direction</p> <p>Observation</p> <p>Use of video and notes</p> <p>Video allows reflection</p> <p>Feedback through</p>			
<p>Of each trainee</p> <p>An individual approach to supervision</p> <p>Supervisor's supervisor!!!</p> <p>A psychotherapeutic process</p> <p>Professional identity</p> <p>Adjusting to the individual needs</p> <p>Empathizing with the supervisees</p> <p>Boundaries</p>	<p>Training institutions as part of the process</p> <p>Clients Learning to accept oneself</p> <p>A relationship as a highest point of the process</p> <p>A parallel process</p> <p>Roles and responsibilities of the process</p> <p>Support and encouragement</p>	<p>Education</p> <p>Theoretical knowledge as important element</p> <p>Others prior to undertake clients</p> <p>Client's responsibility</p> <p>Being present and willing to help clients</p> <p>Trainees motivating factors</p>	<p>Trainees' anxiety</p> <p>hindering the therapeutic process</p> <p>Negative View of supervision</p> <p>Overconfidence</p> <p>hindering the therapeutic process</p> <p>Inability to understand the client</p> <p>Overcritical or strict</p>	<p>Caring about change</p> <p>Becoming an expert in one's life</p> <p>Client's defining their change</p> <p>Being non-seeing partner</p> <p>Changes Being relevant</p>	<p>Group supervision</p> <p>Group supervision creating awareness</p> <p>Boundaries</p> <p>Personal and professional development</p> <p>Supervision dynamics</p> <p>Promoting reflection</p>	<p>countertransference (as per ISTDP)</p> <p>Client's commitment</p> <p>Parallel process and expectations</p> <p>members of the same alliance</p> <p>Immersing in the therapeutic process</p> <p>Using</p>	<p>awareness</p> <p>Dealing with the unfamiliar</p> <p>Lack of insight</p> <p>Allow time to build a relationship</p> <p>Projections</p> <p>Understanding and reporting change as the clients view it</p> <p>Being intimidated by the client</p> <p>Importance of trainees' personal therapy</p> <p>Providing inspiration</p> <p>Overstepping boundaries</p> <p>Problematic focus</p>	<p>A dynamic view of change</p> <p>Allow time to build a relationship</p> <p>Projections</p> <p>Understanding and reporting change as the clients view it</p>

<p>Focus on the client</p> <ul style="list-style-type: none"> Teaching clients a new way Allow not force change Caring for the client Understand clients' presenting problem <p>A parallel process</p> <ul style="list-style-type: none"> Countertransference and transference, projection A triadic relationship Relationship model Be the change you want to see Boundaries ethics Authenticity Acceptance and respect Trust In depth Exploration Roles and responsibilities <p>Client parameters</p> <ul style="list-style-type: none"> Clients' commitment Client as an expert Clients' self-acceptance Clients receive more due to supervision <p>Rules and Regulations</p> <ul style="list-style-type: none"> Training institution as part of the process Operate under professional organizations Proper matching of trainees and clients 	<p>Trainees' self-awareness</p> <ul style="list-style-type: none"> Need for personal therapy Work with blind spots Looking inwards trainees' self-development and change <p>Trainees being the tool of change</p> <ul style="list-style-type: none"> Self-acceptance Trainees motivating factors Be genuine and humble Drive and responsibility Bring a fresh perspective Acceptance of diversity Be present Endure anxiety Provide inspiration Trainees' personality characteristics <p>Immersing in the process</p> <ul style="list-style-type: none"> Training and education Drive and responsibility Understand change Gain experience working with clients Development of skills Show Patience Respecting boundaries 	<p>Trainees' personality factors</p> <ul style="list-style-type: none"> Seek out perfection Arrogancy Overestimation of abilities and strengths Being rigid Preoccupied with oneself Overstepping boundaries Anxiety <p>Trainees' lack of insight</p> <ul style="list-style-type: none"> Absence of personal therapy Unexplored and unprocessed emotions <p>Trainees undermining the process</p> <ul style="list-style-type: none"> Negative View of supervision Resisting feedback and direction Not having the appropriate theoretical background Inability to form therapeutic relationships Misplaced focus Lack of empathy Being rigid and closedminded Lack of Social awareness Dealing with the unfamiliar <p>Supervisor's factor</p> <ul style="list-style-type: none"> Strict and restrictive supervision Mechanistic supervision Unequal relationship, overshadowing the supervisee Overcritical or Strict supervision 	<p>Supervisors' philosophy and model of supervision</p> <ul style="list-style-type: none"> Personal philosophy guiding supervision Accept common elements of change Framework A dual role knowledge and experience Supervisors' supervision Be alert to a dynamic world <p>Building a supervisory relationship</p> <ul style="list-style-type: none"> Supporting and encouraging Mutual trust and respect Help trainees build a professional identity Promote self-acceptance Modeling behavior <p>Feedback, Teaching & Direction</p> <ul style="list-style-type: none"> Trust trainees' view of the client A curiosity approach Provide Feedback Being interested and patient Individual needs Psychoeducation Seeking insight Share experiences 	<p>Supervision change centered philosophy</p> <ul style="list-style-type: none"> Change as a goal Teaching change Train to observe change Work on transference <p>Aiming towards change</p> <ul style="list-style-type: none"> Ask for changes Discuss change Help clients see change Clients define change Have clear and mutual with the client therapy goals Urge clients to observe changes Self-revelation and change Explore deeper emotions and defenses <p>Parameters of change</p> <ul style="list-style-type: none"> A reparative relationship Care and support Change= Being reborn Problem acceptance <p>A dynamic view of change</p> <ul style="list-style-type: none"> Direct and indirect way of change Fading symptoms signaling change Change is not linear Time as a parameter of change 	<p>Use of Video</p> <ul style="list-style-type: none"> Use of video to access progress Use of video and notes Video allows reflection Use of video in peer supervision <p>Peer Supervision</p> <ul style="list-style-type: none"> Session observation Observing and intervening Role playing activities Access to peer's view and direction <p>Narratives and deeper meanings</p> <ul style="list-style-type: none"> Exploring emotions towards the client Knowledge as a tool of change Therapist dynamic Trainees' view of the client
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Paragraph Styles

