
Developing Repertoire: A Qualitative Study of Trainees' Self-Reflection on Clinical Practice

Développer son répertoire : Une étude qualitative sur la pratique de l'auto-réflexion chez les apprentis cliniciens

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ABSTRACT

Self-reflection is believed to be essential to competent practice and thus should be introduced early in clinical training. This study examined the self-reflective logs of 12 master's-level trainees to gain an understanding of the focus and content of their self-reflective thoughts and experiences while working with one client in counselling. Using consensual qualitative research methodology, 3 themes captured the bulk of their self-reflections: (a) the role of emotions in the learning process, (b) the client's contributions to their learning, and (c) the intentional use of therapeutic building blocks. Implications for counsellors, supervisors, and training programs are discussed.

RÉSUMÉ

L'autoréflexion est considérée essentielle à la pratique clinique compétente et donc devrait être développée dès le début de la formation clinique. Cet article examine le contenu et la focalisation des réflexions consignées dans les journaux de 12 étudiants inscrits à un programme de maîtrise en psychologie du counseling au sujet de leur travail avec un client en counseling. Utilisant la méthodologie de *Consensual Qualitative Research*, 3 thèmes majeurs ont été établis : (a) le rôle des émotions dans le processus d'apprentissage; (b) l'apport du client à l'apprentissage; et (c) l'usage intentionnel d'outils thérapeutiques. Les implications pour les conseillers, les superviseurs, et les programmes de formation sont discutées.

Students preparing for a profession in the helping field are expected to have good awareness and understanding of their own inner workings (Hill & Lent, 2006). This goal is usually addressed during the training process through an examination of how personal issues, assumptions, and previous experiences play out in the therapy room or under supervision (Elton-Wilson, 1994; Kimerling, Zeiss, & Zeiss, 2000). The outcome of this process is the fostering and crystallization of a habit of self-reflection, an ability which is now included among the core competencies of clinical training (Hatcher & Lassiter, 2007).

Self-reflection is the ability to inspect one's ongoing experience as a way to develop professional knowledge (Schön, 1983). This activity is fundamental to

clinical training and practice (Hoshmand, 1994). In outlining essential clinical competencies, Hatcher and Lassiter (2007) speak of metaknowledge as the capacity to assess one's current state of knowledge, especially its limits. In this way, self-reflection becomes one of the key components by which metaknowledge is achieved. It should therefore not be a surprise that self-reflection is used in clinical supervision.

Neufeldt, Karno, and Nelson's (1996) study of the attributes of self-reflection established a foundation for our thinking about the interplay of self-reflection and supervision. A grounded theory analysis of the interviews of five experts in professional development sought to elucidate the processes and procedures by which new learning manifests. Their model suggests that self-reflection is central to the supervisory environment where the supervisee's experiences are examined and processed in an attempt to understand counselling phenomena. While Neufeldt et al. did not directly examine the reflective process of trainees, their ideas of the reflective learning process have been integrated into several models of clinical supervision (Stinchfield, Hill, & Kleist, 2007; Ward & House, 1998; Young, Lambie, Hutchinson, & Thurston-Dyer, 2011).

The use of self-reflection within a supervisory context is widespread, and it also seems fundamental to training in general. Griffith and Frieden (2000) outline four specific practices that can be used by counsellor educators to facilitate reflective thinking in trainees, one of which is journal writing. Writing as a vehicle for self-reflection has a well-established tradition in human service professions such as nurse practitioners and teacher educators (e.g., Billings & Kowalski, 2006; Lee, 2005). However, it gets only passing mention as an activity intended for outside of supervision proper (Ochowski, Evangelista, & Probst, 2010). And despite its value to lifelong professional development (Skovholt, 2001), there are few empirical studies of its use in training.

The training and supervision literature converges on the fact that self-reflection is essential in fostering the clinical development of skills and habits of supervisees. However, the literature on self-reflection is replete with supervisory and training suggestions for its use, without any empirical base. In fact, there is a clear lack of studies examining this important activity.

