PROBLEMS TRAINEE PSYCHOLOGISTS ENCOUNTER IN THE FIRST INTERVIEW: *A GROUNDED THEORY ANALYSIS OF TRAINEE REFLECTIONS*

Gillian McGregor

Student no: 202522817

Supervisor: Prof. D. Cartwright

Masters in Counselling Psychology

University of KwaZulu-Natal

Submitted in partial fulfilment of the requirements for the degree of Master of Social Sciences in Counselling Psychology at the University of KwaZulu-Natal,

Howard College Campus

DECLARATION

Submitted in partial fulfilment of the requirements for the degree of Master of Social Sciences, in the Graduate Programme in Counselling Psychology, University of KwaZulu-Natal, South Africa.

I declare that this dissertation is my own unaided work. All citations, references and borrowed ideas have been duly acknowledged. I confirm that an external editor was not used. It is being submitted for the degree of Master of Social Sciences in Counselling Psychology, in the Faculty of Humanities, Development and Social Science, University of KwaZulu-Natal, South Africa. None of the present work has been submitted previously for any degree or examination in any other University.

Gillian McGregor

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ABSTRACT

The primary objective of this research was to initiate exploratory research into the challenges that trainee therapists face in the first interview. This research focused on determining what aspects of the first interview the trainee therapists found challenging and exploring what it was about these aspects which made them challenging to the trainees. Further the research sought to explore what coping mechanisms the trainees employed during the first interview in order to negotiate these challenges as well as what effect these challenges had on the experience of the trainees. The research sought to gain an understanding of what it was about these challenges which made them difficult for the trainees. The research is situated within Ronnestad and Skovholt's (2003) model of professional therapist development whereby the difficulties faced by the novice/trainee therapist can be understood within the framework of the developmental path of the professional therapist. This framework was used to understand the nature of the difficulties encountered at this stage of training. Interpersonal Process Recall (IPR) (Kagan, 1976; Kagan, 1980; & Kagan, 1984) was employed in interviews with 8 Masters first year students following the completion of a first interview with a role play client. The data was analysed using Grounded Theory Analysis and Strauss and Corbin's (1990, as cited in McLeod, 2001) method of qualitative analysis was employed to analyse and interpret the data.

The main findings indicated the pervasive presence of anxiety in novice therapists' experiences of the first interview. In particular this anxiety was generated through a preoccupation with the evaluative component of the exercise which brought to the fore the dynamic internal conflict between the personal, private self and the professional self as the novice attempts to establish a working professional identity. This conflict is played out in the context of the first interview with specific reference to issues around self focus, management of the interview and difficulties with the role-played nature of the exercise. The difficulties encountered tended to generate further anxiety forming a negative feedback loop. Positive coping strategies were employed using 'self talk' which led to an increased perception of self-efficacy. Negative coping strategies such as reverting to rigid structured processes resulted in a negative experience and escalated anxiety resulting in perceptions of poor self-efficacy.

INTRODUCTION

The study aims to explore the challenges and problems that trainee psychologists encounter in the first interview using the Interpersonal Process Recall method. The experience of the novice psychologist can be difficult. Trainees have a multitude of tasks to begin to master as well as having to balance numerous other responsibilities in their lives. Trainee psychologists undertake a process of lifelong learning and the early days of training and practice may be fraught with anxiety which can impact negatively on trainee performance and beliefs about the self as an effective and professional helper (Skovholt & Ronnestad, 2003).

During this strenuous developmental process novice therapists lack the skills and experience that seasoned professionals have developed in dealing with difficulties encountered in the first interview (Skovholt et al., 2003). Despite receiving instruction regarding psychotherapy skills and process, the initial experiences of the trainee may be stressful, filled with uncertainty and anxiety and may have a lasting influence on their views of themselves as therapists and of the therapeutic process as a whole (De Stefano, D'Iuso, Blake, Fitzpatrick, Drapeau, & Chamodraka, 2007; Howard, Inman, & Altman, 2006).

The difficulties encountered by novice therapists especially with regard to the first interview may be overwhelming and could hinder effective application of skills and effective counselling practice (De Stefano et al., 2007; Skovholt et al., 2003). Not only are trainees faced with the apprehension and uncertainty of being beginners but they may also experience other difficult moments within the counselling session that may impede their effectiveness with clients. These moments may further erode any fragile sense of competence they may have especially as trainees may subject themselves to ruthless self scrutiny (De Stefano et al., 2007; Melton, Nofzinger-Collins, Wynne, & Susman, 2005). Trainees tend to rely mostly on trial and error and supervisory input to resolve such challenges or impasses, whereas more seasoned professionals have evolved necessary skills such as reflexivity and self-monitoring to cope with these situations (De Stefano et al., 2007).

The research attempted to explore in particular which aspects of the first interview the novice therapists experienced as challenging, what it was about these aspects which led to difficulty, and why these incidents in particular are difficult for novice therapists. Further, positive and negative coping strategies employed by the novice therapists in the first interview were explored as well as the outcome of using various coping methods. The research investigated the meaning of these experiences for the novice therapists and how they impact on their fragile self perception and confidence.

CHAPTER ONE

1 LITERATURE REVIEW

1.1 The trainee therapist context

There have been a number of studies which have investigated various aspects of the therapists' experience in therapy, including the therapists' view of helpful and unhelpful events, therapist intentions, trainee therapist's inner experiences and moments of significant change in therapy (Cooper, 2005; Elliot & Shapiro, 1988; Hill & O'Grady, 1985; Llewelyn, 1988; Melton et al, 2005; & Rober, Elliot, Buysse, Loots, & de Corte, 2008). The proposed study is situated within this field of investigation regarding the psychotherapeutic experience from the therapists' point of view. The study is perhaps unique in that it specifically focuses on the trainee therapists' experience in the first interview using Interpersonal Process Recall.

The difficulties faced by the novice/trainee therapist can be understood within the framework of the developmental path of the professional therapist. There has been an increase in interest surrounding issues of therapist development which has arisen from many fields such as research concerning supervision, expertise, professions, wisdom, adult developmental psychology and career development (Orlinsky, Ronnestad ,& Willutzki, 2003, as cited in Ronnestad & Skovholt, 2003).

The concept of development can be traced to the 18th Century era of Enlightenment, where the ideas of advancement and growth, the importance of science and education form the context in which to understand development. The minimal features of development as a concept include that it should always involve change, that this change is systematically organised and that the change occurs sequentially (Ronnestad et al., 2003). Ronnestad and Skovholt's (2003) model of therapist development is thus based on the principle of studying changes in how practitioners experience themselves as therapists on a number of work related factors over time (Ronnestad et al., 2003).

The study aimed to contribute towards an increased understanding of therapist development in order to better inform education and supervision of trainee therapists as well as to isolate key problems that trainees can work on. Through an improved awareness of factors which influence therapist development and the challenges facing trainees particularly in the first interview more realistic goals and demands can be placed on trainee therapists. Through enhanced understanding, negative aspects of therapist development such as burnout and stagnation can be better understood and more effectively addressed (Ronnestad et al., 2003). This study sought to contribute to the broadening knowledge base of therapist development by contributing towards greater insight into the difficulties trainee therapists may encounter in their development, specifically in terms of challenges faced by trainees in the first interview.

1.2 Professional therapist development model

The trainee therapist can be understood in terms of Ronnestad and Skovholt's (2003) conceptualisation of the developmental pathway of the professional therapist. Ronnestad et al., (2003) conceptualise the professional development of the therapist in a six phase model. These six phases are then informed by fourteen themes of therapist development.

The model of professional therapist development begins with the "lay helper phase", which then evolves into the second stage which is the "beginning student phase", which marks the start of professional training. This is followed by the "advanced student phase, towards the end of professional training after which the therapist moves into the 'novice professional phase" in the first years of practice. The next phase is that of the "experienced professional" where the therapist has been practising for a number of years. The sixth and final phase of professional therapist development is the "senior professional phase" and signifies a time where the therapist is regarded as a senior by others in the field (Ronnestad et al., 2003).

Within these phases of development certain key tasks and attitudes necessary to professional development are present. While the original twenty themes were later reduced to fourteen, and were again further reduced as suggested by Goodyear, Wertheimer, Cypers, & Rosemond

(2003), this research will make use of those of the original twenty themes developed by Skovholt and Ronnestad (1992) which apply to the novice therapist stage. These themes highlight beliefs and attitudes intrinsic to professional development and elucidate the challenges facing trainees. The themes centre on attempting to draw out and understand the normative developmental path of therapists in order to gain a better understanding of the normative challenges which therapists face along their developmental pathway (Skovholt et al., 1992).

1.3 Themes in therapist development relating to the trainee experience

The following discussion is drawn from the original twenty themes as presented by Skovholt and Ronnestad (1992). Those themes relevant to the challenges faced in the experiences novice therapists are explored.

1.3.1 Individuation and the emerging professional identity

Skovholt et al., (1992) developed a number of themes which centre on the process of individuation, confidence building and development of a professional identity. Accordingly professional development is understood to be ultimately a growth towards professional individuation as there is increasing integration of the personal and professional self over the career lifespan. As this process unfolds there is increasing congruence between the therapist's way of working and their personal beliefs and principles (Hill, Stahl & Roffman, 2007). During the initial years spanning the professional training phase therapists may find that they are likely to follow methods of working based on criteria external to themselves. With time and increasing experience, research demonstrates that therapists tend to move away from such external standards and tend to draw on their own personal attributes and other internally derived criteria in professional practice (Hill, et al., 2007; & Nelson & Jackson, 2003).

1.3.2 Knowledge development

With growing experience the therapist will leave behind aspects of the professional role which are felt to be incongruent with their idea of themselves, their role and conceptual system and develop a working style which is congruent with the individuals' personality and cognitive schema (Ronnestad et al., 2003; & Skovholt et al., 1992). During this process the therapist begins to rely more on their own constructed knowledge derived through both personal and professional experience rather than relying on externally departed knowledge (Nelson, et al., 2003). It is apparent that psychotherapists attribute much of their learning to their encounters with clients (Goldfried, 2001; & Orlinsky, Botermans, & Ronnestad, 2001) This knowledge is actively constructed as the therapist no longer passively accepts information but rather begins to construct their own knowledge from the ideas of others. Information congruent with the self is incorporated and knowledge is actively developed. The therapist gradually broadens the source base of their acquired knowledge. Knowledge acquisition is balanced against the individuals own personally developed ways of understanding (Skovholt et al., 1992).

1.3.3 Clarification of the role of the professional therapist

In the initial years of professional development the therapist adopts a somewhat narcissistic position in that there is an attraction to the notion of having power as a therapist. The young professional is idealistic as they see themselves as having power to help and cure people. The self esteem of these individuals is tied to the idea of their own competence in terms of helping others. Over the years, however, a shift occurs to a therapeutic position which is characterised by less performance anxiety and a dawning understanding that the power lies within the client to change their own lives. Therapists begin to relinquish the sense of having total responsibility for their clients' wellbeing. Practitioners begin to feel more confident and also see more clearly the limitations to what they can achieve. With increased experience the therapist is better able to regulate their professional involvement with clients and to separate the professional and private self with the establishment of firm emotional boundaries (Skovholt et al., 1992; & Ronnestad et al., 2003). This increased realism emerges from what Skovholt et al. (1992) refer to as a "series of humiliations" (p.514) which occur despite the therapist having done their best. Thus the realisation that they are not responsible for all failures begins to emerge (Skovholt et al., 1992). These perceived failures are processed and

integrated into the sense of self and there is an increased sense of competence and a more humble spirit emerges (Ronnestad et al., 2003; & Skovholt et al., 1992). In the early stages of development therapists may find themselves more likely to work in an idealistic and less defined manner. As experience deepens the therapist begins to work increasingly from their own experience derived wisdom (Skovholt et al., 1992). Ultimately the experienced professional is working from a core base of a unique and harmonious blend of the therapeutic and the personal self (Skovholt et al., 1992).

With the emerging professional identity and increased confidence the anxiety that plagues therapists in the early years of their work begins to decline (Nelson et al., 2003). Skovholt et al. (1992) noted that the anxiety is ousted and replaced by an increasing sense of individuation and an ever growing accumulated experience and wisdom which translates into increasing professional confidence. The development of expertise is the ultimate factor which sees the decline in the role of anxiety over the professional. This expertise can only be gained through years of training, client contact and experience (Skovholt et al., 1992; & Ronnestad et al., 2003).

1.3.4 Moving from an external to an internal compass

Initially therapists have a tendency to gravitate towards an external and rigid orientation in working style and role. This orientation tends to increase during and throughout the training period and then steadily declines in the years of practice which follow. During professional training the disparity between the personal and professional selves becomes more pronounced as trainees restrain their more personal manner of functioning and are driven rather by professionally appropriate and externally derived sources. There is a degree of rigidity which the individuals draw from external sources and impose on their professional functioning (Hill et al., 2007; Skovholt et al., 1992; Ronnestad et al., 2003). Trainees tend to draw heavily on the skills training they have received. Having something concrete to hang onto helps trainees' to feel more confident and secure as it allows them to feel as though they know what they are doing. However, taking such a cookbook approach may hamper effective engagement with the client (Hill, et al., 2007). In the years following training, however, therapists begin to cast off the externally rigid ways and begin to tap into a more flexible and

internal compass which guides the professional self. The therapist functions from within themselves and finds a more authentic mode of working. This process, however, can be spread over twenty to thirty years and often results in the therapist giving up some or much of what they were previously taught. As the therapist matures they tend to work from accumulated knowledge and generalisations obtained from years of experience (Nelson et al., 2003; & Skovholt et al., 1992).

The central driving developmental process is continuous professional reflection. This professional reflection is facilitated through personal and professional experience, continuous professional interaction, and a supportive and open work environment which provides a supportive base for the journey of professional development. Using a reflexive stance therapists devote time both with others and alone to process and make meaning of significant experiences. Feedback is a crucial component of this experience (Hill et al., 2007; Skovholt et al., 1992; & Stahl, Hill, Jacobs, Kleinman, Isenberg & Stern, 2009). This professional reflection is an ongoing process which begins during training and ideally should continue throughout the career.

1.3.5 Looking out to looking in, sources of support

The novice therapist tends to rely more on external sources of support such as from professors, supervisors and peers. In the beginning stages of professional development trainees are more likely to rely on modelling and imitation as the primary learning method and are enthusiastic to model those perceived as experts. Over time the education received becomes internalised and imitation is left behind as practitioners rely on internalised methods of working and support. The individual methods and style of the practitioner deepen and are expanded upon and a rich quality of practicing is attained (Skovholt et al., 1992). Later career professionals also acknowledge that key sources of influence are more likely to come from interpersonal encounters rather than impersonal data. It is the impersonal data on which the trainees are so reliant. As the career develops, however, professionals tend to view their clients as the most significant source of influence and the research and empirical data are reinforced through contact with clients. The personal lives of the professionals also bear an influence on their professional functioning. As life experiences and struggles enter personal

awareness both normative and non-normative experiences bear an influence (Skovholt et al., 1992; & Ronnestad et al., 2003).

1.3.6 Lifelong development

Skovholt et al., (1992) reason that optimal professional development is ultimately a slow, long and often erratic process. It is thus important for trainees to be made aware of this reality and to be comfortable with the slow pace of the development of professional expertise upon which so much of the development of a professional identity is dependent. There are times when learning is fast paced and acutely felt and other times when this process is more continuous and the individual may not be as keenly aware of it. The years following training are understood to be vitally important for the development of crucial expertise which facilitate professional evolution and development (Skovholt et al., 1992). It takes time for therapists to become competent in the skills they have been taught and before the skills become automatised and allow the therapist to focus on other aspects of the interview as well as on the client (Hill, et al., 2007).

The themes discussed above highlight the lifelong process of learning and adaptation which characterises the developmental journey of therapists. As the novice moves away from a reliance on external sources of knowledge, support and methods of functioning towards a more integrated, coherent and personal style of practice a wealth of experience is drawn on from which the therapist functions. It is in the beginning of practice, during training when there is little to no accumulated wisdom and generalisations to draw on when anxiety is keenly felt for the novice and efforts to hold onto externally received knowledge, methods and conceptualisations are primary. As the knowledge base broadens and deepens and confidence is gained through a personally congruent professional style anxiety begins to wane.

1.4 The beginning student phase

This research is focused within the second phase of professional development as outlined by Ronnestad et al., (2003). This is the "beginning student phase'. The start of professional training is experienced as an exciting as well as challenging time often filled with self-doubt as trainees begin to question whether they have the personal qualities necessary to become a competent therapist. There are also a range of personal, professional and academic stressors on their lives which may appear to overwhelm the trainee at times. Such pressures include academic demands, supervision, the awareness of being evaluated and various family life demands (Ronnestad et al., 2003). The task of seeing the first client is the most important and potentially stressful task of this phase. Trainees at this stage tend to gravitate towards therapeutic models which are easier to learn and apply. It is vital for their developmental growth that novice therapists' approach their training with an open and explorative attitude (Ronnestad et al., 2003).

The beginning phase of professional therapist development may be experienced as problematic due to the presence of anxiety (Ronnestad et al., 2003). This anxiety may have an influential impact on the fragile novice therapist. Ronnestad et al., (2003) discuss how the novice therapists' anxiety may impact negatively on their ability to concentrate on the client and the task at hand, despite anxiety and feelings of being overwhelmed appearing to be a universal phenomenon (Orlinsky & Ronnestad, 2005, as cited in Ronnestad et al., 2003). Difficulties which are common to this developmental phase for therapists and elicit the anxiety may include for example the therapists' lack of confidence in their own ability to beneficially impact their client, being uncertain how best to manage a case and fears regarding losing control of the therapeutic situation (Ronnestad & von der Lippe, 2001, as cited in Ronnestad et al., 2003). Research relating to supervision within therapist training and development has indicated that the training experience can be experienced as stressful by the trainee and that this may be counterproductive to trainee development (Ladany, Hill, Corbett & Nutt, 1996).