<p>Factors conducive to parallel processes</p> <ul style="list-style-type: none"> Countertransference and transference Projections Emotions The triadic relationship <p>Elements of real relationship</p> <ul style="list-style-type: none"> Be the change you want to see Authenticity Acceptance and respect Trust Boundaries <p>Sensibility towards trainees</p> <ul style="list-style-type: none"> Supporting and encouraging Mutual trust and respect Help trainees build a professional identity Promote self-acceptance <p>Roles and responsibilities</p> <ul style="list-style-type: none"> Relationship model Client parameters Well-defined roles Training institution & professional organizations 	<p>Supervisors' philosophy and model of supervision</p> <ul style="list-style-type: none"> Personal philosophy guiding supervision Accept Common elements of change Framework A dual role Knowledge and experience Supervisors' supervision Be alert to a dynamic world Supervisors' self-awareness Ethics and ethos <p>Feedback, Teaching & Direction</p> <ul style="list-style-type: none"> Trust trainees' view of the client A curiosity approach Provide Feedback Individual needs Psychoeducation <p>Methods used to follow client change</p> <ul style="list-style-type: none"> Use of video Session observation Role playing activities Peer activities Trainees' narratives Trainees' dynamic range 	<p>Trainees' self-awareness</p> <ul style="list-style-type: none"> Need for personal therapy Work with blind spots Looking inwards <p>Trainees as tools of change</p> <ul style="list-style-type: none"> Trainees motivating factors Drive and responsibility for supervision Be genuine and humble Bring a fresh perspective Acceptance of diversity Be present Endure anxiety Provide inspiration Trainees' personality characteristics Accept limitations <p>Immersing in the process</p> <ul style="list-style-type: none"> Training and education Personal and Professional Development Understand change Gain experience working with clients 	<p>Trainees' personality factors</p> <ul style="list-style-type: none"> Seek out perfection Arrogancy Overestimation of abilities and strengths Being rigid Preoccupied with oneself Anxiety Lack of empathy and understanding <p>Trainees undermining the process</p> <ul style="list-style-type: none"> Resisting feedback and direction Not having the appropriate theoretical background Inability to form therapeutic relationships Misplaced focus Ethical practice Lack of Social awareness Being intimidated by the client Trainees' lack of insight <p>Supervisor's factor</p> <ul style="list-style-type: none"> Strict and restrictive supervision Mechanistic supervision Unequal relationship, overshadowing the supervisee Overstepping boundaries Focus 	<p>Supervision change centered philosophy</p> <ul style="list-style-type: none"> Change centered philosophy Teaching change Train to observe change <p>Aiming towards change</p> <ul style="list-style-type: none"> Ask for changes Discuss change Help clients see change Clients define change Have clear and mutual with the client therapy goals Teaching clients a new way <p>Parameters of change</p> <ul style="list-style-type: none"> A reparative relationship Care and support Explore deeper emotions and defenses Transference Acceptance Self-revelation and change <p>A dynamic view of change</p> <ul style="list-style-type: none"> Direct and indirect way Fading symptoms Change is not linear The time parameter
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<p>Parallel Processes</p> <p>The triadic relationship Factors conducive to parallel processes (Countertransference, transference, projections) Emotions and thoughts explorations</p> <p>Elements of real relationship</p> <p>Be the change you want to see Authenticity Acceptance trust and respect Supporting and encouraging Share experiences Respect trainees' vulnerable position Boundaries</p> <p>Roles and responsibilities</p> <p>Relationship model Shared responsibility Client parameters Well-defined roles Training institution & professional organizations</p>	<p>Supervisors' philosophy and role</p> <p>Personal philosophy guiding supervision A dual role Accept Common elements of change Framework - Ethics and ethos Knowledge and experience Be alert to a dynamic world Supervisors' self-awareness Supervisors' supervision</p> <p>Feedback, Teaching & Direction</p> <p>Trust trainees' view of the client Help trainees build an identity Promote self-acceptance Individual needs A curiosity approach Provide Feedback Psychoeducation</p> <p>Methods used to follow client change</p> <p>Use of video Session observation Role playing activities Peer activities Trainees' narratives Trainees' dynamic range</p>	<p>Trainees' self-awareness</p> <p>Need for personal therapy Work with blind spots Looking inwards</p> <p>Trainees as tools of change</p> <p>Trainees motivating factors Be genuine and humble Bring a fresh perspective Acceptance of diversity Be present Trainees' personality characteristics Training and education and personal development</p>	<p>Trainees' personality factors</p> <p>Seek out perfection Arrogancy Overestimation of abilities and strengths Being rigid Preoccupied with oneself Anxiety Lack of empathy and understanding</p> <p>Trainees undermining the process</p> <p>Resisting feedback and direction Not having the appropriate theoretical background Inability to form therapeutic relationships Misplaced focus Ethical practice Lack of Social awareness Being intimidated by the client Trainees' lack of insight</p> <p>Supervisor's factor</p> <p>Strict and restrictive supervision Mechanistic supervision Unequal relationship, overshadowing the supervisee Overstepping boundaries Focus</p>	<p>Communicate change</p> <p>Ask for changes Discuss change Help clients see change Clients define change Have clear and mutual with the client therapy goals Teaching clients a new way</p> <p>Change centered tactics</p> <p>A reparative relationship Care and support Explore deeper emotions and defenses Transference Acceptance Self-revelation and change Fading symptoms Change is not linear The time parameter</p>
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¹ This superordinate theme discusses the two aspects of supervision relationships namely the "real relationship formation" and the supervision alliance. It also discusses the interconnected factors and responsibilities associated with the participants of a triadic therapeutic-supervision relationship