The current study is exploratory in nature in that it focuses on the events or issues that trainees identify as they engage in self-reflective writing about their clinical work. Supervisors often have their own templates for what they consider important to the clinical development of their trainees, and this may be in stark contrast to what the trainee highlights or identifies as salient. Thus, the goal of the current project is to examine the self-reflective journals of counselling trainees that were written through their first experience in learning to be counsellors. Our goal was to observe their experiences as a way to understand their unique perspectives on the evolving process in learning to be counsellors and to gain some insights that will be useful to the training and supervision of counsellors and other professional helpers. Our analysis of these reflective logs was guided by two questions:

1. What issues are salient and important to the trainees within their counselling work with clients?
2. How do these issues impact their learning and development?

METHOD

Participants and Recruitment

The participants were recruited from two Master of Arts cohorts within a counselling psychology program at a large Canadian university. As part of their training, participants are required to take an 8-month-long practicum in counselling psychology where the focus is skills training, clinical case conceptualization, and facilitating the goal achievement of their clients. During the practicum, trainees work with three clients for two semesters, during which time they were expected to complete 15 sessions with each client. Typically, the practicum is made up of three sections with different instructors using a common syllabus. Two cohorts from consecutive years were invited to submit their self-reflective logs for the project once the course had been completed. A total of 52 trainees were contacted. Sixteen trainees agreed to participate. However, two of these were eliminated when it was discovered that their logs were incomplete (i.e., missing entries). Two other logs were not part of the data analysis because saturation was reached after 12.

The final group of participants were 12 women. The ages of the participants ranged from 23 to 30, and the majority were in their mid-twenties. A range of ethnicities was represented: more than half the group ($n = 7$) were of European-Canadian heritages, and the rest included diverse ethnic/cultural heritages (1 Asian, 1 Latina, and 3 Middle Eastern, including 1 international student). The final 12 participants were fairly representative of their cohorts for those years. To ensure anonymity of participants, it was decided that specific demographic information should not be included.

Prior to recruitment, the project went through a review by the university research ethics board. Participants were recruited by a member of the research team who contacted students by e-mail after their courses had ended and all grades had been submitted. Interested students signed a statement of informed consent and provided a compilation of their journals in either electronic or hard-copy form.

Source of Data

All data were drawn from the reflective journals of the participants. Trainees were enrolled in their first practicum in counselling practice and, as part of the course requirement, were required to keep an ongoing journal of their clinical work with one client. The practicum uses a common factors approach to teaching and supervision. This means that students are initially trained in microskills and how to apply them in an atheoretical fashion by focusing on universal change mechanisms. They learn discrete theoretical models in their two theory courses. Students were asked to choose one client from the three that they found more challenging

to work with. Each journal consisted of 12 to 15 weekly entries, depending on the total number of sessions that the client attended. The instruction for these journals was open-ended and asked that the journals be brief (approximately 300 words) and regular (after every session), but could be about any aspect of the trainee's experience working with that one client. These logs were not graded; trainees were told that instructors would read each log but no feedback or comments would be offered.

Clients were undergraduate university students in a human service program who received counselling as part of their experiential work in a counselling methods and theories course. Although these clients engaged in counselling as a requisite for their course work, they nevertheless brought to the counselling situation real life concerns such as those about career aspirations, work/school stress, anxiety/feelings of depression, and relationship problems. This group of clients was quite diverse with regard to age, ethnicity, gender, sexual orientation, and culture.

Researchers

One counselling psychologist who was a teaching faculty member of the university and one advanced doctoral student in counselling psychology were responsible for the data analysis; auditing of this process was undertaken by a second advanced doctoral student in counselling psychology. As per Hill, Thompson, and Nutt Williams (1997), members articulated their expectations prior to coding and on an ongoing basis throughout the process as a way of ensuring that biases did not unduly influence the results. These biases were consistently addressed and discussed during the consensus meetings and in meetings with the auditor. Also, as per Hill et al.'s instructions, issues of hierarchy in the team were addressed by having an ongoing rotation for the responsibility of leading and animating the group discussions.