Empirical and conceptual literature concerning the developmental processes of therapists indicates that there are a number of stressors experienced in the early practice of the novice therapist. As a colleague of Skovholt and Ronnestad put it in their 2003 paper, "[t]he requirements for the novice to access, integrate, synthesize and adapt information are exhausting (M. Mullenbach, personal communication, 1999, as cited in Skovholt et al., 2003: p.45). The novice therapist is still in the process of developing their practitionerself a process during which this self concept is especially vulnerable to negative influences or feedback (Skovholt et al., 2003). In the beginning of their training the novice therapist must begin the task of attempting to master the skills necessary for examining, understanding and eventually improving a persons' emotional life. This is an intricate task and takes years to effectively realise (Skovholt et al., 2003). Such skills are for the most part acquired through interaction and practice with clients, which occurs with the passage of time (Skovholt & McCarthy, 1988; & Skovholt et al., 2003).

There are a myriad of challenges that the trainee therapist must engage with on their developmental journey. The novice has yet to internalise and feel comfortable with the complex conceptual knowledge needed to work effectively with clients. As a result they may be unable to work intuitively with this knowledge when with a client; this may result in their attention being diverted to the explicit machinations of their mind instead of being wholly fixed on the client. Such distractions may impact on the quality of the novice therapists' work (Chi, Glaser, & Farr, 1988, as cited in Skovholt et al., 2003; & Hill, et al., 2007). Skovholt et al (2003) identify a range of further stressors which may intensify feelings of anxiety and impact practice. Issues related to emotional boundary formation, performance anxiety such as concern over moments of speechlessness and physical symptoms of anxiety add to the worries of the trainee. There is also an ongoing awareness of the constant evaluation and scrutiny of their performance by supervisors. All these stressors make for a potentially stressful path for the trainee therapist and they may all be especially felt in the instance of the first interview.

1. 5 Anxiety in the novice therapist context

Anxiety is a central element in the literature on the experience of the novice therapist. Anxiety experienced by novice therapists in the early months of their work is understood to be an integral and inherent aspect of the novices' experience (Skovholt & Ronnestad, 2003). This anxiety is understood as being generated by a number of factors intrinsic to the developmental journey of the novice experience. As the developmental journey for therapists is lifelong the beginning stages of training are experienced as anxiety inducing due to factors such as a lack of experience to inform behaviour, and a lack of integration of the personal and professional self (Goodyear et al., 2003; & Ronnestad et al., 2003).

Barlow (1991) understands anxiety as a disorder of emotion. He presents a conceptualisation of anxiety as a mixture of various cognitions and emotions resulting in a "cognitive affective structure which is composed primarily of negative affect, a sense of uncontrollability, and a shift in attention to primarily self-focus or a state of self-preoccupation" (Barlow, 1991: p.60). Anxiety is understood as originating from the individuals' biological or hereditary vulnerability and psychological vulnerability. It is the combination of a biological and psychological vulnerability which then results in anxiety being triggered by a perceived stressful event.

Anxiety may be understood as being a preparatory mechanism to enable the individual to prepare for a future negative event. This may, however, result in the individual becoming chronically over aroused and experiencing distortions in cognitions and information processing. Such distortions are characterised by a shift towards a self focus or a rapid shifting of focus from external factors to internal self evaluation. This in turn may then generate further arousal and anxiety. When such disruptions reach a certain point they may result in disturbances in ability to concentrate and perform activities thoroughly and could even result in avoidance of the perceived source of the anxiety (Barlow, 1991). This shift in attention to self focus and disruption in concentration and performance are in keeping with the literature around difficulties which trainees face in the early stages of training (Chi, Glaser, & Farr, 1988, as cited in Skovholt et al., 2003). That is when faced with developmental tasks such as the first interview, trainees may be overwhelmed by anxiety and

experience self-preoccupation and distorted cognitions and information processing. This in turn leads to decreased control of the therapeutic situation (Ronnestad et al., 2003).

1.6 Common causes of anxiety in novice therapists

Skovholt and Ronnestad (2003) draw on literature around therapist development in describing seven of the most significant stressors that face novice practitioners. From the above discussion it is apparent that the skills and expertise necessary for professional development and confidence in practice take years to accumulate and much learning is experiential and acquired through contact with clients. As a result during the early years of practice novices may feel unprepared and easily overwhelmed.

1.6.1 Performance anxiety

The novice therapist is open to the experience of much anxiety as they lack the professional confidence required to face difficulties as they arise. The anxiety experienced by therapists tends to lead to increased self focus and ultimately compromises the therapists' ability to focus on the client and the unfolding situation. Novice therapists may find themselves engaged in other activities such as trying to minimise external signs of anxiety and reducing internal anxiety as they attempt to focus on the client and think more clearly (Skovholt et al., 2003).

1.6.2 Scrutiny by health professionals

The pathway to working as a therapist is monitored and guarded by professional gatekeepers who work to ensure that those unsuitable to the work are not given access and opportunity to harm clients. In order to maintain standards there is a high evaluation stress for novice therapists as they undergo this quality control process. It is further complicated by the seemingly intangible and ambiguous ethical standards and skills required (Skovholt et al., 2003). Novice therapists are subjected to intense scrutiny by professional gatekeepers and are acutely aware of the power individuals such as supervisors hold over their future careers.

1.6.3 Difficulties with emotional boundaries

Novice therapists experience difficulties around the regulation of their emotions when relating to clients and as a result encounter challenges with emotional boundaries. It takes time and experience to develop an ability to differentiate between practitioner and client responsibilities. It requires advanced skills to appropriately process the emotionally intense content of therapeutic sessions and novice therapists are challenged by regulating their emotional involvement. Over involvement can lead to stress and burnout and a balance between over and under involvement needs to be achieved. This requires constant self monitoring. The process of learning how to achieve this balance and maintain it is a major source of stress for novice practitioners (Skovholt et al., 2003).

1.6.4 The fragile and incomplete practitionerself and inadequate conceptual maps

Novice practitioners experience fragility in their self perception and insecurity as well as enthusiasm regarding the work at hand. Trainee therapists experience an identity crisis as they face various challenges through which they are required to develop a professional identity. Trainees therapists' have various experiences which result in confusion, dependency and anxiety as well as multiple crises of autonomy, confidence and competence (Nelson et al, 2003). The creation of the practitionerself requires internal and external effort. Novice therapists are in a fragile state and experience strong emotional variability and are highly sensitive to negative feedback (Skovholt et al., 2003). Conceptual maps are internalised and used by professionals at every level to guide their practice. Novice therapists rely on a conceptual map formulated from personal experience as a helper such as a friend. The novice therapist is aware that they are required to replace this with a professional map. This is a difficult process often undergone in the stressful experience of client contact. This is an exercise where the novice is required to make the leap from learning from books to applying that knowledge in less well defined and more ambiguous real life situations. It takes time and experience for therapists to internalise conceptual models and be able to work more spontaneously in new and varying situations. During this developmental period novice therapists may become disillusioned and question the relevance of their training as well as their own suitability to this career path (Skovholt et al., 2003). Ultimately the professional conceptual map develops with increasing experience and emerges with a more coherent practitionerself

1.6.5 Glamorised expectations

There appear to be various reasons as to why people pursue careers in psychology. Many are driven by idealised role models and ambitions of reducing human suffering. The novice therapists self worth is closely tied to positive client feedback and improvement. With experience novice expectations become more realistic and equally less glamorous. The novice also begins to comprehend that there are many factors outside of themselves that impact on the therapeutic outcome. The high expectations of the novice therapist, however, acts as another source of pressure, stress and anxiety as they expect themselves to have a positive impact on every client they come across (Skovholt et al., 2003).

1.6.6 Need for positive mentors

The early years of training can be especially stressful for novice therapists and they may find themselves feeling disillusioned and confused. As such novice therapists tend to seek out support and guidance from other professionals such as supervisors or mentors and need these mentors to be available and positively helpful. A mentor can provide the novice therapist with a space in which to work through the uncertainty of this stage and experiment with different methods and ideas as well as encouraging reflection for personal and professional growth. The mentor can also assist the novice by providing more specific ideas and frameworks within which to work to help balance the uncertainty. An understanding of the struggles which novice therapists face can enrich the novices' experience and help to reduce some of the anxiety experienced, thus making a slightly easier transition by normalising the experience (Skovholt et al., 2003).

1.7 Critical incidents

Research regarding supervision of therapists in training has explored how change occurs as therapists' progress along the developmental pathway. It appears that a number of what has been termed critical incidents (CIs) occur which can have an enduring influence on the development of therapists. Such incidents have the potential to profoundly affect the beliefs therapists may hold about themselves as professionals, perceptions of the therapeutic process and understanding of psychology as a profession (Furr & Carroll, 2003; Howard, Inman, &

Altman, 2006; & Lee, Eppler, Kendal & Latty, 2001). The literature indicates that the process of experiential learning is perceived as a pivotal CI for trainee therapists (Furr et al., 2003). Such CIs appeared to have a more significant impact on the developmental journey than theoretical training courses based on more cognitive learning approaches. Howard et al., (2006) explored issues around professional identity as CIs. The concept of professional identity revolves around the trainees understanding of themselves as professional therapists. In order to form a professional identity trainees undergo a long term process of integrating their understanding of a helping professional with their own self concept. As trainees undergo a process of refining their role identification they increasingly identify with a particular theoretical orientation and bring aspects unique to their personalities into the therapeutic context. Trainees gradually begin to develop a cohesive sense of themselves as therapeutic professionals. This process is facilitated by a multitude of ongoing CIs as trainees encounter clients in the experiential context (Howard et al., 2006).

The experiential CIs may be categorised as shaping professional identity through encounters impacting personal reactions and beliefs around competence. Personal reactions are the reactions trainees experience in response to clients in their professional encounters. These encounters facilitate the process of the development of self insight and awareness which in turn assists trainee therapists in attending to the internal processes during the therapeutic process. Trainees encounter various experiences which may impact on the beliefs they hold regarding their competence as professionals. These are experiences common to trainee therapists which may be seen as pivotal in shaping the professionals they become. Such experiences encourage growth as professionals in the early days of the novice experience (Howard et al., 2006).

1.8 The inner conversation

The inner conversation is understood as the ongoing inner discussion which therapists engage in during therapeutic encounters with clients and forms the starting point of questions the therapist comes to ask as they negotiate the therapeutic encounter (Rober, 1999; Rober, 2005; Rober, 2008 & Rober et al., 2008). Rober (1999) explores how the inner conversation is in fact a conversation between two identities of the same person. That is a conversation

between the therapist as self and the role of the therapist, perhaps understood as the personal and professional identities. He understands this conversation to be a negotiation between the two selves. The self of the therapist is more visceral, is composed of observations and moods, images and emotions that are evoked. It is the experiencing process which the therapist encounters as a fellow human being and participant in a conversation. The role of the therapist is the professional self emerging from theoretical knowledge and working to facilitate the conversation. The self generates ways of being in the conversation and the role selects which and how to use these (Rober, 1999). Rober (2005) went on to rename these two parts of the same whole as the experiencing and professional self. Thus the inner conversation is essentially an ongoing dialogue between the two selves. Research into the inner conversation of therapists engaged in therapeutic encounters demonstrates the internal working, conflict and integrating of the personal and professional selves of the therapist.

Rober et al (2008) go on to further refine and investigate the issues around the inner conversation. The paper explores the hitherto little understood and explored content of the inner conversation of the therapist. Using IPR and Grounded Theory Analysis (GTA) Rober et al, uncover four general categories of content. The therapists' inner conversation at times focused around attending to the client's process. This involves the therapist attempting to focus on and connect to the personal process which the client is undergoing in the session. As such the therapist is very much focused on the client in this domain. Another sphere of the content of the inner conversation is the therapist processing the content of the story of the client. This is the story which the client brings in with them from the outside. Another domain featuring in the inner conversation is the therapist reflecting on managing the therapeutic process. The therapist is responsible for taking care of the client in the therapeutic space and managing the process. It is here that the therapist is concerned with what she can do or say to assist the client with a problem.

A further domain concerns the therapists' inner conversation concerning him or herself. Here the therapist focuses on their own experience in the therapeutic encounter. This is the experiencing self of the therapist and encompasses self talk which the therapist engages in. This category highlights how the therapist is present as a complete human being in the therapeutic situation. The therapist is not simply a professional "information-

processing/hypothesis testing mechanism" (Rober et al., 2008: p.54). Rather the therapist is composed of two selves' sometimes in conflict and at other times in harmony as the therapist engages the client. A final additional category identified by Rober et al (2008) pertains to the therapist reflecting on the artificiality of the interview process within the context of a role play client. This inner conversation is useful as a tool for accessing and developing an understanding of the internal machinations of the developing therapist.

CHAPTER TWO

2 THE FIRST INTERVIEW

The experience of the novice therapist within the first interview is an under researched area. This study aimed to explore the theoretical aspects of the first interview by identifying the key points which seemed to produce anxiety in the first interview and what the main issues with regards to these were. The intended outcome of the study was to consider what the problems may be surrounding the first interview and the particular nature of those problems, towards developing a theory about what the novice environment brings to the first interview.

The first interview in terms of this research refers in particular to the actual first formal encounter for a specific therapist and a patient or client. The purpose of the first interview is conceptualised according to the model offered by Morrison (1995) as being to obtain comprehensive information from the client and to establish the foundation for a healthy working relationship. In terms of the information which is needed from the client, Morrison (1995) provides a thorough account of the areas which need to be covered. His model includes the aspects which the therapist should cover in order to obtain the necessary information needed for formulating a case and working towards diagnosis and treatment planning. According to this model the first interview should be divided up according to percentage of time given for each section of necessary information. This gives an idea of the format, content and purpose of the first interview as recommended by Morrison. The trainee psychologists involved in the study have been trained in this model and encouraged to follow this format when conducting a first interview with a new client.

The model presented by Morrison (1995) for conducting the first interview is derived from the medical model which traditionally has had its focus on the pathology of the individual and is derived from theoretical assumptions around the linear concept of identifying specific diseases and treatments and as a result is largely dominated by the search for symptoms in order to inform a diagnosis and treatment plan This model can be restrictive and tends to reduce the individual in such a way that the whole person may be lost. The fit of the medical

model to psychological practice is often uncomfortable as there is some tension between the influence of this model and the values of psychology (Jensen, 2006). Although the model is undeniably useful in guiding information gathering its evolution from the medical model results in some difficulties in applying it in a context of relationship and rapport building such as that of the psychotherapeutic encounter. The therapist does not only seek information to answer specific questions but must also be attuned to the client and be attending to the nuances and patterns which the client brings with them to the therapeutic context. As a result a rigid following of such an interview structure would leave the client alienated from the therapist and certainly restrained in presenting themselves holistically to the therapist. Further the establishment of a strong working alliance with the client would be hindered should the therapist be too engrossed in obtaining the necessary information and leave the client feeling unheard and unattended to.

On the other hand, however, the structured model presented by Morrison provides a structured task for therapists which particularly in the case of the novice therapist may help to reduce ambiguity and anxiety and provide a sense of structure and comfort (Hill et al., 2007; & Rudolph, 2004). It is this structure, however, which can present difficulties for trainee therapists. Therapists may adhere too rigidly to the structure which can cause difficulties as interviewing a client requires some degree of flexibility and trust in the process. Trainees may be tempted to hold too firmly to such a structure in a desperate attempt to maintain some sense of control and efficacy (Ronnestad et al., 2003; & Skovholt et al., 2003). Being too rigid can then create difficulties in transitioning from one topic to another and the interview can appear stilted. The client may also be left feeling unheard and confused as a trainee therapist may not follow up on issues as they arise for the client and deal with them in the here and now, but rather choose to be inflexible and ignore the information until they come to that section based on the structure of the interview. It takes an internalisation of such knowledge of the structure of the interview as well as self confidence to allow a functional degree of flexibility in the interview and to meet the client where they are in the moment (Hill et al., 2007)

2.1 Diagram representing Morrison's (1995) model of the structure of the first interview

Percentage of time spent on topic during the interview	Activity
15%	Chief complaint and free speech
30%	Pursue specific diagnoses, ask about suicide, history of violence, and substance abuse
15%	Medical history, review of systems, family history
25%	Personal and social history, evaluate character pathology, personality traits
10%	Mental Status Examination
5%	Discuss diagnosis and treatment with patient, plan next meeting

(Morrison, 1995: p.9)

2.2 Tasks of the first interview

Woven intricately and implicitly within the above mentioned activities to be covered in the first interview, Rudolph (2004) identifies 173 tasks which the therapist must engage in during the first interview. These therapeutic tasks are further grouped into therapeutic clusters. Each cluster represents a therapeutic event in the first interview. Within each cluster a plethora of tasks are encountered. Although Rudolph (2004) orients this work towards Brief Psychodynamic Psychotherapy specifically, many of the tasks covered in the therapeutic clusters are applicable across therapeutic frameworks and are derived from research of various therapies (Rudolph, 2004). As a result these clusters are a useful way in which to grasp the complexity and scale of the work involved in the first interview. The clusters include: setting the stage and structuring the interview, the initial engagement of the client and disclosure of their problem, deepening exploration and the emotional expression of the client, reflection and naming of the client's material, and clarifying the focus of the interview.

Ultimately Rudolph (2004) argues that these preceding five clusters and their various related tasks work towards the sixth and final therapeutic cluster of establishing and maintaining a therapeutic alliance.

It is understood that more experienced therapists are more adept at negotiating the sequence of these tasks. Resulting from their experience they are better able to deviate from the structure where necessary to best engage a client in the therapeutic process. Trainee therapists, however, may find themselves more overwhelmed by the enormity of the task at hand and cling more rigidly to the formal structure of the interview, ultimately resulting in missing opportunities to fully engage the client in the process and forge a therapeutic alliance which is so critical to creating a positive therapeutic experience (Rudolph, 2004).