² This superordinate theme examines how supervisors engage in a reflective, educative, practice-based process in order to assist trainees to develop skills and competences to achieve client change

Participants contribution to themes (example)

<p>Co-constructing relationships and change</p> <p>Parallel processes</p> <p>The triadic relationship/ Parallel process: Anigt, 2; Dec, 3; Dec, 7; Kramer, 3; Natou, 1; Rey, 14; Thur, 5; Thur, 9, 10</p> <p>Factors conducive to parallel processes (Countertransference & transference, Projections) Kramer, 5; Kramer, 6; Kramer, 8; Rey, 13; Thur, 3; Xyr, 11</p> <p>Emotions and thoughts explorations: Dec, 6; Dec, 7; Thur, 2.</p> <p>Elements of real relationships</p> <p>Connecting Pul, 3 Vopal, 6</p> <p>Be the change you want to see Ani, 6; Glia, 3, 4; Kramer, 12</p> <p>Authenticity: Ani, 6; Glia, 3; Glia, 10;</p> <p>Acceptance, Trust and respect: Ani, 4; Dec, 4; Glia, 6, 7; Natou, 3, 4, 5; Rey, 4; Vopal, 2; Xyr, 6; Xyr, 8; Xyr, 12</p> <p>Supporting and encouraging Ani, 2; Ani, 6; Dec, 6; Glia, 4; Kramer, 4; Pul, 4; Pul, 9, 11; Rey, 11; Thur, 2, 3; Vopal, 3, 5;</p> <p>Respecting trainees' vulnerable position Kramer, 16; Pul, 5; Vopal, 4&5;</p> <p>Boundaries: Ani, 3; Glia, 7; Pul, 4; Vopal, 8; Xyr, 3</p> <p>Roles and responsibilities</p> <p>Shared responsibility and expectations: Pul, 11; Rey, 11; Thur, 8; Xyr, 5; Xyr, 8; Xyr, 11.</p> <p>Well-defined roles: Kramer, 3; Natou, 5; Pul, 6; Pul, 17; Rey, 10; Rey, 11, 12; Xyr, 4; Xyr, 5; Xyr, 8.</p> <p>Client parameters: Kramer, 5; Thur, 9; Client as an expert Vopal, 9; Pul, 8, 11</p> <p>Training institution & professional organizations: Natou, 10; Kramer, 1; Rey, 3; Xyr, 3</p>
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F.8 Reflexivity summary