Data Analysis

Consensual qualitative research (CQR; Hill et al., 1997; Hill et al., 2005) was used for data analysis. This methodology was influenced by grounded theory (Strauss & Corbin, 1997). Like grounded theory, CQR uses constant comparisons to make ongoing judgements among the data to derive categories or themes. Unlike grounded theory, however, CQR requires more than one judge to reach consensus throughout the entire process. The auditor checked each set of codes and categories, and revisions were made accordingly. Data analysis goes through several steps as described below. Typically CQR displays the final results in tabular form where each theme and subtheme is given a frequency count (e.g., 7/11). However, we decided to forego this step as it creates the impression that more frequent themes are more valid.

Domains. Initially the research team independently read and reread one journal and took notes of impressions, thoughts, and questions. At the first consensus meeting, decisions were made about the general overarching categories or domains that were thought to encapsulate the contents of the logs. These domains were

specific to the trainees' salient experiences and allowed us to code for general areas such as reactions, thoughts/ideas, learning something, and techniques. All references to the content of the session or informational aspects of the client (e.g., age, relationship status) were omitted from the coding. This was done because we were solely interested in the trainee's experiences. The domains were used to organize the material so as to facilitate the coding process. Each team member independently coded the transcripts for the domains. Consensus meetings were held to compare codes and to discuss disagreements. When a potential new domain emerged, this was noted and discussed, and consensus was reached as to whether to include it.

Open codes. Each team member independently read each statement within a domain and condensed the participants' statements so as to retain the main idea or meaning. Open codes either are succinct phrases or represent the core ideas that attempt to capture the essence of the participants' experiences. These open codes reflect explicit meanings, and the actual words and phrases are kept intact. Consensus was sought for each open code. Once these were determined within each domain, the data were verified by the auditor who compared the open codes to the original journal. Where the auditor did not agree with the codes, the discrepancy was noted and later discussed with the team so that a point of consensus could be reached. Once the entire set of entries was coded and audited, these were then subjected to a cross-case analysis by the original research team.

Cross-case analysis. Cross-case analysis was used to compare open codes of all participants and to cluster these into more abstract categories or themes (e.g., Nelson & Friedlander, 2001). Once again members of the data analytic team worked independently and came up with ideas and preliminary clusters of broad meaning. These were compared and discussed at a consensus meeting, and a preliminary set of themes and categories were derived. These were later presented to the auditor, who reviewed the themes and compared them against the original set of open codes. At the consensus for cross-case analysis, the three team members reviewed and discussed the set of themes and reduced the original set by clustering them into a final compilation.

RESULTS

Based on our analysis of the written journals of these participants, three general themes were derived. Each theme is further differentiated by a number of related subthemes. These themes and subthemes represent the self-observational and reflective processes that emerged and evolved as our participants engaged in learning their craft (see Table 1).

Theme 1: Emotions Inform the Learning Process

Theme 1 was consistently represented across all logs and describes how awareness of affect and emotional reactions was a constant presence in trainees' self-observational activities. The trainees were certainly paying attention to their clients, but they were also keenly aware of their own emotional reactions in the

sessions. Granted, the work of the trainee is somewhat public because they are under the stare of the client and the video camera, and this was bound to intensify the affective component of the experience. Although this seems reasonable, we were nonetheless struck by the pervasiveness of attention to their own emotional reactions and to the efforts that were put into understanding and processing these emotions. For many, these negative emotions were seen as an impediment to their effectiveness, and resolving or “turning down the volume” on some of this hindering self-awareness was often seen as a marker of growth in abilities. The role of emotion in learning was more specifically captured by the following three subthemes.

Containing competing feelings. An important aspect of the participants’ emotional processing was the way emotions would often present as incongruous and opposing feelings in the moment-to-moment interaction with the client. It was not unusual for a participant to acknowledge a negative reaction (at times toward the client) and then in a moment of awareness find herself being self-critical for this initial reaction—a scenario that caused considerable disequilibrium. Another common experience was to start a session in a state of excitement and confidence but to become increasingly discouraged and frustrated as the session unfolded despite the earlier, positive anticipation. The following verbatim is an example of the emotional seesaw in which Tracy¹ finds herself as she examines the value of providing a safe place for the client.