In particular the first interview with a new client may be experienced as a stressful event for novice therapists who are still in the process of mastering many new skills which have yet to be internalised (Hill et al., 2007). During the first interview the therapist should ideally obtain as much accurate information which is relevant to the clients' problem in a limited period of time, whilst attempting to develop and maintain a good rapport with the client (Morrison, 1995; & Rudolph, 2004). This ultimately requires a great deal of skill. Amongst all this the novice therapist is also trying to overcome their own anxiety, appear at ease with the situation, master note-taking, think about what to ask next as well as various other considerations.

Thus over and above the stressors common within the beginning training phase of therapist development, the first interview and learning to navigate its intricacies is a particular source of anxiety and stress for novices. Broadening the understanding of the challenges which the novice therapist faces in relation to the first interview may thus help to normalise these experiences and better inform training programs. In essence, this study sought to explore what these stressors are and how they manifest and are negotiated in the first interview.

Various articles examining the experiences of trainee therapists have allowed for an exploration of the universal nature of these challenges. This knowledge can be useful to the novice therapist in that it can provide evidence of the commonality of these struggles which may help to normalise and reduce the anxiety surrounding the experience of the novice therapists' experience (Pica, 1998, as cited in Skovholt et al., 2003). Further such information may inform trainee education programs more accurately. It is hoped that this study will contribute to this body of knowledge.

CHAPTER THREE

3 RATIONALE AND METHODOLOGY

3.1 Rationale

Novice psychologists in training are expected to attain a number of personal and professional developmental goals. As discussed above there are a number of new skills and tasks to master. Trainees undergo extensive evaluative and personal feedback processes with supervisors in the course of their training. They are expected to realise a level of self awareness with regard to their personal thoughts, beliefs, feelings and internal states (Melton, et al., 2005). It is probable that the above stressors manifest in particular ways in the first interview. By accessing the personal, "lived" experience of trainees in the process of the first interview this study aims to explore the core difficulties trainee psychologists may experience and the strategies they employ to negotiate these moments.

A better understanding of some of the challenges and frustrations that trainee psychologists may face in their training can allow for better preparation and precautions taken in training. Trainees may also derive comfort from the knowledge that what they are experiencing has been experienced by others on this developmental pathway. (Lee et al., 2001). Thus on an individual level trainee anxiety and stressors experienced can be normalised. Training programs can be better informed and prepared for dealing with these potentially stressful areas and thus better equip trainees for the tasks ahead. Through understanding, exposing and normalising such experiences of trainees, the tension and anxieties experienced by trainees may be reduced allowing for more positive and reinforcing initial experiences, "*praemonitus, praemunita* – forewarned, forearmed" (Skovholt et al., 2003: p.56).

3.2 Research questions

1. What are the core challenges that trainee psychologists experience in the first interview?
2. What about these challenges makes them difficult for trainees?
3. What strategies do trainees employ to deal with and overcome these difficulties?
4. What effect do these challenges have on the trainees' experience during the first interview?

The objectives of the study are to use the findings along with Grounded Theory analysis (GTA) to uncover the theoretical assumptions around the first interview. Rober et al., (2008) and Rober (2008) use GTA with IPR in developing theory around the reflections of family therapists during individual therapy sessions using role play clients. These studies illustrate the value of GTA in generating an understanding of the theoretical assumptions of an area of study. GTA was used as it aims to generate theory from the data rather than testing a pre-existing theoretical hypothesis and is a good method for a preliminary investigation of a new and undertheorised area (Rober et al., 2008). Although there are a number of ways of analysing data generated using IPR methodology the use of GTA will be used in this study as the novice experience of the first interview is largely undertheorised and the intention of Grounded Theory is to build theory in a particular area of inquiry.

3.3 Exploratory research

This study employs exploratory research, an inductive research approach which is utilised when an area is relatively unexplored or constitutes a relatively new area of research (Babbie & Mouton, 1998; & Terre Blanch & Durrheim, 2002). Grounded Theory Analysis was used in an attempt to develop a way of understanding and a model of the challenges which trainee psychologists face in the first interview and the strategies they employ to negotiate these difficulties. Exploratory research provides an opportunity to conduct preliminary investigations into a phenomenon and derive insight from these investigations. Exploratory

research is flexible and remains open to directions in which data may be taken (Terre Blanche et al., 2002).

3.4 Respondents

The participants of this study comprised of 8 individuals. The participants were required to be in their first year of Masters level training as either Clinical or Counselling psychologists. The method by which the sample was attained involved purposeful sampling as the sample was directed at specific inclusive criteria. The Masters year one student's, 2009, at the University of KwaZulu-Natal were the intended sample. The sample consisted of six Clinical Psychology trainees and two Counselling psychology trainees. These research participants were identified as they were conveniently available and at the appropriate stage of development for the study, that is at the beginning student phase (Ronnestad et al., 2003). It is important to realise that the aim of this study was not to generalise the findings to the broader population of trainee psychologists, but to rather begin exploratory research into a relatively unexplored area.

3.5 Table of demographic details of participants

Respondent	Sex	Age	Race
1	Male	27	African
2	Female	28	Indian
3	Female	29	Indian
4	Female	23	White
5	Female	23	Indian
6	Female	24	White
7	Female	23	African
8	Female	26	African

3.6 Data collection technique and procedure

Eight Masters year one trainee psychologists each conducted a first interview with a role play client. The first interviews were one hour and were audio-visually recorded. The trainees were aware that the taped interviews would to be observed at a later stage by their supervisors. Within 48 hours of performing the first interview the trainees were interviewed using Interpersonal Process Recall (IPR) (Kagan, 1976; & Kagan, 1980). Each IPR interview was recorded using a digital recorder.

3.7 Informed consent

Before conducting the first interview each trainee therapist was provided with an informed consent form explaining the purpose of the research and what would be required of them should they choose to participate. They had a clear understanding that this was a role play with an Honours student playing the client. The trainees were also made aware that the session was to be recorded on DVD and that the IPR interview would be audio recorded, transcribed, analysed and used in a Masters Degree thesis.

Two Honours Psychology students played the role of the client so that each trainee saw one of the two for the first interview. The two role play volunteers were also provided with informed consent forms detailing the purpose of the study and what it would involve. The role play clients were informed that the session would be recorded onto DVD and used in a further interview between the researcher and trainee therapist. Each potential participant had the opportunity at this time to discuss any questions or concerns they had regarding the study. The role play clients were provided with a prescribed character and role vignette that they repeated for each simulation (see Appendix 4 for comprehensive description of character and role vignette). They were briefed not to attempt to be overly difficult and resistant towards the trainee therapists and to present with the same issues for each first interview. The client was based on a realistic and credible client with a range of problems trainees are likely to encounter in practice.

Once the trainee therapists consented to participate a date and time for the first interview was scheduled and a further date and time was decided for the IPR interview. Each first interview was approximately 50 minutes in duration. Immediately after the first interview each trainee was asked by the researcher to record their thoughts regarding what they considered to be particularly challenging moments during the first interview and what it was about these moments that possibly made them so. They were also asked to make a note of any moments which they felt had gone particularly well or that they felt they had managed well. This was in order to facilitate recall during the follow-up interview.

One and a half hours were allowed for each of the IPR interviews. During the IPR interviews relevant sections of the first interview recording were viewed with the researcher and issues pertaining to the research question explored (Larsen, Flesaker, & Stege, 2008). The trainees' thoughts, sensations and feelings experienced during challenging moments in the first interview were investigated (Crews, Smith, Smaby, Maddux, Torres-Rivera, & Casey et al., 2005). In order to create some contrast and to help the interview the moments that the trainees felt had gone well for them were similarly explored, although more briefly as the chief focus was the challenges encountered. The more positive aspects were explored at the beginning of the IPR interview as they provided a useful mechanism for becoming acquainted with the IPR interviewing technique for the trainee and helped to open the interview. For examples of the type of questions used in the IPR interviews please refer to Appendix C.

It is important to comment that the first interviews which the trainees conducted with the role play clients preceded any client contact they had since beginning their professional training. The role play first interviews were conducted towards the end of March 2009, when the trainees had experienced approximately three weeks of professional training. They were thus at the very beginning of their training. At this point in their training, the trainees' had participated in three weeks of daily seminars where they were exposed to literature regarding the first interview, interviewing techniques and the Morrison model. Trainees had opportunity to role play with one another and were required to familiarise themselves with the Morrison model. The role play interview was presented to the trainees as being for evaluative and supervisory purposes. This first interview was then the trainees' first attempt

at moving from a purely theoretical learning basis to encountering the subjective process of practical application and assessment.

3.8 Interpersonal process recall

In order to develop effective professional practice a rich understanding of the therapists' experience within the interview is of value in terms of personal self awareness and professional development (Larsen et al., 2008). In order to achieve this end, the in-the-moment experiences, feelings, beliefs and thoughts of the therapist need to be accessed and captured (Crews et al., 2005). Most research attempting to access the inner content of what both the client and therapist have experienced during therapy has relied on retrospective recall intended to explore memories of the encounter. This raises various issues concerning quality of memory recall and depth of accurate detail (Larsen et al., 2008). IPR (Kagan, 1976; & Kagan, 1980) affords a unique approach to accessing moments in psychotherapy processes that would be otherwise inaccessible through other methods (Larsen et al., 2008).

IPR is a qualitative interview approach which employs video-assisted recall to access the conscious, unspoken experiences of therapists in interpersonal interactions during therapeutic encounters (Kagan, 1984; & McLennan, Twigg, & Bezant, 1993). This method enables researchers to access firsthand insights into the therapeutic process (Larsen et al., 2008). The stimulated recall procedure assists in capturing the important experiences that occur within the interview (McLennan et al., 1993). IPR encourages the expression of what was experienced at that moment in the session rather than providing retrospective reflections (Rober et al., 2008).

During an IPR interview a video recorded session or relevant segments are played back and the therapist, for the purposes of this study, participates in an interview which aims to focus in on and access the trainees' internal experiences such as feelings, thoughts and sensations that occurred during the session (Crews et al., 2005; & Larsen et al., 2008). IPR facilitates comprehensive recall of experiences during the session. Through viewing the actual footage the interviewee is stimulated to remember specific details and thoughts and reactions that

may not have occurred to them unaided. As the IPR interview occurs within 48 hours of the original session the event is recalled more easily and clearly. Another benefit of the IPR method is that its use slows down the pace of the interview allowing for focus on specific moments and thus helps avoid generalisations (Larsen et al., 2008).

IPR has been used extensively in a variety of social and human science research fields such as social work, counselling, competitive athletics, teaching, management and medicine. IPR has been used most frequently to investigate processes in psychotherapy such as client and therapist as well as supervisor and supervisee experiences (e.g. Clarke, 1997; Griffith & Frieden, 2000; Levitt, 2001; Lokken & Twohey, 2004; Timulak & Lietaer, 2001; West & Clark, 2004, as cited in Larsen et al., 2008; McLeod, 2001; & Crews et al., 2005). IPR's usefulness in deepening our understanding of the therapeutic encounter has been illustrated through these studies (Larsen et al., 2008).

3.9 Role play

The use of role play and simulated clients to pose as users of particular service is a popular and uncomplicated method for obtaining information regarding service users and providers experiences (Hazelkorn & Robins, 1996; Huntington & Schuler, 1993; Leon, Quiroz, & Brazzoduro, 1994; & van Rooyen, 2008). The simulated client method (SCM) is used when an actor hides their own identity and poses as a user of the particular service. This method is a popular method in non-medical research settings, such as market research and in the training of medical students (Herrera, 2001). The SCM has become popular for studying health problems and health care provider behaviour and an effective method for identifying and exploring possible areas of improvement for health care workers (Beullens, Rethans, Goedhuys, & Buntix, 1997; & van Rooyen, 2008).

SCM enables light to be shed on the private moments of practices such as therapy, thus helping to identify and correct problems and inform training (Leon et al., 1994). SCM provides insights and information that would be extremely difficult to obtain with other

methods as it provides access to what takes place behind closed doors. This insight is provided in as typical and non-reactive a setting as possible for the research (Herrera, 2001).

3.10 Ethical considerations

Role play clients were used instead of actual clients in order to protect the anonymity of clients and to protect clients from any negative effect a research orientation may have on the therapeutic service they may receive. Each trainee therapist and role play client will be given an informed consent document before the study, which will detail what the study will involve and inform them of their right to withdraw from the study at any point without fear of negative consequences for themselves. All identifying information for both the trainee therapists and the role play clients will be removed from transcripts and pseudonyms will be used. The role play clients will also be offered the option of obtaining professional therapeutic assistance if they should feel in need of it following the role play interview.

3.11 Limitations of the design

The small number of participants in the research poses a methodological limitation and raises concerns regarding the generalisability of the findings to other populations. Another limitation involves the use of role-played clients. As the trainee therapists will be aware that they are role-playing it is possible that they may behave differently if the client were real. As the trainee therapists will be aware of the artificial nature of the interview it is possible that their actions may be different with a real client (Rober et al., 2008). However, numerous studies have indicated that the main issues are still uncovered with the use of role play (Beullens et al., 1997; & Coates, & Rehle, 2001, as cited in van Rooyen, 2008). The use of role play clients for the first interviews will still enable the challenges faced by trainees to be revealed as the experience is essentially the same.

A final methodological limitation lies within the use of the Interpersonal Process Recall. Although the trainee therapists saw the actual session as recorded this process cannot be considered a perfect method for recalling the trainees' thoughts and feelings. The trainees may have omitted some things they may have thought and felt during the session for fear of

embarrassment. They may have felt they were irrelevant or did not fit with other things said or because they had forgotten. Evidence in other studies using tape-assisted recall procedures indicates that some thoughts and experiences are not reported for various reasons. Such reasons include embarrassment as to the content of thoughts, such as thinking a client is attractive, thinking the thought or experience would not be relevant to the study and other measures of self censorship (Rober et al., 2008).

CHAPTER FOUR

4 METHOD OF DATA ANALYSIS

4.1 Grounded Theory Analysis

Grounded Theory Analysis (GTA) will be used to analyse the transcripts. GTA is a qualitative data analysis method and is generally used for the generation of theory that is grounded in the data which has been gathered and analysed (McLeod, 2001; & Rober et al., 2008). GTA requires that the entire research process is grounded in the data collected. It accepts as inevitable that the researcher is not able to remain external to and objective of the research process (Alsop & Tompsett, 2002). Grounded theory analysis is a method which has been widely used in qualitative research of counselling and psychotherapy and is effective in producing research findings which form the foundations upon which empirical and generalisable research can be conducted. GTA is thus best used to build a theory rather than to test theory (Brown, Stevens, Troiano & Schnieder, 2002). It is popularly used as it is a flexible approach and provides explicit guidelines which the researcher can follow. This makes it particularly useful for the purposes of this study. Due to the popularity of this approach models of its use are readily available for reference purposes.

Grounded Theory Analysis attempts to generate a theory which stimulates new ways of thinking about a phenomenon (McLeod, 2001). Grounded Theory analysis requires for the researcher to immerse him or herself in the data to achieve a state of theoretical saturation. It is important for the researcher to be aware of and able to reflect on their own assumptions and biases regarding the topic under investigation (McLeod, 2001).

4.2 Immersion in the research process and reflexivity

As a Masters year one student in Counselling Psychology this research attracted me as I was particularly interested in experiences with relevance to my own stage of professional development and felt that it would be useful to research a domain related to my current reality. I was interested in building understanding of the process whereby novice therapists

develop. I hoped that through building on such knowledge the passage of future trainees may be better informed and better prepared. This was in hope of decreasing anxiety through understanding and insight and thus allowing room for improved learning. Ultimately I experienced this first hand as my dealing with such a topic led to increased awareness of my own experience and a normalisation of the difficulties experienced. The ability to reflect on experience is essential to the process of professional therapist development throughout the lifespan (Hill et al., 2007; & Stahl et al., 2009). Research has demonstrated that the ability to take time and energy to process important experiences, that is the ability to take a reflexive stance, is an important factor in preventing therapist career stagnation (Corcoran, Kruse & Zarski, 2002; & Hill et al., 2007). Reflecting on experience assists in therapist growth and development. The research process provided me with an opportunity to focus on not only my own experience of the first interview but also that of my peers. This resulted in providing me with an opportunity to reflect in-depth on this important experience.

Throughout the research process I was aware of the relevance of the respondents' experiences to my own life as we were at the same stage of training. This brought with it several considerations which I needed to bear in mind and reflect on throughout the research process. It was important that I be aware of those experiences which were my own which had not emerged from discussions with the other trainees and to be aware of how these experiences may colour my perceptions of the research findings. As a result it was often necessary to reflect on how my own experience was similar to and yet different to the trainees I interviewed. In many ways being at the same stage of therapist development felt like a 'double' immersion in the data as I was not only connecting with the respondents and attempting to grasp their experiences but I was concurrently living my own experience as a trainee therapist. This appeared to give the research a particular intensity and in many ways made it even more interesting for me as the findings emerging were so interesting and relevant to my own experience. However, it was necessary at times to attempt to reflect on that and how my position and immersion may impact on the research.

In many ways the research was beneficial to my own experience as through reflection I recognised the universality of my anxieties and experience as I engaged with the literature and listened to and read the stories of the respondents. This served to ease my own anxiety as

it was normalised and also appeared to prepare me for what I may expect to experience. This resulted in the early therapeutic encounters being somewhat less frightening in my experience than I may have found them if I had thought it was only me who felt anxious, inadequate and uncertain. Reading about the universal experience of novice therapists' fears, anxiety, and difficulties in applying externally received knowledge and struggles to find their own professional identity soothed the transition. Further, listening to the experiences of the respondents served as a debriefing for myself and the respondents. This research provided a space within which I was able to devote time and energy to reflecting on my experience of the first interview alone and with others. This appeared to result in normalisation of the experience and decreased anxiety, not only surrounding the first interview exercise but also with regard to my own fragile perception of myself as a professional therapist. The experience I gained during this period was something that I carried with me throughout my first year of training and returned to reflect on frequently. It helped to reduce anxiety and provided a marker of my personal and professional development.