Interview 1 “Dec”

Dec works with an integrative developmental model of supervision. It was very interesting to see that emphasis is given on helping the trainee to become helpful for their clients, rather than just helping them to just gain an identity. He emphasized that clear boundaries must be in place, while at the same time making sure to not stress the trainee. On the contrary, Dec believes that a less stressed trainee can be of better help to their clients. I find myself agreeing with this opinion, as clients need to be able to feel that the person who is sitting across of them has the knowledge and training to help them reach the change there are aiming for rather than perceiving them as unsure or stressed.

It seems to me that Dec needs to ensure that certain personality characteristics are in place. Things such as genuine care for the fellow human being, empathy and humility, patience and self-awareness seem to be key personality aspects for him. This coincides with my view about who a therapist must be as a person. At the same time though, I am wondering...we (educators, trainers, etc) tend to hold the position of acceptance, of having the ability to respect differences, and here we are rejecting in a way trainees that may not exhibit such characteristics. I am wondering what needs to be done to inspire them to work on themselves, to accept all of their parts, in order to help clients to accept all of their parts. Could psychotherapy and counselling training push trainees to learn that they have to push client towards change that may not be ready, or do not perceive change as their therapist does? Could possibly a critical supervisor create a critical therapist?

Interview 2 “Glia”

She is a therapist that I know of, as I follow her work in conferences and presentations. I've seen her in training seminars and she's a person I always admired. However, I thought that she would be very distant as she's quite accomplished, she has a lot of experience she has a great background in clinical psychology and psychotherapy training. She always emphasizes the importance of synthesis of ideas which is something that has inspired me in the way I view psychotherapy. I was very surprised that she immediately agreed on participating in my study. I was very happy and surprised. Now that I am thinking about it, I am wondering how one might feel working or being supervised by a senior therapist that has this reputation. Could this be daunting? At the same time, I realized that that supervisors as my participant, focus more on sharing knowledge, rather than focus on a narcissistic view. She was very kind and very polite. I focused so much on her demeanour, and soft and kind voice, practically “inviting” me to a relationship. I was thinking that this demeanour is what her supervisees experience as well.

One of the things she emphasized is that the therapist is not the expert, that there's always work to be done with ourselves. She approaches her supervisees with a

query trying to understand who they are what they are there for, what their background is, and how this may affect their work with their client.

Emphasis is given to self-reflection as, through self-reflection one can overcome the barriers of the blind spots that are not easily retrieved.

She also emphasize that the importance of trainees to keep an open mind, to not just seek to implement techniques, but to search for the human connection and try to understand and speak “the client’s language”.

I was surprised to hear, that when asked about a model of supervision, she said, that for her it is only important to teach supervisees to have an open mind, to be open to listening, to lead by example, as supervision is a relationship, and that relating can bring about change in a therapeutic setting.

During the interview I was drawn to what she was saying, feeling I ought to her to be present, to keep my eyes and my ears open to listen to every word she said, to absorb knowledge. I was thinking how wonderful it is to be able to become such a person, such a professional. It was a humbling experience and made me think how important it is to be a trainer and supervisor that knows how to set healthy boundaries but also to show respect and warmth and acceptance to trainees. While I was looking at my data, her mannerism, the way she talked made me think how I should be as a supervisor what would be my supervision philosophy be, how would I approach my supervisees in order to make them feel comfortable enough to share. It also made me think that sometimes (I know it’s different I know it’s quite different when you work with first or second level psychology students) but I found myself to be a bit harsh on my expectations of them, and I am wondering whether this affects how they see themselves and how this may create a feeling of inadequacy...like a bad parent.

At the same time, I can’t stop all feeling and wondering about the responsibility a senior member holds for a younger member making sure that they receive knowledge that they reach a deep level of self-awareness, to work hard to see their hidden spots. This brings me to think that this is my need for myself and that it would be unfair in a way to ask others to see things as I see them. At the end of the day, we all need to assume responsibility in order to reach change. Whether that’s in an education setting being a supervisor of a student whether that means being a supervisor for a psychotherapy trainee, or whether a therapist expecting things from a client...one needs t encourage but not pressure.

I am thinking that if your supervisor cautious you to do things in a certain way it’s like taking away the responsibility...they are teaching you to ask things from others where the goal is to inspire others to choose to or to allow them to explore what they want, what risks they’re willing to take, how much they want to work on their therapy.