This session made me feel powerless and useful at the same time. On the one hand, it reminded me that even if I become a highly competent counsellor, clients—like all people—will experience events that cause them a great deal of pain, and there is nothing I can do about that. At the same time, I was grateful in a way that this particular incident occurred while my client has a safe place she can come to try and work through this crisis and its multiple ripple effects. (Session 6)

Table 1
Self-Reflection on Clinical Practice: Themes and Subthemes

Theme 1: Emotions Inform the Learning Process

- Containing competing feelings.
 - Deciding how to “be in control” of the session.
 - Experiencing chronic and unrelenting self-doubt.
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Theme 2: The Client Provides Valuable Learning of the Process

- Following the client’s lead.
 - Letting the client take responsibility for change.
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Theme 3: Intentional Use of Therapeutic Building Blocks

- Trying on a theory.
 - Monitoring of technical skills.
 - Using the inputs from outside the room.
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Deciding how to “be in control” of the session. Our participants expressed considerable ambivalence about how directive or “in charge” they needed to be in their counselling. Perhaps this was due to the recognition that a client-focused common factors approach centres on using facilitative and relational skills, which in turn created uncertainty about how to proceed each week. Also, most participants approached the sessions with an expectation of collaboratively working with the client, and the issue of taking control was often seen as contradictory to collaboration. We can see how the issue of control creates a struggle for Mariam in the following journal entry:

I felt that the silence between us was uncomfortable, and I was afraid that this might give away the lack of direction I was feeling in this session. We were going in circular conversations, and [I] was unsure how to get out of them, but also was not sure which direction to take to move to the next step. I needed to take action in deciding where the conversation would go next, which felt frustrating, as I was reluctant to take the lead without the client's approval, in fear that I was crossing into a territory the client identified that she did not want to discuss in this session. (Session 2)

Not all participants saw control as an issue that needed to be collaboratively shared, and some believed that they needed to be in charge during the session for it to move productively. And yet even with this conviction, Naomi struggles with her ambivalence in the following example:

Sometimes I feel I lose control of the session and she is the one that controls which direction the conversation goes—I have to work on that! I usually have an agenda of what we *could* talk about but then sometimes there is another topic she needs to get off her chest so I almost want her to do that instead. Am I coming off too passive in these sessions? (Session 4)

Experiencing chronic and unrelenting self-doubt. All of the participants' journals were marked by feelings of self-doubt and incompetence. Self-doubt and uncertainty are to be expected among therapists-in-training. However, it was remarkable how their anxieties about their competence were not even partially alleviated by the accumulation of experience and tangible evidence of growth, or by feedback from clients that they were doing an adequate job. Even in specific situations where the client was giving the counsellor credit for important changes, the themes of incompetence and ineffectiveness were visited and revisited again and again. Liz's thoughts illustrate this when she talks about a session she has just completed:

I, on the other hand, was completely nervous and couldn't stop picking on my nails the entire time. I didn't feel confident or comfortable when initiating the topic—deep inside I was anxious and terrified—and it came to demonstrate itself through my nonverbal stiffness and trembling voice. (Session 4)

For some participants the self-doubt eased somewhat near the end of their work with their clients, but it was often as a result of adopting a more mindful (perhaps

even compassionate) attitude toward themselves and not necessarily because they felt expertly skilled. Maria, in her second-to-last session with a client who consistently disagreed with her interpretations, says:

It seems that there is a great amount of confusion on my part regarding what exactly I want to accomplish within sessions. I think too much, which distracts me and doesn't allow me to feel freer in sessions. It is becoming more and more apparent that there is a discrepancy between what I want to do and what I think I should do. So how do I resolve this? How do I ensure to give the best of me in each session? Obviously, there is no real answer at this point but I must maintain a strong focus on ensuring that my thought process does not interfere... or at least minimally interferes. (Session 11)