4.3 The GTA process

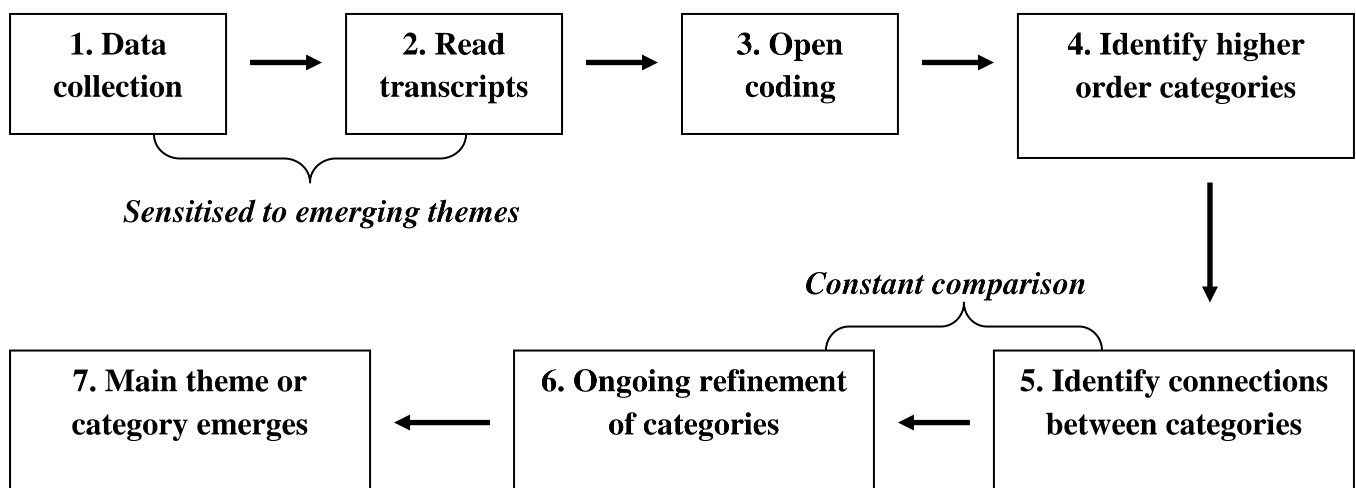
In GTA the processes of data collection and interpretation are cyclical (Alsop et al., 2002). Strauss and Corbin (1990, as cited in McLeod, 2001) set out a series of steps that may be considered a typical way of pursuing a grounded theory study. In terms of analysing the data in grounded theory data analysis actually begins during the process of data collection as the researcher becomes sensitised to emerging themes within the data. The researcher reads the transcripts of the IPR interviews and engages in open coding. In this process the researcher examines, compares and categorises the data. The goal of this open coding is to create as many alternative categories for segments of the text as is possible. These categories are then filed with the quote to which they refer (McLeod, 2001).

Each set of categories is then considered as an entirety in order to identify higher order categories. A higher order category is an idea under which groups of the initial categories are grouped. Connections between categories are then investigated using axial coding. Axial coding occurs when the conditions under which the categories occur and their consequences are recognised and identified (McLeod, 2001). During these categorising processes a process

of constant comparison takes place. In this process the meanings of all the categories generated are compared with one another which allows for constant refinement of the system of categories (McLeod, 2001; & Rober et al., 2008). Ultimately a main category or theme should emerge which then captures the meaning of the entire phenomenon (McLeod, 2001).

A grounded theory analysis involves constant checking and rechecking of the data and the emerging categories to exhaust every way of understanding the data. Finally the analysis is written up. This includes a definition of the main category and the subcategories. Examples of interview quotes are used to illustrate the categories (McLeod, 2001). Throughout the process of analysis the researcher keeps notes and diagrams regarding the emerging theory. It is essential that the researcher stays close to the material and conceptualises it in a way which is true to the data (McLeod, 2001; & Rober et al., 2008).

4.4 Graphical representation of steps to Grounded Theory Analysis



CHAPTER FIVE

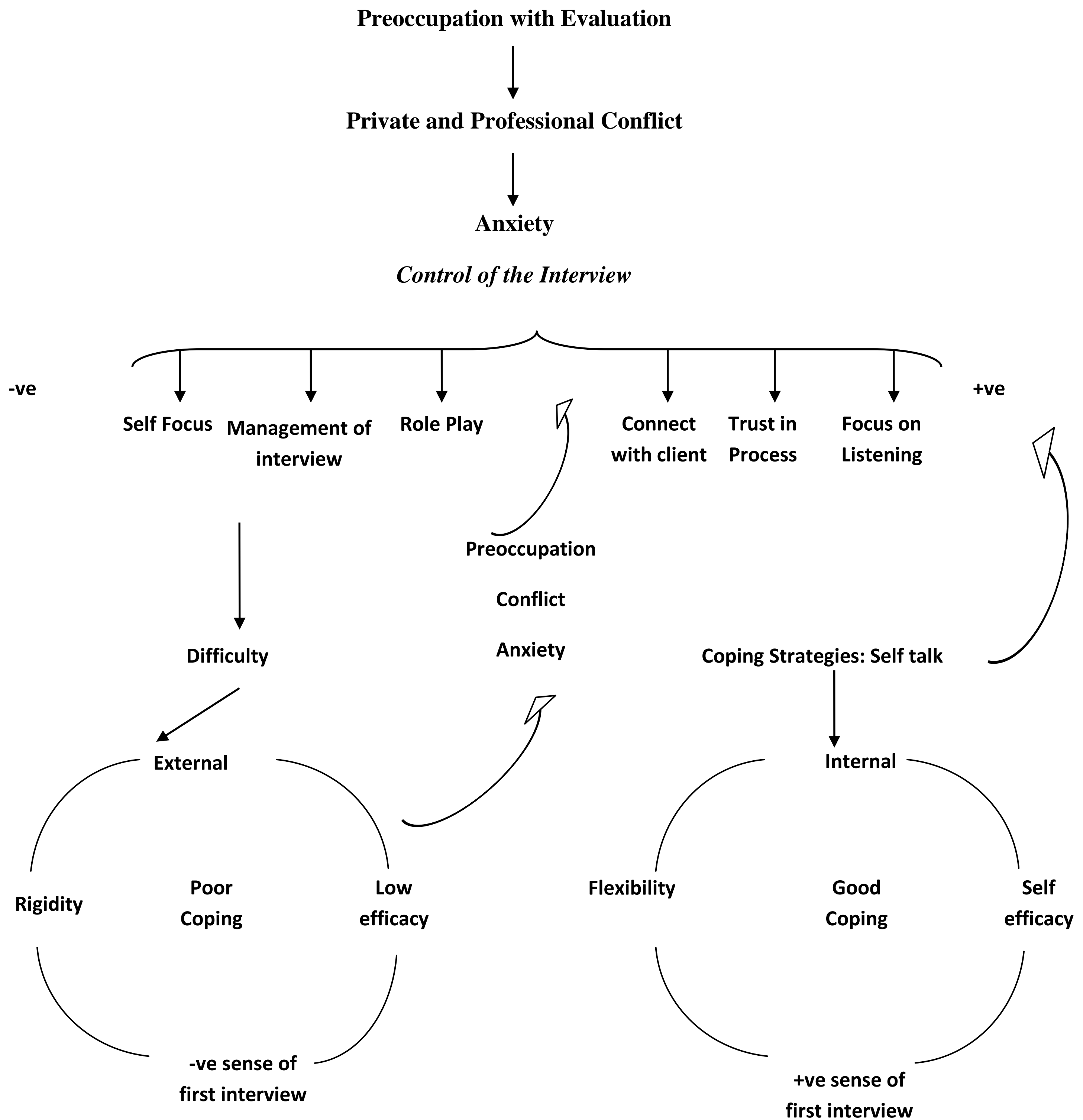
5 FINDINGS

Findings consisted of locating three primary themes and various sub-themes across the eight transcripts. The three primary themes are connected to one another through causal patterns resulting in a continuum on which various subthemes emerge. Patterns of similarity and variation become evident when analysing the data with regards to the participants' experiences of challenges encountered in the first interview. These three themes and sub-themes provided insight into aspects of the first interview which participants found challenging, the nature of these difficulties and the participants' coping strategies used in relation to the challenges faced. These themes allowed the researcher to identify those specific aspects of the first interview which the participants' experienced as challenging, what aspects of these presented the challenge, how these challenges affected the participants, specifically in terms of their self beliefs and ability to perform and strategies which the participants employed to deal with the challenges. Each theme and sub-theme was addressed individually.

The research findings have been organised diagrammatically into a working model. The model sets out the manner in which the various themes and factors interact with one another impact on the trainee experience of the first interview. The trainees' preoccupation with evaluation highlights the conflict within themselves between their private and professional self as they begin the journey of developing the practitionerself. This internal conflict results in anxiety which is expressed in and aggravated by difficulties experienced with issues around managing and controlling the interview. The anxiety is further expressed in an increased self focus and concern with issues around the simulated nature of the exercise. The experience of this anxiety in these domains results in decreased control of the interview process which forms a negative cycle as the trainees' anxiety is then exacerbated.

It appeared that when the trainees engaged in positive coping mechanisms such as self talk, the sense of anxiety was reduced; there was a positive sense of the first interview with an increased sense of trust in the therapeutic process, increased focus on listening and more effective engagement with the client. This experience in turn built feelings of self-efficacy which in turn further reduced anxiety which facilitated better rapport with client in a positive feedback loop. When the trainees failed to engage the internal positive coping strategies the anxiety appeared to be aggravated as they clung to external, rigid coping strategies, such as working rigidly according to the book. These poor coping strategies led to a negative sense of the first interview which in turn diminished any feelings of self-efficacy and increased focus on the evaluative component of the exercise, the internal struggle which in turn exacerbated the experience of anxiety, thus forming a negative feedback loop.

5.1 Diagrammatical representation of themes and sub-themes



5.2 Preoccupation with evaluation

The theme of *Preoccupation with Evaluation* was identified as a primary theme in that it appeared that this hyperawareness was pervasive throughout the trainee therapists' experience of the first interview. The preoccupation preceded and appeared to result in further challenges experienced in the first interview. The hyper alertness was expressed in a number of ways including as concern regarding the presence of a camera, and that the recorded interview would be viewed by others which resulted in the expenditure of cognitive effort in terms of trying to deal with this reality. This preoccupation resulted in an increased pressure to perform.

There was as sense of self consciousness:

> "I felt incompetent. I don't know, and I felt useless, you know like if I get stuck people are going to see this thing and I'm going to be embarrassed. People are going to be watching and if I don't say anything what's that going to say about me? It's going to say a lot about me."
>
> (Respondent 7)

> "...and just to know that you are going to be seen by somebody else, that makes more anxiety, you become more anxious. Ja so I think it made it more terrifying to know that somebody's going to be looking at that."
>
> (Respondent 7)

The evaluative component of the exercise seemed to bring home the reality that training to be a therapist had begun:

> "...being aware that I was doing an interview for the first time and being aware that there's a camera and or an element of being evaluated and then ah, I think finally facing up to what is really about the course...yes that finally this is what is happening."

(Respondent 1)

The above quotes emphasise the increased awareness of the evaluative component of the first interview exercise. The trainee therapists' appeared to be fundamentally preoccupied with the evaluative component of the exercise which then appeared to pervade and underlie the majority of their thoughts, actions and interactions during the first interview. This finding is in line with literature concerning this stage of therapist development where concern over being observed and evaluated is prevalent and a cause of anxiety (Ronnestad et al., 2003). The trainee therapists' preoccupation with the evaluative component of the first interview exercise was evident through a general hyper alertness to the presence of the camera as well as a general concern that the interview would later be observed by more professional gatekeepers. The knowledge that they were being evaluated tended to bring to the fore the other challenges which the trainees were faced with. The fact that their supervisors would be observing the interviews led the trainees to an increased level of anxiety and hyper awareness of their own shortcomings. This preoccupation with evaluation appeared to develop a strong sense of self criticism as can be seen with Respondent 7. Being hyper alert to observation and potential criticism appeared to make this particular respondent highly self critical and self aware.

5.3 Private and professional self conflict

The preoccupation with being evaluated highlighted an ongoing struggle within the trainees between what has been termed their private or personal and professional selves. This was essentially an internal conflict between a desire to engage in the exercise in a manner congruent with their personality and according to what felt right in the moment and in contrast feeling under pressure to perform as had been prescribed in the training. The awareness of being evaluated also resulted in the trainees experiencing a sense of pressure to perform particularly well and to leave very little room for errors. This resulted in increased pressure on the trainees, leading to anxiety and stress.

There appeared to be a sense of having to be 'right' and perform in a particular and inflexible manner which aggravated anxiety:

> "...and I sort of need to do it the best way and like I said earlier I didn't give myself room for mistakes, I sort of pressurised myself that I need to do this the right way and I think that's something that impacted me. I think negatively because I was very anxious."
>
> (Respondent 1)

> "...it was through the interview as well, as well as the beginning when I thought about um that I am, that this video is going to be assessed, it made me feel a bit anxious and that's when I kept thinking about the protocol, you know that okay I need to do this and that..."
>
> (Respondent 2)

The presence of the camera which was visible to the trainees appeared to be a reminder of the evaluative component of the exercise. This awareness appeared to make the trainees feel that they had to stick to protocol and what they perceived as professional behaviour rather than behaving in a more natural manner which would have been more in line with their personal selves:

> "...and again coming back to the camera because I think I would have acted more naturally if the camera wasn't there, so for me the camera was an issue."
>
> (Respondent 3)

> "Um, for example she's talking about, she was talking about something and then I thought to myself 'okay I need to start reflecting, I'm not reflecting enough'. I'm not making it clearer for her and showing her that I'm understanding what she's telling me. And while I am thinking about these things I need to do in this interview to the best of her interest I'm sort of losing track of what she's telling me at that moment."
>
> (Respondent 2)

The sense of having to juggle all the tasks perceived as being part of being a professional therapist appeared to threaten the trainees sense of being able to connect with the client, as one person to another:

> "I thought to myself that this is not working. I'm taking down notes, there's something not right here, I can't do everything at the same time. I really thought that I needed to understand and focus on what she's telling me so that I can understand, otherwise I'm going to have at the end a whole lot of notes, all disjointed and not knowing where she's coming from…I just need to actually understand where my client is coming from."
>
> (Respondent 2)

The tension between doing what felt right for the self versus what is perceived as being right according to their training is evident in the following example:

> "Yes, because I remember one of the things we were told was to monitor ourselves. And I was trying to monitor myself but at the same time I was thinking this is right for me right now to be looking at this person but I think I should be looking elsewhere but I didn't know where else to look."
>
> (Respondent 8)

The examples given above serve to illustrate that from within the trainee therapists' preoccupation with being observed and evaluated a sense of conflict between their personal and as yet underdeveloped professional self evolved. The presence of the camera and the reality that a supervisor would be watching the interview seemed to place the trainees in a position whereby they felt that they needed to perform in a more rigid manner in line with what they had been taught. This then resulted in a tendency to abandon their more natural ways of being and more intuitive functioning and responding to the client in favour of behaving in what they perceived to be a textbook manner. This conflict appears to be expressed as a tension between the two selves as the trainees' move back and forth between the two, experimenting with a new identity. It appears that at this stage of development the trainees do not have a well developed sense of their professional self and have as yet to

merge the two views of themselves into a coherent practitionerself with which they feel comfortable.

The integration and development of a sound notion of the professional and practitioner self is an ongoing and extensive journey which the novice therapist is just embarking upon. It takes years of working with clients gaining experience before a coherent and accepted identity emerges (Hill et al., 2007; & Skovholt et al., 2003). The conflict moves between what the trainees have been taught and what feels right to them in the here and now moment. The situation is further highlighted in that the preoccupation with evaluation appears to result in the trainees experiencing pressure to act in a certain manner and feeling as though they need to reject their personal self or what their instincts seem to drive them towards. The second quote by Respondent 2 above illustrates the implicit process whereby the trainees feel a more intuitive, instinctual drive to be present in the interview and act in a manner more congruent with their personal selves that is to stop writing and focus on the client, here and now. This desire appears to be in conflict with the need to feel that they are adhering to protocol and how they have been trained to conduct the fist interview, in this example it is expressed in note taking which the trainees had been instructed to do in interviews. This side of the conflict appears to represent their perceived professional identity. The trainees appear to have to still develop a sense of trust and belief in their own selves, abilities and in the process as a whole.

5.4 Anxiety

The overall effect of this preoccupation with evaluation and the resulting conflict between the personal and professional selves is an overarching experience of anxiety. This anxiety itself becomes a core challenge which the trainees encounter in the first interview. The presence of anxiety appears to be a fundamental aspect underpinning the novice therapists' early experiences with potentially far reaching consequences for the novices' future development as a professional practitioner (Ronnestad et al., 2003). What is interesting is the origins of this anxiety which were discussed above as well as the manner and aspects of the interview where and how this anxiety is played out. There are various sub themes which form particular spheres of the first interview where the anxiety being experienced translated into

difficulties with specific issues. The three subthemes which fall under anxiety demonstrate the context within which this anxiety and resulting difficulties are played out in the first interview.