How willing a therapist is to work on building a relationship and how much the supervisor wants to pass the baton to the newer generation of therapists.

Interview 3 “Thur”

I did this interview with my supervisor through one of my psychotherapy trainings.

I haven't worked with him for years as I completed the training a few years back, but I have experienced his style of supervision.

As I remember, I admired him for his knowledge and passion. He taught me so many things that I use in my practice.

However, at the same time I remember being rather intimidated by his supervision. He was never overdemanding, he was so patient, he gave a lot of feedback, information and many tips that helped me better understand my clients' defences; nevertheless, I remember my fear every time I was walking into his office. Maybe all of this had to do with my need to show to him that I was becoming better, I was worthy... Now that I think back, I was more concerned of my performance, and less concerned with how this would affect my clients.

During the interview though, I gained a different perspective of his demeanour. Understanding the weight and responsibility he feels he holds towards the client and the profession. He reiterated the need to ground the supervisee, to help them see that this process is not about them, but it is all about the client.

He emphasized the need for trainees to be aware of the countertransference feelings, whether this is happening during supervision, or between a client and a trainee. Understanding one's blind spots and overcoming the barrier of understanding the client's world view through their (trainees) lenses.

Finally, great emphasis is given to the use of video, that allows both the supervisor and the trainee to observe. To observe the client but also the trainee's way of approaching them to take an active approach focusing on maladaptive coping patterns. This way the trainees receive plenty of feedback.

Interview 4 “Xyr”

Another person in the field of psychotherapy who has as he said 27 years of experience being a psychologist and a psychotherapist working not only with guided affective imagery but being a psychodynamic therapist

His therapeutic philosophy is so very close to mine so in a way he is the person/professional I aspire to be.

I was expecting to see whether he will bring analytic or psychoanalytic concepts to our discussion, as part of his supervision only to find out he wasn't very much interested in this...he was more interested in seeing through the eyes of his supervisee

I was pleasantly surprised to hear that he was referring to his supervisees as colleagues, showing respect towards them showing that he doesn't have the demeanor of a person who knows more even though he does.

One can figure this out by listening to the interview... During the interview, I felt calm just hearing his voice; how calm he was... authentic I am hearing how soothing someone that talks to you may make you feel and what type of climate maybe bring about to the therapeutic session

Supervisees are being shown another way; respect for the other person, of being calm...in a way he mirrors how things could be in a therapeutic setting.

I'm thinking how beneficial this must be for the supervisees. Learning from this...in a way it teaches them that they don't have to worry about trying to find the proper intervention, but rather focusing on the relationship. As I am listening to my participant, I'm pretty certain that what happens in supervision passes down to the session with the client ensuring to the client that this is a trusting environment as he believes that positive outcomes for him is learning to relate in a new way. Supervisees learn to do this through their supervision and then they change, they build trusting relationships with their clients and possibly their clients relate in a different way with people around them.

Another interesting point that strikes me as I am listening to the interview is how he puts himself sitting right next to the supervisee trying to see through their eyes to try to understand what they're saying to their clients what they're feeling and how these might be affecting what the client is hearing and what the client is saying.

It is definitely a different approach, focusing more on the relationship rather than all the theories and interventions seems to be more important.

Interview 5 "Vopal"

My interview with Vopal was one of the best experiences I had in interviewing supervisors. She made me feel that she was intensely present in the interview, really looking back and reflecting at her years of experience, showing a true understanding on how supervisees might be feeling during the process of supervision. At the same time, as she shared, she always had the client of each trainee in mind.

Great emphasis was given on the anxiety that trainees might be feeling throughout their training process.

Another thing that I thought was of great interest is that she claims she doesn't abide to any particular model of supervision. Even though her supervision is dictated by the psychotherapeutic training, she provides supervision for, however, greater emphasis is given on who the person sitting across from her is, mirroring to supervisees that great emphasis should be given on who trainees have in front of them as clients.

She also seems to be aware that being judgmental can have negative effect to supervisees, and ultimately the client. This makes me think that supervision at

times might be hindering change in clients because trainees are afraid to be exposed to their supervisor.

Vopal said that if trainees feel intimidated by a supervisor, they may end up hating their client and not caring about their client, unconsciously thinking that it is the client that make them seem inadequate to their supervisor. This brings so many thoughts and strong emotions. I believe that this shows how important it is for supervisees to receive personal therapy, trying to work with unresolved personal issues as transference feelings towards the supervisor may rise during supervision, feeling that they need to satisfy them, to be the good child, feeling that only then they will be accepted as worthy, as an equal. Only then they might be accepted in the profession.