Theme 2: The Client Provides Valuable Learning of the Process

Arguably the most common theme in these journals was how trainees consistently used the client as a measure of various therapeutic processes and regularly acknowledging the client's integral role in the process. Specifically, Theme 2 refers to trainees' reflections on significant learning in relation to their particular client—whether this was to the content of the client's narratives, the pace of the work, or, perhaps most importantly, the client's positive feedback as a marker of their efficacy. There was a greater tendency in the later sessions to honour the client's experiences, needs, and style, especially when this ran counter to their own expectations or goals for the client. The subthemes of following the client's lead and allowing them to take more responsibility further delineates their growing appreciation of the client's contribution to the process.

Following the client's lead. Across the trainees' logs we found recognition of the client's integral role in setting the tone, focus, and direction of the sessions. Trainees were keenly attuned to information, both verbal and nonverbal, that the client was providing, and carefully tracking and extrapolating meaning from these cues. This information became a potential source of feedback on how to time and correct their ongoing attempts to be helpful. For example, we see in this excerpt how the client's obvious hesitation was matched by Tracy's deliberate tentativeness:

Although cooperative, this client seemed to have some hesitations about our sessions. Consequently, I found myself tempering my questions somewhat, since I felt that sharing some of the personal issues that seemed to be brimming just below the surface might make her uncomfortable and be detrimental to her willingness to work with me. (Session 1)

Another participant, Rina, reflects on the impact the client had on her overall learning:

[M]y client taught me not to get too ahead of myself, and to listen more carefully to his needs, and respect and match his pace in our sessions. Once I did this, things started to go very smoothly in our sessions. (Session 13)

Letting the client take responsibility for change. Although this subtheme may seem obvious, many trainees struggled with this idea. Although trainees set the initial structure and parameters of the work, they came to realize that they could not a priori decide the pace of the work or what was to unfold. This actually allowed them to experience and appreciate the virtues of a collaborative process by letting the client's needs, goals, and level of engagement determine how quickly or slowly change occurs. In this example we see a shift in Kelly's perception of her own role in the process:

I have learned the importance of detaching from my own need to be a "healer," because, in the end, it is the client that must do the changing—I cannot impose that. I can certainly facilitate the process, but I need to learn to acknowledge when it is out of my hands and in theirs. (Session 15)

However, the lesson of allowing the client greater agency was not always an easy one, and we can see Tracy's ambivalence regarding this realization:

After the session, I find myself worrying about how I will help this client and feel that perhaps I am taking on too much responsibility for solving her problems on my own. I have to remind myself of the idea of collaborative exploration, which I find very appealing, in which the client is presumed to be the expert on the client, and the counsellor is the expert on the process. (Session 1)

Theme 3: Intentional Use of Therapeutic Building Blocks

Throughout the majority of the logs, trainees commented on the progress of their developing therapeutic skills, as well as the tools, techniques, and resources incorporated into developing their therapeutic identity. Generally, this theme captures the essence of the beginner's tasks—attempting to absorb and apply the knowledge gained in formal study, the constant appraisal of how well one is progressing, and the indispensable value of feedback from peers and supervisors.

Trying on a theory. A discussion of theoretical orientations and techniques appeared at various points during the participants' sharing of their experience. Often the participants would comment on the difficulty associated with claiming a theoretical position, the struggle to incorporate techniques from a particular theory based on client needs, and their general comfort levels with particular theories. Rarely was there a "love at first sight" moment, and most trainees needed to cycle through various models before staking a claim to one in particular. In Mariam's words, we see how she moves out of the tentative stage of being aware of various theories to beginning to identify with one that matches her values and beliefs:

I felt this session was a breakthrough in our work together, but also in my own development as a counsellor. I had been reading articles for our theories class on feminist therapy. I always knew I liked this theory, but had never really understood how it would play out in therapy. I felt like I had finally come across a therapeutic approach that matched my idea of the counselling process. It

was the first time that I could identify fully with a theory, and could imagine myself realistically using this approach with clients. Many of the theories we had discussed previously felt very abstract and distant in their application. I began to understand where my theoretical lens was developing from, and how I could incorporate other techniques and approaches into this ideology (i.e., drawing from CBT and emotion-focused therapy to strengthen a feminist framework). (Session 5)

Monitoring of technical skills. The improvement in skill and technique was something tangible that participants could track and, when finding these faulty, could correct them. This conscientiousness was evident when they discussed discrete microskills and also when they appraised their global performance in the room with the client. In this excerpt we see how Rina's knowledge of the various skills allowed her to name her actions. It also allowed her to self-correct what she saw as a deficit in her performance.