Anxiety is documented as an inherent aspect of the novice therapist experience. The developmental journey of the novice psychologist is littered with anxieties specific to this role and the experience of anxiety for the novice therapist is well documented in the literature (Ronnestad et al., 2003; & Skovholt et al., 2003). The finding of the presence of anxiety in this study is thus not surprising in itself, however, what is of interest is the manner in which this anxiety manifests and is expressed in specific areas and how it impacts on the first interview. This anxiety may be understood as emerging from the conflict between the personal and professional selves. This then filters down to the three subthemes and the resulting issues which may be understood as the fruit of the preceding core challenge and become the context wherein the resulting anxiety is encountered. In turn as the trainees encounter this anxiety in these areas these then become further challenges which the trainees need to negotiate.

It appears that the anxiety experienced by the novice therapist during the first interview impacts on the degree of control which the therapist experiences over the interview and with that their sense of whether the experience is a positive or negative one. In this model the trainees' control of the interview is placed along a continuum. Increased anxiety leads to reduced control over the first interview and the experience of anxiety in a number of particular areas to be discussed below. The trainee therapists' anxiety appears to lead to an increased self focus, preoccupation with structure as well as concerns over role play issues which appears to result in a cutting off from the client. This in turn results in a feeling of loss of control of the first interview and a disconnection from the client which leads to escalating stress and anxiety and an overall negative sense of the first interview.

In instances where the trainees' manage to lower their anxiety levels control over the interview is re-established and the therapist experiences a more positive therapeutic connection and therapeutic encounter with the client. It is within such a state of lowered

anxiety levels that the novice therapist is more likely to experience a sense of connection with the client and is more likely to trust in the therapeutic process. This leads to a more positive experience of the first interview process and improved self esteem as related to the trainees' view of themselves as competent professionals. This in turn forms a positive feedback loop whereby the trainees are then encouraged to engage in further strategies which facilitate control over the interview. The findings indicate that there are a number of coping mechanisms which the novice therapists' employ which assisted in successfully reducing the anxiety experienced and increasing a sense of control over the interview and improved therapeutic engagement. The coping strategies and examples of more positive experiences of the first interview will be discussed in more detail at a later stage.

A more positive experience follows when the trainees' use a more flexible approach to the task:

> "I remember feeling better this time okay in the beginning we didn't manage to spend 15 minutes but we managed to come back and you know. Ja I managed to come back and talking about how he really feels, he's elaborating right now and I remember feeling that 'okay maybe it's okay because it was a frightening thing but still we managed somehow to come back here'. And I didn't think that it was anything that I actually did that was special. I thought it was just maybe the flow of the interview, the session that maybe just led..."
>
> (Respondent 8)

Sub themes of anxiety

The following subthemes and their derivatives can be understood as those issues which arose as a result of the pervasive anxiety encountered. Further these issues themselves gave rise to further anxiety and were thus encountered by the trainee therapists as challenges.

5.4.1 Self focus: bodily awareness and role play issues

The findings indicate that when the novice therapists' experience of anxiety is provoked they are more likely to engage in more intensive self focus and preoccupation. This self focus in itself further generates anxiety as it brings to the novice therapists' consciousness their sense of inadequacy, fears of incompetence and awareness of their apparent failings. The effect is thus bidirectional as this preoccupation is aggravated by anxiety but serves to generate further stress and anxiety.

Theme 5.4.1 *Self Focus* may be further categorised into two further themes: the self focus is expressed in a hyper awareness of the body (Theme 5.4.1(i) and the second area where the self focus is apparent is in issues around the role play (Theme 5.4.1(ii).

5.4.1(i) Self focus: Bodily awareness

It appears that as the trainee therapists' anxiety increases they are more likely to engage in increased self preoccupation particularly around issues such as awareness of their own body and sensations. This hyper awareness tends to distract the trainees from the task at hand and serves to prevent effective engagement with the client.

> "When I get nervous I go red, so I could feel myself burning up in the beginning...pressing the record button...that's when I could feel I felt really hot...Um, when it happens to me I can't think properly, I just feel like okay my client is going to think I'm crazy because I'm going blood red. So all of a sudden I'm feeling incredibly hot."
>
> (Respondent 6)

Trying to adhere to external instruction created distraction from the client:

> "...I had my legs crossed because it's hard to get comfortable on these big chairs so um then I realised I'm not supposed to cross my legs, I'm supposed to be open, supposed to do all these things that are more conducive to making the client more comfortable. So all of that, ja, I'm thinking all of this in my mind and um when I'm thinking all of this, I'm also thinking that I need to concentrate on what my client is telling me right now. It was quite um, you know trying to balance those two things. But while I'm doing that and thinking that I can't concentrate on what she's telling me. And that was a bit of a problem."
>
> (Respondent 2)

> "...he was talking and I had glanced down to write something and he looked back up and I noticed that my hair was in my face and so I wanted to put it away. I thought I should wait to put this away...so I thought in a normal conversation you'd do it, so I'm thinking that as he's talking to me. So I'm thinking okay he's talking to me, I'm trying to get all his information, while thinking about you know I should move my hair away."
>
> (Respondent 5)

The above excerpts demonstrate the self focus and preoccupation that the trainee's display with their own body, sensations, posture and movements. This heightened self focus appears to distract the trainee from the task at hand of gathering information and establishing rapport with the client. Considering the example of Respondent 5 it appears the respondent becomes preoccupied with her hair being in her face and wanting to push it out of the way, something she might do without thinking about in many other situations. In the first interview context, however, the respondent is aware that she is supposed to be attending to the client and as a result is worried about that moving her hair out of the way may be distracting to the client. Ironically the respondent then becomes absorbed by her concern over her hair and is distracted from the client and discovers that she can't focus clearly on the client while

worrying about her hair. As the trainees become aware that they are focusing on themselves and not listening attentively to the client their anxiety escalates. This example demonstrates the respondents' high level of self awareness in particular regard to their body and how this generates anxiety and distracts from the core therapeutic process.

When trainees managed to move the focus away from themselves a more positive first interview experience ensued:

> "I was no longer focusing on how I feel. But I was trying to empathise with her. I was trying to put myself in her shoes. And trying to move slowly with her."
>
> (Respondent 1)

5.4.1(ii) Self focus: Role play issues

A further source of anxiety for the trainee psychologists appeared to emanate from reflections regarding the artificiality of the situation and this added to the anxiety and stress the trainees experienced. The contrived mood of the first interview resulted largely from the interview being with a role play client. Factors which evolved from this being a role play led to an increased awareness of the unnatural nature of the exercise and intensified feelings of playing a role and having to act. Further the trainees also experienced anxiety regarding concerns of the client being tired, disinterested and stale.

Preoccupation with the role play nature of the exercise seemed to create a sense of the unreality of the situation and further distracted the trainee from the client:

> "I was a bit too hesitant at times, I was too conscious that it was a role play...I was just too conscious of the fact that it was a role play. That our guy had been making up the story as he was going along. You know there were times when he was actually thinking where does this story go? And I could see that. That just made it a bit unreal. Maybe a bit like I was on a test, or...like I was putting on an act, it was not natural. That was the biggest problem that I had with the entire process...I wasn't

really going to learn anything if I was too conscious of the fact that we really were acting."

(Respondent 3)

"I'm thinking, I'm listening to him but what was going through my head at that time was he's been doing this three times today, probably well practiced and I think by just those things going through my head it's possible that even if he made a mistake I wouldn't have picked it up because I was so concentrated on the fact that he's doing it and he's been doing it three times today. There's other things that are going on in my head."

(Respondent 8)

The examples above illustrate how reflecting on the artificiality of the situation was a source of distraction for the trainees. As Respondent 8 illustrates although the trainee is listening to the client she is distracted by issues around that this is not a real client and he has performed the role play a number of times during the day. This distraction from the client tended to produce anxiety in the trainees as they would become aware that they were not fully attending to the client and that important information may have been lost. This is demonstrated where the respondent remarks that the client may have made a mistake (in the Mental Status Exam) and she would not have noticed as she was so preoccupied with thoughts about it being a role play.

5.4.2 Management of the interview

A number of the sub-themes which seemed to arouse anxiety in the trainees may be understood as anxiety relating to management and control of the interview. This theme is the second sub theme of *Anxiety*. In terms of this research *management of the interview* refers to those aspects which are related to the parts of the first interview which form the framework wherein and whereby the first interview is conducted. The anxiety which resulted from these issues served to distract the trainee therapists' from their clients and intercepted their ability

to attend to and empathise with the client. This anxiety was further heightened by a compounding of negative feelings regarding the trainee's competence as they struggled with these issues.

5.4.2(i) Management of the interview: Note taking

The trainee therapist's were encouraged in their training to take notes during the session and it was understood that note taking would be expected of them during the first interview exercise. The pressure to conform to this standard as well as the activity itself resulted in anxiety being experienced.

> "While I was still even taking down notes, everything went away. I don't know it's just destructive to take down notes. That's one thing I've learnt, so I'd rather listen and do note taking after the client has left. I think it's difficult to do both because the client wants your full attention and you know you can see if you are repeating the whole thing you can see on the client's face that ah the client is disappointed. 'Cos they'll go 'ah but I said this, weren't you listening?'"
>
> (Respondent 7)

> "I thought to myself that this is not working. I'm taking down notes, there's something not right here, I can't do everything at the same time. I really thought that I needed to understand and focus on what she's telling me so that I can understand, otherwise I'm going to have at the end a whole lot of notes, all disjointed and not knowing where she's coming from…I just need to actually understand where my client is coming from."
>
> (Respondent 2)

> "…it sometimes distracts me from listening when I take notes, so I didn't want to miss anything, I actually didn't want to look down while he was looking at me. So I

> was actually when he would look down then I'd try and write something and then I noticed him looking up and then I'd look up and just finish writing wherever I was."
>
> (Respondent 5)

The example below provides a glimpse of when the trainee manages to negotiate the difficulty and is able to resolve the challenge and experiences a positive sense of the first interview:

> "Um, for one moment I actually didn't take down notes I just tried to focus on what she was telling me and um it was much easier for me to do that, to just understand, and just be with her, and understand where she's coming from, what she's telling me."
>
> (Respondent 2)

The example of Respondent 5 above illustrates the dilemma which appeared to result from the felt pressure to take notes. This trainee appeared to struggle with listening and attending to the client and taking notes at the same time. This appeared to result in the trainee attempting to only take notes when the client was not making eye contact. As a result it appears that the trainee became distracted by trying to juggle these tasks which appear to result in the task of note taking being incomplete as the trainee abandons note taking whenever the client looks up. This effort of having to juggle the tasks appeared to generate anxiety for the trainees as they felt they were unable o effectively address any one particular task.

The above examples illustrate the effect which the pressure to take notes had on the trainees. The issue around note taking resulted in the trainees feeling distracted from the client and tended to disrupt the process of rapport building. The trainees were expending mental effort on the note taking dilemma rather than focusing on the therapeutic process. The anxiety engendered by the note taking also led to the trainees then making mistakes when reflecting back to the client which in turn led to increased anxiety regarding fears around trainee

competence. These examples also serves to highlight the underlying conflict the trainees experienced in terms of the desire to obtain the necessary information and the need to connect with and support the client. This conflict was a further source of anxiety for the trainees.

5.4.2(ii) Management of the interview: Using a guide

It was apparent that each trainee had drawn up a guide which they took into the first interview with them. This guide consisted of notes indicating which areas of information gathering they were required to cover with the client. In some instances the trainees had gone on to record examples of the phrasing of questions to aid them during the session. It appears that what the trainees had initially designed as a type of safety net for themselves to ensure they covered the relevant material was a double edged sword. Although the guide initially provided a sense of security, for most it added a further complication to the already potentially stressful situation and ultimately aggravated the ever present anxiety as they became increasingly self conscious that they were relying on a guide during the interview. This self consciousness is apparent in the example of Respondent 4 where the trainee feels embarrassed that they need to keep looking at the guide during the interview. This self consciousness is a further source of distraction and anxiety for the trainee.

> "I was just embarrassed that I needed to look down quite often. It was really just the fact that I didn't seem to have a mastery of this sort of stuff that made me feel embarrassed. I was thinking to myself, I shouldn't be reading this, I should know this…maybe my sense of discomfort at the time was because I felt embarrassed...what is she thinking that I have to read these questions off a piece of paper for her to answer."
>
> (Respondent 4)

The following example demonstrates how the use of a guide provided a sense of security but was also a source of difficulty as it led to further juggling of tasks and anxiety:

"One thing is though I had it, I had it on my lap by the way, I had it on my lap. But at the same time um I didn't want to feel like I didn't want to turn pages. I didn't want to turn pages. But having it there it made me feel a little bit secure that I knew something was there in case I forgot something. But at the same time I didn't want to look at it and turn pages, you know."

(Respondent 8)

Ironically this anxiety led to further disorganization and stress:

"There were a million things going on in my mind. I could actually just picture the hand out I had on my lap and trying to recall. You know I'm looking at him but I'm trying to recall, I had to ask step by step like that and now he's jumped. I felt disorganized now that I have to ask something I was going to ask maybe towards the end. It's not following my program right now"

(Respondent 8)

"Yes it was difficult because um you know the client doesn't begin the story in the exact order that you would have hoped or as you learnt it. That throws you off. So that's what I was worried about, that kind of threw me off a little bit that there was, it was out of order."

(Respondent 4)

When the trainees moved away from adhering rigidly to the guide and attempted to be more flexible in their approach they seemed to have a more positive experience, as is demonstrated in the example below:

"I think I'm going to do one thing, one thing that I can handle, that is to listen to her and try to ask as many questions as I can that I remember from the guide'. And as a result I refrained from doing all this but rather listened to her."

(Respondent 1)

The guide the trainees had developed and were using appeared to offer a sense of security in some instances. It was apparent, however, that having notes such as these in the interview could be detrimental to the trainee's overall engagement in the therapeutic process. The notes appeared to foster rigidity in the trainee's in terms of the manner in which they conducted the interview. Further when the interview took a more natural course and broke away from the planned structure the trainee's felt unprepared, disorganised and incompetent as can be seen in the example of Respondent 8 above. The guide also presented as one further distraction for the trainees as they had to exert mental effort during the interview to work out whether or not to use the guide and how to adapt it to the current more fluid situation of the actual session. This distraction directed the trainees' attention away from the client and resulted in increased anxiety as trainees tried to negotiate the dilemma and recognized their lack of attention to the client. The guide may be seen as a symptom of the internal conflict between the trainees' personal and professional self. There is an ongoing conflict between how they expect something to be conducted based on external input and the manner in which the encounter unfolds in reality.

<u>5.4.2(iii) Management of the interview: Mental Status Examination</u>

The Mental Status Examination (MSE) arose as an area of anxiety for the trainee therapists. The MSE is a compulsory and important element of the first interview for trainee therapists. The trainees' anxiety around the MSE appeared to stem from various sources. The trainees experienced some anxiety and distress at the prospect of having to ask the questions required as they felt the questions would elicit surprise and perhaps embarrassment and anger in the client. As a result the trainees' found themselves over-justifying to the client why they were asking such questions and experienced a deep discomfort at having to perform this portion of the interview. Not only did the trainees experience anxiety regarding the client's reaction to these questions, but there were also concerns centering on a lack of a competent understanding of the significance of the questions and what the answers signify. This difficulty and the resulting anxiety may point toward a potential gap in the training received. The result of the anxiety aroused by the MSE was that the trainees' felt incompetent and unsure of their professional identity. It appears that the MSE is an area where a lack of understanding of the significance of this instrument leads to anxiety and confusion.

The trainees' discomfort with, and self consciousness around the exercise is apparent in the following:

> "This is the part that was most challenging for me. I was very uncomfortable. I thought what is the client going to think of me? I'm asking her stupid questions. And I had to just, I had to ask them and I had to make sure that I explained to her the reason but still felt uncomfortable throughout."
> (Respondent 7)

The trainees' uncertainty regarding the purpose of the exercise is apparent below. This uncertainty appears to stem from a possible gap in the training they had received as they were unsure of the significance of the clients' responses and how they were to be interpreted:

> "Why am I even asking these questions? At that time, I was thinking if he made one mistake, two mistakes, what am I supposed to do, then what. I wasn't sure what to note down, do you get it? I didn't know if I was supposed to put notes that it took a certain time or did he make a mistake. I wasn't sure what to do there."
>
> (Respondent 8)

> "I felt at times why am I asking these stupid questions? It's like for a second there I thought this man is an adult, a person in their thirties…And I was thinking if somebody is doing that to me and I just thought…if I get there and somebody starts asking me those questions, I don't know I'll be like did you hear me? I told you what my problem is, it's not counting!"
>
> (Respondent 8)

A sense of the fragility of the trainees' emerging professional identity is apparent where the trainee speaks of feeling foolish and feeling that she has to justify to the client why she is using this exercise:

> "I just felt really silly asking her to fold pieces of paper. I didn't want to ask her those questions. I told her okay these are routine questions this is what I need to ask you, because I needed to sort of you know assure her that this is not crazy, it's normal for me to ask her these questions. And I keep trying to justify that and telling her it's for your best interest…I don't know why I had to keep justifying as if I don't want to insult her."
>
> (Respondent 8)

The concerns around having to do the MSE highlight some of the insecurities that trainees' hold regarding their identity as a professional and around their competence. The MSE presents a challenge to the trainees' in that they experience doubt and anxiety around what they are doing and this detracts from the relationship with the client and increases anxieties concerning their ability and self image. There appears to be further concern around a lack of knowledge as to how to interpret the answers to the MSE and the significance of the answers. This can be understood as anxiety resulting from gaps in knowledge and a possible gap in training.