As I was working on my metasynthesis I came across this fear that new and novice therapists in training face; whether they should allow themselves to be called psychotherapists or counsellors, never feel adequate enough to hold this title.

And this by itself it's not a necessarily a bad thing, but I'm wondering, as I'm reading the interview, as I am reviewing material, of how harmful this can be about a client? Or could it be helpful? Meaning that on one hand not presenting oneself as an expert, you give space to a client to guide you through their lives, to allow you to enter their world.

On the other hand, not feeling adequate enough to help someone to believe in themselves may lead clients to think similarly about themselves.

So, if you demonstrate fear to your clients, If you're showing that you cannot trust yourself, how can you convince them to trust themselves?

On a different not, I find myself agreeing with sharing examples of one's own practice, sharing the wisdom. Not necessarily in order to urge one to act the same way, but rather to examine if this might be of some use...As a matter of fact, isn't this how peer supervision works? Most supervisees testaments, show their appreciation for peer supervision, for this very reason. Hearing other's opinions and views, examining what else might be there that they don't see while in a therapeutic relationship with a client. Could this be a different way of viewing supervision with supervisors?

Interview 6 "Pul"

This interview was a bit challenging for me. I do understand, or I try to understand that my participant, coming from an existential/Gestalt Therapy approaches his supervision in an existential way. However, I had hard time to fully grasp his syllogism. Of course, I understand that emphasis is given on helping his supervisees understand and accepting who they are; what they stand for what their worldview is. So, through this process they can create a field for clients to better understand themselves; To unfold parts of their existence; to wonder, to accept. As he says, the clients benefit in an indirect way from the relationship and the work he (as a supervisor) does with his supervisees. When clients are working with trainee

therapist who strive to accept all their parts, this can lead them to wholeness to self-acceptance as well. This is a quite different from other models of supervision that I have been exposed to or, that I have heard other participants discuss. This leads me to think about how important it is for a new therapist to work on themselves. I can see this point, I can see how important it is for us to strive become whole, to see him blind spots to see parts of his existence and understand who they are, before being in a position to create the position where the other person can embrace their wholeness or to explore their wholeness or take responsibility of their lives, to be free to live the life that they want to live.

Pul also emphasizes the importance of peer supervision as a process of seeing how one how one's existence reflects on others as this is something that is happening in therapy. I had never thought of peer supervision in this sense but think, I see it now; I I see how this might work...the importance of relating, of how one relates. So, in a way, if a trainee understand the way they relate, they can help their clients to see, to live through this new relationship with their therapy and in their lives.

Interview 7 "Rey"

Ray is the youngest participant of this study, not only age wise but also that she's the one who has the least supervision experience from all. She's very close to my age group. She has been a trainer for quite a while, but a rather new in supervision compared to the rest. She's very humble and very appreciative of the opportunity given to her to share her knowledge and experience in supervision. I feel I can relate a lot with what she's sharing.

At the same time, she feels very appreciative towards me for giving her this opportunity to reflect on her experience as a supervisor. This had me thinking about all of us in this profession we support self-reflection, that we encourage students and trainees to reflect; however, senior members of the profession, supervisors and trainers how often, do they actually reflect on their practices.

We keep asking clients to give feedback on therapeutic change. We ask trainees to reflect on their practices, when they go to supervision, but wouldn't it be useful for supervisors to also reflect on what they're doing? I'm not talking as part of research; I'm talking about reflecting on their everyday practice. How useful could this be for the clients and their needs; whether this would enhance change for the clients?

I know that some of my participants mentioned the importance of seeing things through their trainees' eyes. But this, refers to seeing the client through their supervisees' eyes; how about further exploring how supervisees feel about their input? Could that be helpful in allowing them to improve their supervision style or modify the way of approaching trainees so they can be more efficient with their clients.

So, these are some initial thoughts on this particular interview based on the fact that my interviewee who mentioned how much she liked the fact that she had the opportunity to answer my questions.

Another thing I found of interest is how she helps trainees to distress about the use of video. She presents to them the need to have their sessions recorded, supporting that it is a tool for their own benefit, and not a tool to be used to pass judgment onto them.

On a different note, Ray mentioned the importance of trust, and respect, making me think that I believe that trust develops when you respect somebody; especially when you perceive this person as one who desires to o help, and also has the knowledge to help. And I think this goes back to how clients may perceive their therapist; or how therapists perceive their supervisor.

A final point that I found of great interest, is the importance of time, as a key element for change. One needs to not rush; a trainee should not rush just to get a certificate or a degree or gain a title.