I let that conversation flow and used reflection of feelings and immediacy. The client talked about past feelings and present feelings, and I validated them. This was most effective, for it helped guide him to a comfortable state. I used a lot of paraphrasing, but also used too many double questions. I think I did that because I was looking for my words. From now on, I will take my time in formulating a correct and single open question or probe at a time! (Session 2)

Using the inputs from outside the room. A core resource reported by many of the trainees was the use of peer and supervisory input. This theme showcased the importance of support, from senior therapists or one's peers, in the early stages of psychotherapy training. Thoughts of peers and supervisors were most common when a session was seen as challenging or when a participant felt therapeutically "stuck" and in need of guidance. Mia focuses on the suggestions that came from supervision.

After presenting this client in supervision, I was advised to be more directive; to ask her to name her emotions, to be more forward with my remarks and questions, etcetera. I did this more during this session than I have in any session before. (Session 8)

In addition to supervision, this same trainee also identified the inputs that came from texts (i.e., articles and books) that spoke to her work in a personal way. For example, we see here how an idea from the literature stimulates thoughts about the connection between conceptualization and techniques:

I recently read an article by Rollo May talking about using understanding of people to inform choice of techniques rather than using techniques to build understanding. I think it's an important distinction to make. Today, as I asked better questions, I felt I was able to understand more about my client, but the questions seemed quite random ... the sequence may be random but now you

have to go back and look for the pattern in the answers. I would like to work on choosing my questions (and other techniques I use) more intentionally based on my understanding and conceptualizations of my clients (Session 8)

DISCUSSION

The current project was motivated by an interest in examining the reflective and self-observational processes of counsellors in training as they navigated the trajectories of their first experiences with clients. In this way we could begin to document the kinds of events and issues that are salient to their clinical development. Our findings clustered around three major themes, which were sufficiently broad and yet can be regarded as capturing interrelated aspects of the experience. Clearly, the emotional nature of learning, fueled primarily by the invasive presence of anxiety and self-doubt, was central to the experience. While self-doubt was understandably high as counselling began, it remained present throughout the course of counselling, even with the accumulation of experience and following the development of positive working relationships with the clients and the participants' supervisors. As the literature repeatedly points out, anxiety is to be expected (Pica, 1998; Skovholt & Ronnestad, 2003), and it was an expectation of the research team. Yet, anxiety and self-doubt did not fully remit with experience. Perhaps this should not surprise us. Trainees often come to training programs on a previous history of earlier achievements with academics, and their expectation is that their good academic abilities and habits should rapidly transform into learning. That the stresses of the training environment and the demands of developing clinical competency are not readily calmed by a good academic record might partially explain why the anxiety did not abate. Added to this is the hard-to-define nature of clinical learning and mastery. Even within a competency-oriented framework in which expectations are spelled out (e.g., Kaslow et al., 2004), training milestones and markers are somewhat intangible and might not have the same corrective effect as a poor grade on a term paper or an exam.

While the main offender was indeed anxiety, the entire tenor of the learning experience was coloured by numerous emotional overtones, and these were not entirely negative. Self-doubt and anxiety about performance were obvious impediments to their work, but a great deal of effort went toward reconciling the mixed or contrasting emotions that were often felt in dynamic tension in the session. Of course, this may have had a destabilizing effect on their confidence, but there may have been some unrecognized benefits as well. Facing these ambivalent feelings required trainees to confront the ambiguity and uncertainty inherent in the work of counsellors and therapists. Acknowledging those splits and tensions and integrating them into a belief system that reflects the realities of clinical work is a lesson that takes considerable time to accomplish. This suggests that some of the work of the trainer and supervisor involves helping trainees identify these feeling contrasts as a precursor to a dialectical engagement with competing emotions.