5.4.2(iv) Management of the interview: Opening the first interview

An area which generated much anxiety for the trainee therapists' centered on opening the first interview. In beginning the interview there are a number of formalities which need to be covered with the client such as consent to tape the interview as well as explaining the process and beginning an open discussion with the client of their presenting problem. As such it is a part of the interview where the trainee is required to remember a number of small details and simultaneously it is a time when the reality of the situation dawns on the trainees. This is further heightened by anxiety as the first contact with the client is made. As such it is a period during which anxiety levels are experienced as quite intense for most trainees. Further the initial contact with the client appears to highlight the trainees' sense of inadequacy as they experience concern regarding what the client may think of them. This is illustrated by Respondent 7 below. It also highlights the fragile self confidence of the trainee therapist.

"I was very anxious now, I was not relaxed. You can notice the posture at the beginning I was uptight. I was like 'oh my God what am I going to say? I was worried that if I miss important things then what is the client going to think of me? She's going to think that I'm not going to make a good psychologist. And I was terrified you know."

(Respondent 7)

"I was mostly trying to calm myself down then because I was so nervous at the beginning of the interview. When I had finished speaking and it was his turn to talk I kept thinking I must calm down now, you know that sort of thing."

(Respondent 5)

"Honestly at the beginning I was very anxious. I don't know what happened. I was very anxious, I sort of heard myself swallowing my words, my voice."

(Respondent 1)

The above examples demonstrate the anxiety which the trainees experienced in the beginning moments of the first interview. This anxiety seemed to cause an increased focus on the self and doubts regarding ones competence. As a result the trainees' experienced problems with listening attentively and attending to the client. The beginning of the interview appears to be fraught with self doubt, pressure to perform well, and a hyper alertness to the self. It appears that this moment is when the reality of the situation of the training moving from academic towards increased practical experience hits home for trainees and results in heightened anxiety.

5.4.2(v) Management of the interview: Closing the first interview

Closing the first interview appeared to present the trainee therapists with difficulties and resulted in increased stress. Closing the interview requires a brief summary of what has been presented by the client in such a manner as to indicate that the therapist has been listening attentively to the client and has an understanding of the material presented. The trainees appeared to find this difficult as for a large portion of the interview they had been negotiating challenges encountered which had drawn their attention away from attending to the client and the therapeutic process. As a result the trainees found it difficult to close the interview in a manner which satisfactorily suggested they had been attending to the client. This was seemingly difficult for the trainees as they had been aware during the interview that there were moments that they had been distracted and they had not been attending to the client as is demonstrated by Respondent 7 below.

There appeared to be increased self focus in relation to attending to the client:

> "The closing, when I had to sum up everything. 'Cos I wasn't sure if I could remember everything. Ja I noticed that maybe I am missing an important part. Maybe the client can feel that I wasn't listening, ja. I got scared towards the end…I was thinking what am I going to say? Am I going to say it right? You know I was worried about those things. Firstly I didn't know what to say, I didn't know where to start. You know I didn't know how to say it."
>
> (Respondent 7)

A further source of anxiety was self focus concerning the trainees' self confidence and concerns over what the client may think of them:

> "'Oh my goodness I don't know how to end, I can't believe I don't know how to close this thing'. My main concern was the client, what is she thinking of me, you know I always worry what is she going to think of me?"
>
> (Respondent 7)

The examples above indicate the difficulties experienced around closing the interview. These difficulties appear to be largely as a result of the inevitable inexperience of the trainees in such matters. Earlier anxieties which are also related to inexperience seem to play a role too. As a result of the trainees experiencing anxiety during the course of the interview and having been distracted they end the interview feeling as though they may have missed something vital and concerned that this may be revealed to the client once they summarize the interview. The trainees appear to experience anxiety that they may inadvertently reveal to the client that they have not been listening attentively. There also appears to be a sense of over-evaluation as trainees experience anxiety over the need to be 'right'.

5.4.2(vi) Management of the interview: Time

Issues around time keeping for the first interview appear to constitute another source of anxiety and thus a challenge for trainee therapists' during the first interview. The first interview is unique in that there are a number of well defined areas of information collecting which need to be covered in a relatively short space of time (approximately 50 minutes). This information is necessary in order to form an adequate understanding of the client's presenting problem and to inform and support future diagnostic hypotheses. As a result the trainees' are under increased pressure to ensure they cover enough information in this time period and to ensure that they do not accidentally leave out any significant areas.

> "To me, she's trying to tell me more and I can hear that and I try to reflect on the other hand I need to gather as much information as I can with her childhood experiences. And again time also governed the situation. So it sort of felt like um, it seems like um I'm taking what she's telling me aside and I want to know what I want to know I just want to discover what I'm interested in."
>
> (Respondent 1)

> "…and I just needed to explore that a bit more but I've got to move on because there's some things that I've got to collect. I felt like, ah, I felt powerless. I felt like something is controlling me. Um like even though you know you need to do this you

are not supposed to do it…I saw it as that if I elaborate more I would not have enough time to go through all these questions up until the MSE so I started to deviate and felt myself as powerless and under control. Like I didn't have any choice. Controlled by a set of questions, the manner in which the session is structured to collect as much information as you can."

(Respondent 1)

The internal conflict between information gathering and needing to be attuned to the client is apparent:

"And you know I kind of asked her what impact it was having on her life and it really wasn't devastating or debilitating condition. And she was telling me a story about well actually many stories about her snake experiences, so I was really trying to get her off it, but I really didn't try and do anything about it I was just listening. But in my mind I was like 'stop talking, you're meant to talk about something more important and I need to make you talk about something more important'. And I didn't quite know how to do that because it was just talk talk talk talk talk and then as soon as she stopped talking for a second I asked her the next screening question."

(Respondent 4)

"…when I realized that time was running out, I realized okay I can't look at the problem more deeply, I need to just move on. And the problem was that it became disjointed like. So much to cover and every time I realized the time I sort of had to cut that off and talk about something else. It really wasn't the best of feelings. I'm thinking that I need to understand and I need to give her the space to talk about whatever she needs to talk about. But here I am cutting her off and I need to like okay move away from that now, you can't talk about that and carry on with something else that you do need to talk about, that we do need to cover. So that for me was a major problem."

(Respondent 2)

The anxiety generated around issues with time appears to center around feeling pressurized to recall all the categories of information necessary for a complete interview, and having enough time to gather and explore adequate depth of information. The trainees appear to experience anxiety around feeling that they have to rush and feeling that this contributes to a sense of disconnection with the client. The trainees appear to experience difficulties with moving the client along without appearing as though they are not concerned with what the client is sharing. There is a conflict within the trainees of having to cover a structured content of information and a desire to attend to what it is the client is bringing to the session and is important to the client.

It appears that the trainees feel at times as though their needs for the first interview are mutually exclusive and incompatible with the client's needs. The trainees' found this a difficult balance to establish and felt as though they needed to make a choice between the two options rather than finding a method for incorporating both needs into the interview. They had little confidence in their own ability to steer the interview and to find out what they needed. There was also a sense for the trainees' of being controlled by an external force as they felt that they had little say over what happened in the interview and were dictated to by the requirements of what ought to be covered in the first interview. The fixation with the time limits also appeared to disrupt the client-therapist relationship for the trainees as they felt at times that they were unable to attend to the client in the moment.

5.4.2(vii) Management of the interview: Equipment

A final category considered around issues with structure concerns the difficulties which the trainee therapists' encountered with the equipment used to record the interview. These difficulties were a source of anxiety for most. The trainees were expected to record the first interview on a dvd recorder using audio and visual recording systems. Other difficulties were encountered with other electronic equipment in the room. These issues were largely felt to be a distraction and aggravated the trainees' anxiety as they felt self conscious in being unable to solve such difficulties themselves. Such occurrences left the trainees feeling incompetent and flustered.

"I was worried if I didn't call anyone else and I just did it myself it might not record the whole interview. I'll sit there for the whole 45 minutes or so and think I'm recording. I felt quite panicked because I thought I knew how this station worked but maybe I don't know."

(Respondent 8)

"I was also worried about the sound, because it would be fine for a while and then it would just blur…and I would think 'oh no what if this happens in the interview?' What if something goes wrong? It made me very anxious and then I thought 'oh no that would be really awful if it happened during the interview'…"

(Respondent 5)

"If all the equipment worked the way it was supposed to…I would have definitely been there, focused. And then probably I could have just worked on what she is telling me just trying to sort that out instead of all these other factors affecting me."

(Respondent 2)

"The client walked in and she was like 'this room is too hot' and then she asked me to switch on the aircon…and I couldn't switch it on and it was sort of embarrassing because she was busy complaining…I felt embarrassed."

(Respondent 7)

"I thought if I get up I'm not going to know how to turn this thing on anyway and that's going to make me even more anxious and I'm going to burn up even more."

(Respondent 6)

It is apparent that issues around the electronic equipment resulted in further distraction to the trainees' and heightened anxiety. These seemingly menial considerations appear to have the potential to impact on the ability of the trainee therapist to focus on the first interview. This distraction has a compounded effect as the anxiety leads to further diversion and a vicious circle emerges. Ultimately such experiences lead to anxieties and questions around competence and suitability to this type of work which may profoundly impact the fragile self concept of trainee therapists.

5.4.3 Issues around role play

The final sub theme which emerged as a factor which brought about anxiety in the trainee therapists' is an awareness of the simulated nature of the exercise as it used a role play rather than a genuine client. This resulted in the trainees' experiencing discordance between what the simulated client was actually presenting in terms of behaviour and affect and the case study that was being presented. Various inconsistencies that were picked up on by the trainees led to increased anxiety as the simulated situation did not flow as naturally or as fluidly as a real client might have. These issues around role play differ from those discussed in Theme 4.4.1(b) as in this instance they pertain more to the difficulties the trainees encountered in attempting to engage with the client which was hampered by factors resulting from the client being role played.

A feeling of unreality seemed to result from the role play nature of the interview:

> "Something I found it a bit strange and that's just because it was a role play, was that her chattiness I would assume was kind of out of line with what she was going through."
>
> (Respondent 4)

> "Um it's almost like you can still say that you haven't experienced the real thing and that's obviously true but I still feel like, as helpful as the role play was, um it's almost like you can't put things together because they might not fit because it's fake. You

can't try to understand what's behind everything because there's nothing behind anything, you know...I really needed to feel like this was real and that was important for me."

(Respondent 4)

There was a felt need to exert mental effort in attempting to make the situation appear real which further distracted from the process at hand:

"I tried to make it as real as possible, um so even when she walked in she kind of seemed to not be in character yet and I was very much in character and made it seem like um you know, I tried to encourage her to speak as though she was a real client... But it was very much on my mind that it was a role play."

(Respondent 4)

These examples demonstrate the difficulties the trainee therapists' encountered in engaging in the therapeutic process which resulted from challenges in using a role played client. The trainees appeared to intuit that elements did not make complete sense and as a result the interview could become confusing which in turn led to further stress and anxiety.

5.5 Strategies used to negotiate challenges: Self talk

The interviews demonstrate a number of coping mechanisms which the trainees used to negotiate the challenges they encountered in the first interview. The trainees appeared to employ similar methods for negotiating and dealing with the challenges which they encountered in the first interview. These coping mechanisms appear to be generated from the realm of an inner dialogue which was ongoing throughout the interview within the trainees' minds. The trainees tended to engage in self talk when negotiating the difficulties encountered. The self talk has various sub-themes each of which represent the different content of the self talk used.

5.5.1 Self talk: Shifting focus

The example of Respondent 1 demonstrates the trainees' strategy of attempting to shift their focus away from themselves and more entirely onto the client and what they were bring to the session.

> "Umm, again I think I was sort of relieved. I thought I was thinking straight, I was no longer focusing on how I feel. But I was trying to empathise with her. I was trying to put myself in her shoes. And trying to move slowly with her. I sort of took attention, the attention away from me and focused on her."
>
> (Respondent 1)

Respondent 2 used a shift in focus to move her attention away from her preoccupation with the camera and focus on the process at hand and coming back to the 'here-and-now'.

> "Um, when it happened again, I think it happened a few times, this was the longest pause that I made, the longest brain freeze that I had. I think it happened about two or three times after. I, that's when I realised that I you know just got to get my act together you know got to forget about the camera, got to focus on what's happening here."
>
> (Respondent 2)

5.5.2 Self talk: Calm self down

The self talk appeared to regulate the trainees' affect and facilitated listening.

> "I kept on telling myself, you know telling me to relax and that it's nothing, 'seriously it's a role play you need to know this but don't be too hard on yourself, just relax, you will make mistakes and keep on making mistakes. You are here to learn, just relax'. And as I was doing, engaging in that conversation I was also trying to listen to what she was saying. And as I started it became the same way up until the point where I felt right 'I'm no longer feeling that anxiousness."
>
> (Respondent 1)

> "Um, when we were doing the free speech, also that was fine. I was mostly trying to calm myself down then because I was so nervous at the beginning of the interview. When I had finished speaking and it was his turn to talk, I kept thinking 'I must calm down now', you know that sort of thing. I was telling myself to calm down
>
> (Respondent 5)

5.5.3 Self talk: Rationalisation

The trainees' tended to attempt to decrease their anxiety by placing the exercise in the broader context and trying to see it as part of a larger process.

> "Um, but then, ja, I actually I do remember telling myself that 'this is an information gathering process so maybe I don't need to look for leads too much because I just need to get a picture of what's happening, so I don't need to follow things through at that point'. I just need to get a picture of what's happening. So I think that also helped a bit towards the end."
>
> (Respondent 3)

5.5.4 Self talk: Limiting activities

The trainees used self talk to negotiate the challenge of juggling tasks:

> "At the beginning I tried to look at the guide, and I wanted to write and she was talking and I was thinking. I sort of took some few seconds to look at the guide and I wanted to write what she was talking about and I was like 'okay, um I think I'm going to do one thing, one thing that I can handle, that is to listen to her and try to ask as many questions as I can that I remember from the guide'. And as a result I refrained from doing all this but rather listened to her."
>
> (Respondent 1)

> "Um, for one moment I actually didn't take down notes I just tried to focus on what she was telling me and um it was much easier for me to do that, to just understand, and just be with her, and understand where she's coming from, what she's telling me. And it's easier to reflect on that and um you know speak to her. Actually have a normal conversation, instead of thinking of all these other things that I need to do… I thought to myself that this is not working. I'm taking down notes, there's something not right here, I can't do everything at the same time. So um and I really thought that I needed to understand and focus on what she was telling me so that I can understand otherwise I'm going to have at the end a whole lot of notes, all disjointed and not knowing where she's coming from. I don't think that was best."
>
> (Respondent 2)

These examples illustrate the nature of the coping mechanisms employed by the trainees. Trainees tended to engage in self talk during the first interview. This self talk largely consisted of attempting to calm themselves down and relax and rationalise the situation. The self talk was conducted during period s of the session when the client was talking and enables the trainees a moment to focus inwardly and attempt to restore control of the interview. Further strategies for coping included attempts to relax themselves by consciously focusing on relaxation and by using methods such as slowing down the rate of speech and limiting the number of activities they were engaging in. The trainees also tended to rationalise the exercise by convincing themselves that they were not expected to be perfect as it was their first attempt at a first interview and they were still learning. The trainees also consciously made an attempt to shift their attention away from themselves and to focus more on the client.

As the trainees employed these coping mechanisms they tended to gain increased control over their own performance and as a result over the interview as a whole. As a result of this they tended to find themselves connecting with the client as they shifted their focus away from themselves. These type of coping strategies resulted in the trainees beginning to establish rapport with the client and to engage in the process. This also resulted in an increased trust in the process as the trainees realised they could not do everything at once and

tended to relax and trust that the interview process would proceed and that they would be able to gather the information they needed one way or another without worrying about and attempting to control the structure and process of the interview. This then formed a reciprocal feedback as the more the trainees managed to relax and allow the interview to unfold, experienced a more positive and rewarding therapeutic encounter which then resulted in increased self confidence and a more congruent and engaged interview.

It appears that there is an intuitive process which assists the trainee therapist in moving away from intense self preoccupation and works towards helping to resolve some of the anxiety. This process leads the trainee towards connecting with the client and having a more fulfilling and positive experience of the first interview which in turn increases self confidence and feelings of self-efficacy.

CHAPTER SIX

6 DISCUSSION

This chapter centres on providing an interpretation of the research findings, as well as exploring the meaning of such results. The chapter attempts to address the original research questions in exploring the core challenges that trainee psychologists encounter in the first interview and the nature of these difficulties. The researcher was particularly interested in how the challenges encountered may relate to the themes around trainee therapist development (Skovholt et al., 2003 & Ronnestad et al., 2003). The strategies which trainees employ to negotiate such difficulties are also explored. The outcomes for trainees of employing such strategies are highlighted. The short and long term effect of these challenges on the trainees' experience of the first interview is discussed. The chapter draws heavily on the work and research surrounding therapist development of Skovholt and Ronnestad (Skovholt et al., 1992; Skovholt et al., 2003; & Ronnestad et al., 2003).

In summary, with regards to the findings of this research, it was found that trainee therapists encounter a number of front line difficulties in the first interview. Interestingly it is the internal struggles and conflicts raging within the trainees which are expressed in the details and formalities of the first interview exercise. Thus it goes beyond the basic activities which the trainees are engaging in such as note taking, where we see the challenges encountered expressed. It is the subtle conflicts, beliefs and attitudes located within the trainees which form the core of the challenge faced at this level of development. Most of the trainees appeared to be engaged in a battle between their personal and new professional selves as they strove to find a fitting and workable therapeutic persona when faced with the reality of the first interview. This conflict is thrown into light by the consciousness of being observed and of the evaluative component of the exercise. This conflict manifests as anxiety felt on both a cognitive and bodily level and results in high levels of anxiety. This anxiety is played out in particular areas and issues of the first interview. As the trainees experience anxiety in these areas they in

turn become challenges for the trainees to work through. The sub themes are where the anxiety is felt and expressed. These areas form particular difficulties for the trainees. The challenge inherent in these issues, however, appears to be an expression of the internal struggle the trainees encounter between their personal and professional selves.