As they learn that the process takes time, they have the obligation to psycho-educate clients that they should not rush to see changes as every small change brings a bigger change. What is of importance is to learn new things about themselves through the process, in order to have a new view of their life or of things in general. This is a wonderful tool by itself. This is so close to my own worldview, I made a cautious decision to follow this field, as to dedicate time, as every step I am taking I realize more and more how important time is...how time was a parameter of change for me in personal therapy, in training, in clinical supervised hours, etc. However, often clients seek a quick fixes or someone else to assume the responsibility. Similarly, trainees often, want supervisors to give them tools and techniques and advice thinking that this is all it takes to help their clients. Psychotherapy needs time and dedication and genuine interest for the other person.

Ray provides systemic therapy supervision and training, and she believes in the power of a team. But I think that this is something that should not stop in systemic therapy. I think that peer supervision can be a powerful tool, as different views in supervision allows one to see that there are various ways to approach reality. And this is something that one has to go through in order to find their own reality. At the same time, it is also important to not just rely on others' views and opinions, but to use this in order to gain a deeper level of self-awareness; to understand roles we all play in our lives. We all are members of a wider community, we all have different responsibilities, and we all need to know how we stand as individuals. And This is why trainees need to be aware and supervisors need to be aware in the role. And always seek gaining depth of inside.

Interview 8 “Natou”

I have been following Natou's work, for years. I bought and read her books; I have seen presentations by her. I didn't know her on a personal level, and I was a bit

hesitant on approaching her to ask if she would be willing to provide an interview for my research. I was even more surprised when she immediately accepted, willing to share her experience as a supervisor. What I had in my mind for a senior member of the profession was that she would be distant or unavailable ...only to find out that she was very approachable, humble and willing to share. This had me thinking that, among other things, it is her personality, her humility and her thirst to help that makes her such an effective therapist. One of the things she mentioned as an important element of change is empathy, which I think has such a complex denotation, widely used, but not easy to grasp and apply. I actually find the concept of sensibility much easier to grasp; however, the point is that a client is more responsive, and willing to share when it exists. As Natou shared, it is part of her supervisory responsibilities to foster an environment of trust, showing empathy, leading by example, allowing her trainees to bring their client to supervision, without feeling that they will be judged or skollod by the supervisor, which will in turn have a negative effect for the client (the trainees being afraid to share, they will withhold important information, so the supervisor won't be able to share to a great extent).

What I also found of great interest was the importance of a supervisor to develop practitioners that abiding ethical practice principles. This was the 1st supervisor that clearly stayed on this concept, which for me is very important. Sometimes I find myself, being overly cautious with ethics, having very strict boundaries, finding myself angry with colleagues that ignore or have looser boundaries.

Natou emphasized the importance of boundaries, even in the supervisory relationship, explaining that clear boundaries are not necessarily overly strict boundaries. Boundaries allow people to grow, to ask, to allow themselves to be. And surely trainees can teach their clients to set boundaries without feeling guilt or remorse, which might be debilitating.

Interview 9 “Kramer”

Kramer was referred to me by another participant, and he responded immediately. At that point many had rejected me, some ignored me, and some even got upset with me as they said it is a difficult period due to the pandemic and they were very busy. I kept thinking that I might be doing something wrong, or that I am not empathizing enough, not being able to see the demands of their job; at times I was thinking that I am selfish, only caring about my research. And then people like Kramer responded and made me feel that what I am doing can potentially be well perceived. That the knowledge they are sharing can contribute to the field of therapy change process.

Kramer is another supervisor with many years of supervisory experience, working for different modalities providing supervision.

He, as others, emphasized the importance of the relationship, of developing a trusting relationship where the supervisee can bring their client, without feeling inadequate. Emphasis was also given on this feeling of inadequacy that we all may

feel at times, and I realized that this was something I was experiencing at that moment as far as progress of my PhD was going. And it was really helpful for me on a personal level to hear him saying that it is important to search for and evaluate our strengths.

At the same time, it made me realize the importance of this parameter in therapy. Clients have survived for years, as they were dealing with their traumatic experiences, so they do have strengths and tools that helped them cope and survive. Some of these were and can continue to be helpful, some of these were useful at a particular moment in time, and they can now be dropped, as clients grow through therapy, and can rebuild their strengths. A supervisor can help trainees realize this, so in turn trainees can help their clients to do the same.

Another point that Kramer brought in the surface was the need for supervisors to learn from a dynamic society, where things are constantly changing, especially when it comes to issues that society is now more ready to examine and accept. He articulated this so clearly, having me thinking that other than traditional effective therapeutic elements one needs to be aware of current issues, so as to foster an environment where these issues can at least be discussed.