The trainee therapists engaged in a number of strategies to negotiate these difficulties and the anxiety they encountered. Strategies tended to emerge in the form of self talk where efforts to rationalise and calm the self down, amongst others were engaged. Trainees tended to encounter moments where they would trust their instincts and work more intuitively. In such cases the trainees would find themselves confronted with brief glimpses of engaging effectively with the client, establishing a fragile rapport and an increased trust in the overall process. Such moments led to momentary peaks in self confidence, increased self-efficacy and improved control over the interview. These coping strategies may be conceptualised as being internal, intuitive and positive coping mechanisms. At other times during the interviews it was evident that the feelings of anxiety and insecurity would result in the trainees clinging to external sources of input received during training in the hope of being able to rigidly follow a 'recipe' which would somehow result in the best outcome. Such strategies can be seen as reverting to structure and rigidity which resulted in negative coping. In these moments the trainees would experience difficulty in maintaining control of the interview situation and were left feeling disconnected from the client and the interview process as a whole. Such instances left the trainees with a negative sense of the first interview and appeared to feedback into a negative cycle of increased preoccupation with evaluation and the ensuing internal conflict and anxieties.

6.1 The core challenge facing trainee therapists

> "To me, she's trying to tell me more and I can hear that and I try to reflect. On the other hand I need to gather as much information as I can with her childhood experiences. And again time also governed the situation. So it sort of felt like, it seems like I'm taking what she's telling me aside and I want to know what I want to know; I just want to discover what I'm interested in."
>
> (Respondent 1)

Research which considers the developmental pathway of the professional psychologist identifies the trainee psychologist experience as being a period fraught with stress and high levels of anxiety (Ronnestad et al., 2003; Skovholt et al., 2003 & Skovholt et al., 1992). The themes which emerge in the literature regarding therapist development centre on a process of personal and professional adaptation in response to experience, reflection and refinement (Hill, et al., 2007). The journey of professional development is a lifelong process which requires ongoing change on the part of the individual as they shed and in other instances take on roles, qualities, working methods, conceptualisations and attitudes which shape and refine the type of professional they gradually evolve into (Skovholt et al., 1992).

This research project identified a number of challenges which trainee psychologists are faced with in the first interview. The findings indicate that trainees are overwhelmingly aware and conscious of the evaluative component of the first interview exercise. This awareness is expressed as preoccupation with the camera recording the interview as well as concerns regarding the observation of the recorded material by supervisors who act as professional gatekeepers. It is this awareness and preoccupation which gives rise to the core challenge which the trainees encounter. It is evident that the awareness of the element of professional scrutiny brings to the fore in an acute manner the dilemma which is inherent in the early years of professional development. As the trainees are faced with the reality of the first interview they engage with the internal challenge between their personal and professional selves which at this early stage of development appear to reside on two different ends of a spectrum. At this stage of development there is little congruence between the two selves and an internal dilemma exists as trainees appear to move back and forth between working

according to rules and instruction, particularly as in the first interview there is a documented procedure to follow, and between working in a more visceral manner and allowing the process to unfold more naturally and in a more flexible style. The process of constructing a professional identity takes time as congruence increases with experience and skills are assimilated into the self and are drawn upon in a more natural, flexible manner (Hill, et al., 2007). This beginning stage of the professional identity development and the resulting confusion and anxiety is an integral part of identity development and one of the phases that therapists around the world engage in over the course of their professional development (Nelson, et al., 2003).

6.2 The nature of the challenge

The literature confirms that the practitionerself at this stage of development is very much in the infancy stages and is both incomplete and fragile (Skovholt et al., 2003; & Ronnestad et al., 2003). A lack of a strong professional identity and coherence between the trainee therapists' personal and professional selves leaves the trainee therapist without the self confidence in their professional identity to confidently navigate the overwhelming initial anxiety and self consciousness experienced in the first interview. This anxiety results in increased self focus and detracts attention away from attending to the complex therapeutic process at hand (Skovholt et al., 2003). It is interesting to note that it may be worthwhile to normalise this self focus for trainees as Hill, et al., (2007) document it as an important factor in training therapists as it allows them to focus on themselves and to hone their skills during the training period. Thus during training it is recognised that the process is more about the trainee and their learning than the client (Hill, et al., 2007). The novice therapist finds herself at the very beginning of a life long process of integrating their professional and personal selves. It appears that the trainees experienced a conflict between what they had been trained to do and felt a therapist should do, the professional self and what they felt in the moment to be best and congruent with their personal self.

It may be understood that the training the trainees had received is still experienced as external to the self and they had as yet to integrate the aspects of their training which were coherent with their personal values, beliefs, and conceptualisations and to act from this base with

confidence. Trainees are thus largely externally driven by instructed techniques, methods and expertise. The findings appear to reinforce the understanding of the novice therapist as relying on externally derived sources of input and experiencing insecurity and inflexibility in professional functioning (Skovholt et al., 2003). As such they appear to be locked in an uncomfortable experience of profound performance anxiety as they engage in the conflict between their personal and professional selves. The discomfort stems from a conflict in terms of what feels right and does not seem right. That is a conflict between what they are taught which might not feel right and what they are intuitively drawn to do which feels right but they have not been instructed in.

The fruit of this conflict between the personal and professional self which is brought to the fore by the awareness of the evaluative component of the exercise, is the anxiety which the trainees experience. This is in line with the literature surrounding the novice practitioners' experience. What is useful here, though, is the increased insight into the core nature of the source of this anxiety. The research also contributes towards an understanding of the way in which this anxiety is expressed and how this contributes towards further anxiety and difficulties which the trainees. It is perhaps because the first interview tends to be a more structured exercise with particular, prescribed activities such as the MSE and areas of information gathering which need to be covered that it is a particularly anxiety provoking experience, over and above what may be experienced in a more fluid and flexible therapeutic encounter.

6.3 Micro level challenges

> "While I was still even taking down notes, everything went away. I don't know it's just destructive to take down notes. That's one thing I've learnt, so I'd rather listen and do note taking after the client has left. I think it's difficult to do both because the client wants your full attention and you know you can see if you are repeating the whole thing you can see on the client's face that ah the client is disappointed. 'Cos they'll go 'ah but I said this, weren't you listening?'"
>
> (Respondent 7)

The anxiety which unfolds from this conflict between the professional and personal self appears to filter down into and be expressed in the more practical aspects of the first interview. Issues such structure, preoccupation with role play and self focus are the stage on which the internal, primary conflict between the personal and professional self are played out as the trainee therapists struggle within themselves to find a practitionerself with which to effectively engage in the exercise. It may be understood that these micro conflicts create challenges for the trainees' which are expressions of the internal macro conflict between externally and the internally derived knowledge. It is thus in the details of actually executing the first interview where the internal conflict is demonstrated. At this early stage of training the novice therapists experience incongruence in the practitionerself and this is apparent in the vacillation between clinging to externally derived methods and techniques and moments where these are set aside in favour of doing what feels right and is more in line with the trainees' personal methods, beliefs and values.

The conflict between the personal and professional self may be understood as being expressed on a micro level where the trainees' attention is diverted to areas where they are attempting to adapt and work according to either their professional or personal self as they have yet to form a coherent practitionerself. This conflict is expressed in the preoccupation with the self for example where trainees struggle with such factors as their body posture in terms of what feels comfortable versus what they have been taught. Other spheres where the conflict is apparent is in the increased focus around issues of structure and around the exercise being with a simulated client. As the trainees engage in this conflict at these levels further anxiety is generated as they experience stress in being unable to establish a comfortable and congruent mode of practice. They appear to feel that they need to choose between their personal or professional self.

Research shows that with increasing experience therapists begin to adopt some and shed other aspects of their learning and experience as they begin to shape a congruent practitionerself (Hill, et al., 2007; Skovholt et al., 2003; & Skovholt et al., 1992). At the trainee stage of development, however, the two selves are still on opposite sides of a continuum and the trainees find themselves vacillating between the two, struggling to find a workable therapeutic self. This conflict filters down into issues such as self focus; structure

and role play which exacerbate anxiety levels and are experienced as further difficulties. The nature of these difficulties appears to be that through the preoccupation with such issues the trainees' attention is diverted away from the client and their energy is spent attempting to resolve these difficulties rather than engage effectively with the client and the therapeutic process. A vicious circle appears to form as the realisation of such preoccupation generates further anxiety and in turn aggravates the distraction from the client. Overall this anxiety is provoked and aggravated by concerns of being evaluated. The trainees are aware that not only are they experiencing difficulty in attempting to connect with an authentic therapeutic self but that their awkward fumbling will be viewed by their supervisors and professional gatekeepers. The anxiety thus occurs in layers and whilst it may originally stem from internal, unseen conflicts it is in turn expressed in external and often more visible realms.

This research appears to shed light on the source and nature of the challenges trainees encounter in the first interview on various levels. What is revealed is that whilst the trainee therapists' are confronted with seemingly practical challenges, such as note taking, it is interesting to understand the dynamics which give rise to difficulties of this nature. The core conflict which drives the anxiety and leads to the various challenges encountered appears to lie within the individual in what the literature holds as a fundamental and unavoidable element of the novice therapists' rite of passage (Ronnestad et al., 2003). Thus it is not the actual physical reality of these smaller challenges which makes them difficult for the trainees but it is rather the underlying conflict between the personal and professional self which these challenges are expressions of. It is this fundamental process which the novices are just beginning to encounter and engage with which presents the challenge and results in the practical concerns. The particular context of the first interview provides formal procedures and rigid structures which appear to aggravate this tension and highlight the difficulties experienced. Although structure can provide trainees with a sense of security as they felt they have something by which to orient themselves, it is also important that trainees are taught to use the skills flexibly as too much rigidity can prevent the internalisation of skills and training and hamper reflection and self awareness (Hill et al., 2007).

6.4 Sensitive subjects?

Morrison (1995) isolates what are termed 'sensitive subjects' as being a particular challenge for novice therapists. Sensitive subjects include asking the client about and discussing issues including suicidal behaviour, violence, homicidal thoughts and ideas, substance use, sexual life, preferences and practices and sexual abuse. If such topics are not mentioned spontaneously by clients during the course of the first interview it is the task of the therapist to raise and explore them. What makes such subjects difficult is that society regards such issues as private as well as embarrassing to talk about. The matter is further complicated by personal feelings, prejudices and views on such subjects. Training of therapists devotes time and energy to helping therapists to deal competently with such subjects (Morrison, 1995).

It is perhaps worthy of mention that these 'sensitive subjects' did not appear to feature as a particular challenge for the trainee therapists. It appeared that the trainees felt that although they may have anticipated difficulties with such subjects, when it came to the actual interview they did not arise as particularly anxiety provoking. On exploration it seems that the trainees who anticipated difficulty with these subjects were from an African background where it is often taboo to speak of such subjects, in particular with a person older than oneself. It occurred in the interviews that the role play subjects were younger than the trainees and one was also from an African background.

The trainees who anticipated difficulty around these issues found that the concerns they had had were not valid when dealing with a younger client and as a result did not experience this section as difficult. It may be hypothesised that this may have been relevant to the experience of all the trainees that discussing such topics with a person younger than oneself made it easier. The trainees also remarked that it was easier discussing such topics with a person of the same race group as themselves as they felt more comfortable doing so. It thus appears that the issue of these subjects not presenting as particular challenges for the trainees is less about the topics themselves and more about circumstances which appeared to favour the trainees in this particular exercise. It would appear that such subjects may well present a challenge to trainees when they are faced with an older client or one from a race group unlike their own. It may also be possible that the trainees had been alerted during their training as to

the potential difficulties associated with discussing such subjects with clients. As a result they had taken time to rehearse and prepare for this aspect of the first interview. This forewarning and preparation may have resulted in the trainees' experiencing this task as less challenging than other tasks which they had not expected or anticipated as being challenging.

There appeared to be some surprise expressed that the sensitive subjects had not been experienced as particularly difficult:

> "Strangely enough I didn't have a problem with asking him about suicide and about sex."
>
> (Respondent 8)

Similarities between the trainee and the client appeared to make the process easier:

> "That she was a Black female. Ja, I was more comfortable, could relate to her, so it made it easier."
>
> (Respondent 7)

> "Okay well for me in terms of sexual practices and everything it wasn't really a thing because she's a girl and she's black, you know you could relate, similar age. So it wasn't a problem but I think if it was somebody much older then it would be a problem because you know cultural things. You cannot just ask an older person in my culture about their sex life and everything, it is a taboo."
>
> (Respondent 7)

Preparation appeared to assist in reducing trainee anxiety around exploring the sensitive subjects:

> "Because I'd used that when I was practicing previously I'd asked about sexual abuse and that was obviously a problem but then as I worked with it through the day before I started the role play I was able to be more comfortable with the kinds of ways to ask the questions."

6.5 Strategies employed to negotiate challenges encountered

> "At the beginning I tried to look at the, I wanted to write and she was talking, it took me some seconds to look at the guide and I wanted to write what she was talking about and I was like 'okay, um I think I'm going to do one thing, one thing that I can handle, that is to listen to her and try and ask as many questions as I can that I remember from the guide'. As a result I refrained from looking at the questions but rather listened to her."
>
> (Respondent 1)

Strategies which the trainees employed to negotiate the challenges they encountered may be understood as emerging from within what has been termed the inner conversation of the therapist (Rober, 1999; Rober, 2005; Rober, 2008 & Rober et al., 2008). This inner conversation is the ongoing inner dialogue which research reveals therapists maintain during therapeutic encounters. It is a dialogical conversation within the therapist whilst engaging with the client which serves to assist the therapist in attuning to the therapeutic encounter. The self talk which the trainees used may be understood as falling within the category identified by Rober et al. (2008) as that of the therapist focusing on his or her own experience. It is apparent from the research that the trainee therapists' engaged in self talk when forming and implementing strategies for dealing with the challenges they faced.

It appears from the content of the inner conversation of the trainees' that the self talk is almost exclusively centred on their own experience. This highlights the degree of self focus which the novice therapists experience in the first interview. This self focus is documented in the literature (Ronnestad et al., 2003; & Skovholt et al., 2003). What is of interest here is how the self talk of the trainees reveals the extent of this self focus and the impact it has on the ability of the trainees to attend to the client and therapeutic process. Whilst this self focus evidently can detract from the trainees engaging with the client it appears that it may assist in negotiating the challenges faced.

The trainees engaged in self talk around some of the difficulties encountered. The self talk centred around what they were experiencing, how they were feeling and tended to take on the nature of talking themselves through the difficulty. The self talk regarding strategies for coping with the challenges may be divided into five domains. The trainee therapists' tended to engage in self talk around attempts to calm themselves down. Here the trainees would engage in self talk as they attempted to relax and use strategies which have helped them to do so in the past. Self talk also tended to be directed towards getting themselves to slow down their rate of speech, and limiting their activities such as deciding to abandon taking notes in favour of listening and attending to the client. Another strategy which became apparent was the trainees taking a conscious decision to shift their focus from themselves to the client. A final category involved the trainees engaging in self talk to rationalise the experience. In such instances they would attempt to calm themselves down by engaging in self talk around the exercise being a training exercise, that they were beginners and were not expected to be perfect and that it was a simulated exercise.

When the trainees did not engage in such coping strategies there was a tendency to move towards functioning in a more rigid manner which resulted in poor coping. In such instances their focus appeared to be on adhering to externally derived sources of input such as skills taught. The resultant rigidity led to frustration as the trainees battled to juggle tasks and as a result they failed to connect with the client and attend to the process at hand. Research demonstrates that when trainees lean too heavily on structure and become too rigid in their functioning there is a tendency to struggle with establishing rapport with the client, anxiety increases, and skills are not internalised which may result in a poor sense of the therapeutic encounter (Hill et al., 2007; Hill, Sullivan, Knox & Schlosser, 2007; & Nelson et al., 2003).

6.6 Moments of insight and learning

> "Um, for one moment I actually didn't take down notes I just tried to focus on what she was telling me and um it was much easier for me to do that, to just understand, and just be with her, and understand where she's coming from, what she's telling me. And it's easier to reflect on that and um you know speak to her. Actually have a normal conversation, instead of thinking of all these other things that I need to do… "

(Respondent 2)

In moments where the trainees engaged in self talk as a coping mechanism they tended to utilise a more authentic therapeutic self which was congruent with their personal self. In such moments it appears that the trainees experienced a glimpse of a more positive therapeutic encounter. There was a fleeting rapport with the client, a sense of being present with the client in the moment and understanding what it is the client is saying. In these moments the trainees experienced a sense of connection with the client and congruence between themselves and the professional role. These are positive experiences and whilst it appears the trainees vacillated between such moments of insight and returning to more rigid and external sources of instruction these brief more connected moments are experienced as encouraging. In such moments as the trainees see that their decision has worked they tend to be more likely to attempt such moments of relying on their internal compass once again.

In the moments when the trainees experienced a connection with the client, increased trust in the process and an increased focus on listening they tended to experience increased control over the interview process. In turn this formed a positive feedback loop. It is possible that these moments are the beginning experiences which will gradually begin to fill the pool of the novice therapists' experience upon which they will increasingly draw and develop their practitioner confidence. The trainee therapists self talk provides a brief insight into the process whereby trainees' begin to undertake the process which appears to be universal to therapists whereby they either discard or integrate what they have been taught in order to form a practitioner self which is congruent with their own values, beliefs and conceptualisations (Hill, et al., 2007; & Skovholt et al., 2003).

6.7 The effect of these challenges on the trainees' experience

It appears that the challenges which the trainees encounter in the first interview result in this exercise being fraught with anxiety. This can be seen as a small and concentrated example of the general trainee experience which has been well documented as a stressful experience (Skovholt et al., 2003 & Ronnestad et al., 2003). The first interview is unique in that it is a

more structured interview process than subsequent therapeutic encounters and specific categories of information regarding the client which are required to be gathered resulting in particular questions being asked. There is also the MSE which must be executed and follows a rigid structure with specific aspects to be investigated.