Interview 10 “Aniret”

I was feeling so lucky having the opportunity to include Aniret to my participants. I was looking forward to our interview, I felt wonderment listening to her discussing her experiences as a supervisor and trainer. I was also amazed by how humble she was, and she commented on this need for a therapist, for supervisors to be humble; to try to stay away from a need to boast about their knowledge or experiences. She emphasized the need to understand that we are not perfect. And this is something I constantly have to fight with, as at times I am feeling inadequate for not being better or accomplish more. At times, during the interview, and later as I am analysing the data, I find myself drawn to her words. I spent more time reading this interview than any other. I was trying to hold on to her words, making sure that I will not forget the feeling I had as I was reading it. It was not just admiration, it was like a lesson for me, a different way of viewing therapy. I do like certain aspects of the Adlerian theory on personality structure, but she gave a new dimension to my existing theoretical knowledge. As I was listening to the interview, I kept thinking of the importance of social interest, and the fact that, as humans, we need to be part of society, and I felt sadness; sadness for all that feel those people that realize that are somehow different, or not free to be who they want to be. As Aniret said a therapist can help one feel the sense of belonging, just by being present with their clients. So, as a supervisor focuses on teaching, inspiring and guiding a trainee to accept themselves, to wonder, to assume only the responsibility that they account for.

Appendix G

Audit Procedures for each study

An audit trail aimed at transparency and verification of the findings of this study, checking each step of the process from the start to the development and the interpretations. The audit took into consideration

- the aims of the study
- the original transcripts
- samples of annotated transcripts
- summary of themes and the reflexivity journal

Supervisors followed the following steps and answered whether

10. Demographic and background contextual info is available for all participants.
11. Reflective journal includes notes at each stage of the process for all participants
12. Transcription guidelines have been kept for random parts of the interview.
13. Annotated transcript for each participant are available and include notes, early comments, and preliminary line by line analysis.
14. Preliminary themes for each participant are available and can be linked to specific interview data

15. There is documentation available that shows how themes evolved as merged (i.e. earlier versions of themes and data are available with notes as to why changes were applied)

Appendix H

University of Sheffield Transcription guidelines

Security Protocol for the use of digital recorders

This document presents the security protocol to be applied to the collection, handling and storage of qualitative data obtained and processed in relation to conducting research.

These should be read in conjunction with the ‘instructions for using digital voice recorders’

Using encrypted digital recorder for research

Overarching principles

The researcher should be familiar with the University of Sheffield’s Research Ethics Policy, and Note no. 4: Principles of Anonymity, Confidentiality, and Data Protection are particularly relevant here (<http://www.shef.ac.uk/ris/other/gov-ethics>).

Clearly, details of data collection tools/equipment, storage arrangements, and destruction time points should be specified in the research protocol and these aspect of the protocol must have been subject to ethical and governance scrutiny prior to the collection of data. As such the

proposed plans for data collection must concur with local requirements of the site where data is being collected. Therefore, the researcher is required to liaise research governance offices in the preparation of their research protocol, in planning this and other aspects of their proposed research.

The researcher who record interviews with participants are required at all times to apply due diligence to the security of the digital recorder that they use and any field/process notes which they make to accompany an interview. Such items should be treated as one would treat case notes and only transported between sites with appropriate permissions and should not be left unaccompanied where they might be vulnerable to being lost or stolen

Minimum requirements

Equipment and data capture

1. All equipment must be approved by the research site and relevant research governance office.
2. Encrypted digital recorders are required for use as they provide enhanced security.
3. In the interview itself it is always preferable to ask participants not to name specific people or sites so that the data file will already be anonymous to some degree.

Transportation

1. This must be done by a secure mechanism as detailed below.

Storage and destruction

1. It is strongly recommended that anonymous audio files are stored and labelled with an appropriate code to link them to the original participant and consent form.
2. If they are to be stored on a personal computer or laptop then they should be stored in an encrypted folder and each file password protected.
3. Unless agreement has been explicitly obtained to keep original audio files these should be destroyed following successful completion of the study.
4. Transcripts should be stored following completion of the study as per the site file guidelines.

Transcription

1. Files should always be encrypted and password protected.
2. Once the recordings have been transcribed, they are to be saved by the transcriber as password protected word documents.

Supervision

1. Supervisors and others (as specified in the protocol) will require access to the transcripts. Supervisors may listen to interviews where the audio files have been secured for transportation i.e. are on an encrypted piece of hardware. Only email anonymised password protected transcripts to your supervisor(s)/collaborators.

Adherence to this protocol

1. Any actual or suspected security incidents or breaches of this Protocol are to be reported to the supervisor and to the Director of Research at the earliest opportunity.
2. The research tutors and research support officer will periodically audit adherence to this policy.

3. The researcher should ensure that all aspects of data collection and management is in line with The Data Protection Act.