The structure and rigidity appears to result in the trainees' experiencing anxiety as they encounter difficulty in obtaining the necessary information and completing the prescribed tasks. The particular nature of the first interview, however, also results in the trainees encountering early on in the contact with a client the disjuncture between the professional conception of the self and the trainees' personal values, attitudes, beliefs and feelings with regard to what feels right in the here and now. The effect of the challenge is thus to confront trainees early on in the interview process with the dilemma which they will continue to face throughout their training and for many years after. This is the conflict between the personal and professional self as the practitionerself begins to evolve.

6.7.1 Self-efficacy

The first interview experience can be seen as an integral part of the process of the evolution of the professional therapists' identity development. In moments where the trainees engaged in effective coping strategies and experienced a positive sense of the interview the resulting positive feedback cycle appears to reinforce the actions taken which resulted in such a positive experience and feelings of self-efficacy. Self-efficacy emerges from the work of Bandura (1982). Self-efficacy is understood as the beliefs a therapist has about their own ability to provide a competent and adequate treatment for a client. It is these beliefs in one's own abilities which influence the motivation and sense of accomplishment which a therapist may have (Bandura, 1997). If the therapist perceives himself to be adequate he is likely to be more motivated which has a further positive effect on his actual performance. A positive perception of one's own abilities and competence in therapeutic intervention thus facilitates the development of further skills. An increased sense of self-efficacy may improve training for therapists (Shanklin, 2003). In the instance of the first interview those actions which lead to a more positive sense of the exercise lead to increased self-efficacy. As a result such skills, activities and ways of being are more likely to be internalised, integrated and repeated

in similar situations. This may be the very foundations of experience which begin to form the practitionerself and to shape the emerging professional identity.

The example below demonstrates how in moments where the trainee had a more positive sense of the interview the experience appeared reinforced a sense of progress and self-efficacy.

> "When it was going well, well you know I felt good to know that at least I'm helping somebody, making somebody aware of things that she or he is not aware of. Ja cos I realised that there's a part where I raised an issue and then I raised an issue which I pointed out which she wasn't aware of, she even said to me 'I didn't know'. So ja that was a good thing to make um you know to make somebody aware of something they are not aware of. Ja it made me feel happy because I could see that I was getting somewhere, part of my development, at least it made me feel better"
>
> (Respondent 7)

6.7.2 A series of critical incidents

In order to understand what all this means for the trainee experience it is helpful to refer to the literature regarding critical incidents in therapist development (Furr et al., 2003). The core challenge which faces the trainee therapists' may be conceptualised as essentially emerging from the evolving practitionerself. This process involves a subtle conflict between the trainees' sense of being a professional and their own sense of self. CIs are understood to be occurrences which are considered as pivotal experiences and moments in the development of professional therapists (Furr et al., 2003). Perhaps the findings of this research can be understood as adding to the knowledge regarding CIs for trainee therapists. These findings may provide understanding of an aspect of CIs which contribute towards the emerging professional identity of therapists which is understood as being derived from experiential learning. The challenges which novice therapists encounter in the first interview, the strategies employed to negotiate these and the positive feedback which results may be understood as a series of CIs the development of trainee therapists.

6.8 In conclusion

The first interview as explored in this paper has revealed that it is an opportunity for the trainees to encounter their personal reactions to clients and as such a context within which self insight and awareness may be generated. Further the experience of the trainees in the first interview may have a potentially important impact on the trainee regarding their notion of their competence and abilities as a professional (Howard et al., 2006). What emerges is an understanding of the experience of the first interview by trainee therapists as a potentially important series of CIs which has the potential to shape their professional identity. Whilst the first interview is fraught with challenges, the experience provides trainees with an experiential opportunity in which to develop strategies to negotiate these difficulties and to build up a small base of experience from which to guide future interactions. Such experiences drive forward the ongoing development of the trainees' professional identities and the moulding of a congruent practitionerself.

The experience of anxiety which surrounds the challenges encountered in the first interview highlights the potential for possible negative outcomes to such challenges. Trainee therapists have fragile concepts of themselves as professionals at this early stage and a negative experience may result in a poor concept of their abilities and of the therapeutic process as a whole with the potential for long lasting consequences for their careers. Positive effects may emerge when trainees begin to successfully negotiate these challenges and experience moments of fulfilling therapeutic encounters. Positive experiences resulted in an opportunity for trainee development and growth through the development of a wealth of experiential learning upon which the trainees may draw on in future therapeutic encounters.

6.9 Application to therapist training and development

What does this actually mean for therapist development? Perhaps the information gleaned from this research can lead to an understanding of the central role of such challenges to trainee development. It is these challenges which form the experiential component of the critical incidents which drive the formation of a congruent and confident practitionerself. This may contribute towards a deepened understanding of those factors which trainees encounter on the developmental journey and how they may potentially contribute to the

development of the practitionerself which in itself forms an inherent theme in therapist development (Skovholt et al., 2003).

In turn an understanding of such can be employed within the training of therapists through the inclusion of such information in training programs. By discussing such issues with trainees an awareness of the impact of such incidents may better equip the trainees for the challenges ahead. As such trainees may then be better able to manage such difficulties and benefit more fully in the process (Howard et al., 2006). By emphasising the commonality of these experiences and the beneficial role they can play in development these challenges may be normalised and fragile trainees provided with reassurance and validation. This may assist in lowering anxiety levels and allowing trainees to benefit more positively from such experiences if they understand them better and have an idea of how apparently universal they can be. A trainee participant of the study expressed the potentially beneficial effect of simply discovering that such feelings and experiences were common in the words "it's felt so good, such a relief to just talk to someone about these things. Like a debriefing." (Respondent 5, personal communication, 2009). Opinions such as this were expressed by a number of participants following their IPR interviews. It was suggested that a group session for the trainees following their first interview might be beneficial in helping to normalise the experience, reduce anxiety and address the negative beliefs around their competency and abilities. Devoting time and energy to reflect on important experiences is essential in driving personal and professional growth for therapists. Research indicates that taking such time and a reflexive stance are essential factors in preventing professional stagnation (Hill et al., 2007; & Stahl et al, 2009).

For the trainers, such information may foster a better understanding of these types of events, the role they play in training and how they work to shape trainees experience. Such aspects of the trainee therapists' experiences "are at risk of going unspoken in training and supervision contexts" (Rober et al., 2008: p.56). With an understanding of the importance of such events to trainees the trainers can provide further reassurance and assist in reducing anxiety thus also allowing for a more productive learning experience.

CHAPTER SEVEN

7 CONCLUSION

This research project undertook to explore the challenges that trainee therapists' encounter in the first interview and to obtain an understanding of the nature of such challenges; that is what about these challenges the trainees found difficult. The research also undertook to explore the strategies that the trainee therapists' engaged in order to negotiate these difficulties. The effect these challenges had on the trainees' experience was also investigated. Transcripts of IPR interviews with 8 trainee therapists were analysed using GTA.

Analysis of the transcripts revealed several themes. These themes are arranged and understood using a hierarchical model which sets out the relationships uncovered. The data revealed that the trainees were preoccupied with the evaluative component of the first interview exercise. They had a strong awareness that the interview would be observed at a later stage by a supervisor. This preoccupation resulted in a heightened sense of anxiety which highlighted a key challenge the trainees faced. The core and predominant difficulty which the trainees engaged with was an internal conflict between their personal and professional selves in the context of their fragile and incomplete practitionerself. This challenge resulted in increased stress and anxiety as the trainees struggled to find and work with a congruent therapeutic identity. The anxiety which stemmed from this experience led to increased self focus, difficulties with the exercise being a role play and difficulties around issues of structure. It was in these details that the internal conflict of the formative practitionerself was witnessed.

The trainee therapists engaged in self talk which was used to negotiate the difficulties encountered. As the trainee therapists engaged in this inner dialogue they attended to the internal conflict and made fleeting forays into experimenting with a more coherent practitionerself. In such moments the trainee therapists experienced a more fulfilling

engagement with the client, rapport being established and a more successful therapeutic process. This in turn resulted in a positive feedback loop, an increased sense of self-efficacy, improved learning and performance and further encouraged the trainee therapists' to take such a stance and actions again. Negative coping occurred when the trainees engaged in external and more rigid attempts to cope with difficulties. In such instances the trainees became preoccupied with managing the interview and were left feeling disconnected from the client, attempting to juggle various tasks and feeling overwhelmed. These poor coping strategies resulted in the escalation of anxiety and a negative feedback loop was formed whereby trainees then became increasingly preoccupied with evaluation as they were worried they were not performing well, increased internal conflict and a sense of anxiety. It appears that the first interview in particular provides a context within which the conflict between the personal and professional self may be felt more keenly as it is a more structured and rigid exercise than subsequent therapeutic encounters with a client may be.

The implications for this research indicate that an improved understanding of the challenges faced by trainees in the first interview and the strategies used to negotiate these difficulties provide an opportunity for trainee therapists to have their experiences normalised and validated. Trainees may also be made aware that it is through engaging in such struggles that they begin to evolve a coherent practitionerself. If trainees are aware that such experiences are faced by other trainees the potentially negative effects of these difficulties may be contained and the trainees stand to benefit in a more positive manner. The fragile self concept of the trainee therapists may be better served through the acquisition of such knowledge which can assist in the reduction of the inherently high levels of anxiety trainees' experience. Those responsible for the training of novice therapists can in turn better understand the experience of the trainee and assist more effectively with the difficulties encountered. This in turn may facilitate a learning environment more conducive to the formation of a solid foundation upon which a congruent practitionerself may be built.

7.1 Suggestions for future research

This research project has shed light on a potential wealth of information regarding the novice therapist experience of the first interview. As such there are areas which may benefit from further exploration which could contribute to an increased understanding of the novice therapist experience. In particular research regarding the inner conversation engaged in by the trainees during the first interview may be a potential area of interest. Research to generate a theoretical understanding of the self talk in this particular area may be beneficial in terms of understanding the novice therapist experience. Research could also explore more fully other strategies for coping used by novice therapists' in therapeutic encounters not limited to the first interview context. Research may also explore more in-depth the journey of the development of the practitionerself and particular critical incidents perceived as integral to shaping this identity over the career life span.

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APPENDICES

Appendix I: Trainee Therapist Informed Consent Form

TRAINEE THERAPIST

INFORMED CONSENT FORM

How trainee psychologists manage the first interview: a grounded theory analysis of trainee reflections

You have been asked to take part in a research project which is described below. The researcher will explain the project to you. If you have any questions, Gillian McGregor, the person responsible for this study, will discuss them with you.

You are invited to participate in this study as you are currently a trainee psychologist undertaking a first interview exercise. The purpose of this research is to explore how trainee psychologists manage the first interview. The study aims to explore what aspects of the first interview trainees may find problematic as well as how trainees deal with and negotiate these moments.

It is hoped that the knowledge generated by this study will assist in informing future training of psychologists. The information gained may assist in terms of anticipating possible challenges trainees might encounter and equipping them with the skills necessary to effectively resolve these issues.

The role play first interview will be recorded. Following this each trainee psychologist will be required to participate in a one and a half hour interview with the researcher. During this interview the recording of the first interview will be viewed and sections relevant to the study will be explored. This interview will take place within forty eight hours of the first interview in order to maximise recall. This interview will be transcribed for analysis purposes; however, all identifying information will be removed.

- Your participation is voluntary

- You may choose not to participate or you may discontinue your participation at any time without penalty or disadvantage to yourself
- The records of this study will be kept private
- No personal identifying information will be used
- The recording of the interview will only be used for research purposes
- Should any material be personally distressing, provision will be made for counselling

This project is supervised by Prof. Duncan Cartwright P.h.D. The researcher has received ethical clearance from the Ethics Committee.

Should you have any further concerns at any stage of the research process please contact Gillian at ……………………. or alternatively Prof. Duncan Cartwright P.h.D. at 031 260 2507.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: ____

___________________________________   ___________________

Signature of Subject   Date

Appendix II: Role Play Client Informed Consent Form

ROLE PLAY CLIENT

INFORMED CONSENT FORM

How trainee psychologists manage the first interview: a grounded theory analysis of trainee reflections

You have been asked to take part in a research project which is described below. The researcher will explain the project to you. If you have any questions, Gillian McGregor, the person responsible for this study, will discuss them with you.

The purpose of this research is to explore how trainee psychologists manage the first interview. The study aims to explore what aspects of the first interview trainees may find problematic as well as how trainees deal with and negotiate these moments. It is hoped that the knowledge generated by this study will assist in informing future training of psychologists. The information gained may assist in terms of anticipating possible challenges trainees might encounter and equipping them with the skills necessary to effectively resolve these issues.

You will be primed on the specifics of a case for the role plays. Should any material be personally distressing provision will be made for counselling. The role play first interview will be recorded. Following this each trainee psychologist will be required to participate in a one and a half hour interview with the researcher. During this interview the recording of the first interview will be viewed and sections relevant to the study will be explored. This interview will take place within forty eight hours of the first interview in order to maximise recall. This interview will be transcribed for analysis purposes; however, all identifying information will be removed. As a role play participant you will be required to participate in four role plays.

- Your participation is voluntary
- You may choose not to participate or you may discontinue your participation at any time without penalty or disadvantage to yourself
- The records of this study will be kept private
- No personal identifying information will be used

- The recording of the interview will only be used for research purposes

This project is supervised by Prof. Duncan Cartwright P.h.D. The researcher has received ethical clearance from the Ethics Committee.

Should you have any further concerns at any stage of the research process please contact Gillian at ………………….. or alternatively Prof. Duncan Cartwright P.h.D. at 031 260 2507.

Your signature indicates that this research study has been explained to you, that your questions have been answered, and that you agree to take part in this study. You will receive a copy of this form.

Subjects Name: ____

_________________________________   __________________

Signature of Subject   Date

Appendix III: Examples of types of questions used in IPR interviews

Once the trainee had identified a particular moment which they had found challenging in the first interview, and the footage on the DVD had been located and watched the researcher would typically ask the following type of questions:

More general questions:

- Please help me to explore your inner, unspoken experiences
- At what points in the interview were you most anxious?
- Where were you most likely to experience anxiety?

Questions regarding specific moments:
These questions were asked in relation to a specific moment identified as challenging

- What was happening for you in that moment?
- What were your thoughts in that moment?
- What do you remember thinking/feeling at that point in the session?
- As you reflect that moment…
- What were you feeling?
- What, if any, body sensations did you experience at that moment?
- How did you feel when…?

Focusing questions:

If the respondent tended to reflect on the experience then questions such as the following were used:

- Focus on your thoughts and feelings as you remember these to have occurred in the moment

- Try to separate your current thoughts as you watch this from your remembered experiences
- Try to focus your attention on how you experienced this in that moment
- In that moment, at that time, what was happening for you?

Appendix IV: Description of Character and Role Vignette used for Role Play

Role play interview case

Age 23

Presenting problem

Anxious all the time, worries all the time (what is he/she going to do with her/his life, what if my relationship doesn't work out). She/he says he/she is comfortable with him/herself but people seem to think that he/she is strange (why? He/she doesn't know, but comes across as a little childlike)

Hates his/her job, clothes designer, mainly because the woman he/she works with is 'always out to get him/her' and talks to the boss about him/her. He/she feels this woman is very competitive.

Has a black/white girl/boyfriend that parents, particularly father doesn't agree with

Moved up to Durban from jhb 4 year ago and hates Durban, has few friends.

Relationship history

Sexually active at age 16

Had many girl/boyfriends, no significant relationship until the current one.

Relationship is 2 years on; very fractious, a year ago girl/boyfriend cheated on him/her and he/she's now finding difficult to trust. (**give details only if asked**, he/she is always suspicious of him/her and this has gotten extreme, checking his/her phone etc)

Parents and family

Father pays for everything including the therapy but is very distant and disapproves of his/her relationship. She says he's a bigot 'and even likes George Bush'.

Says he/she is close to his/her mother and loves her, but also gets angry because she seems to want to improve him/her all the time. At school he/she was always teased for being fat.

Has one brother. He/She doesn't speak to him because he is very critical and thinks that his/her father 'spoils' him/her.

Symptoms

He/She doesn't know why but he/she developed anxiety after leaving Matric when he/she was unsure about what he/she would 'do with his/her life'. He/She says he/she still doesn't know and just wants to travel for the rest of life.

When he/she is anxious he/she binge eats (chocs, milk, bread, donuts), makes him/her feel better, started a year ago, doesn't know why.

Was suicidal a year ago **(only if asked directly)**

Binges on alcohol at parties, and can't remember what has happened **(only if asked directly)**

Childhood – a very shy child, hated school because felt different from everyone else.

Concentration – fine

Affect – depressed when fight with girl/boyfriend, fine when make up

Sleep – struggle to go to sleep (2 years)

Sexual functioning – disinterested in sex at the moment (last six months, worried about STDs from girl/boyfriend)

Drug abuse

Crack, dagga, acid when he/she was younger. Stopped all drugs because makes him/her feel paranoid and stupid the next day. Later on in the interview he/she says she had a few puffs of zol at the party the other night.

Medication

Is on urbinol , feels that it makes him/her shaky but helps to sleep.

Wants to stop meds. (**Only if asked.** On it for 6 months, 10 mgs, has been on aropax before that for three years)

Social

Many friends but no one gets close. Doesn't keep friends, has people parties with but no closeness.

Work

Been in job for two years. Hates going to work, feel like he/she wants to move but has no idea what he/she wants to do so feels stuck. 'I feel like I am someone else sometimes going to work it doesn't feel like me ….but I don't know who I am."

He/She copes at work by avoiding conflict and keeping very quite about 'unfair' things at work (one woman has just started and already earns more than him/her). Sometimes wonders if his/her boss is trying to get rid of him/her.