The implication of this is that in addition to working through some of the doubts of clinical work, the trainee is able to develop their own capacities for emotional regulation (Skovholt & Ronnestad, 2003).

Another striking theme was the extent to which the client's actions had a constant impact on the counsellor's self-monitoring behaviour, and especially their self-appraisal of effectiveness. Although this theme contained only two subthemes, it was undeniable that the client was the main source of feedback to their performance through their general sense of satisfaction about the sessions. Although trainees voiced positive attitudes about "collaborative practice" and "empowering the client," they nonetheless had to reconcile the fact that interpersonal tensions exist even within good relationships and that power struggles are sometimes unavoidable. This is highlighted by the tensions between Theme 1's subtheme of *Deciding how to "be in control" of the session* and Theme 2's subtheme of *Following the client's lead*, where allowing the client to lead became (for some) an acceptable alternative to trying to be in control.

The subtheme of letting the client take responsibility for change often conflicted with the participants' impulse to contribute something tangible and significant to the client's progress. For some this realization was liberating—they could actually give more power to the clients and accompany them through the process. Others made a deliberate attempt to realign previous beliefs about their role with their current experiences that makes room for the client's participation in the counselling endeavour.

Finally, trainees reflected on the components of learning to be therapists, which spoke to the value of theory, technique, and supervision. Identifying with a particular theory often created ambivalence, and it was clear that while many talked in theoretical terms, few identified with a particular school or approach. Awareness of their skills and techniques took up a lot of space and were front and centre in their thoughts and observations even in later journals. This occurred despite the fact that trainees were not trained in a discrete approach or did not follow a particular manual. Additionally, and to a lesser extent, they acknowledged that the perspective and opinion of others (e.g., peers, supervisors, instructors) were valuable and, therefore, integrating these different voices into their developing repertoire was indeed helpful.

Implications for Counselling Practice

Self-reflection is used in professional education because it is recognized as a key component of clinical training and lifelong learning. The reflective journals of our practitioners-in-training represent a very specific developmental record of their first experiences with clients. We undertook this study to gain a better appreciation of how the narration of these experiences captures their interests, preoccupations, and observations in learning to become counsellors.

A cursory reading of our findings suggests broad implications for facilitating the kinds of learning, attitudes, and habits that are part of the formation of competent practitioners. For one, we were struck by the density of the trainees'

observations of their own emotional processes as they worked with clients. This is not a new observation—the early training experiences of students are usually saturated with a recounting of their emotional reactions to various aspects of the learning process (Hill, Stahl, & Roffman, 2007; Pica, 1998; Skovholt & Ronnestad, 2003). Emotions have an important role to play in the learning process, and self-regulatory strategies are used to stave off anxiety as a way of maintaining concentration during a task (e.g., Warr & Downing, 2000). When considerable energy is spent on managing or suppressing debilitating or distracting emotions, performance is compromised.

Within the context of counselling, Nutt Williams (2003) found that almost half of her participants (44%) had no strategies in place for managing distracting self-awareness in counselling sessions, and only 3% used the awareness of these emotions to understand the client better. Emotional regulation is a hallmark of the more experienced practitioner (Skovholt & Ronnestad, 2003) and a task that needs to eventually be mastered for competent practice to occur. Supervisors of beginning practitioners needs to pay attention to the demoralizing effect of debilitating emotions (Watkins, 2012), and the focus on the trainee's emotions, especially in reference to how these might be triggered by the client, is necessary grist for the supervisory mill. Although the supervisory context can and should help trainees process their emotional reactions to the work we do, we might also be well advised to introduce and develop affect-managing strategies and practices that would be part of the general training curriculum.

For example, Mahoney (2003) wrote about relaxation and centring as requisites to emotional regulation, and he provided a set of suggestions and scripts for achieving this. Through emotion regulation and mindfulness activities, the trainee can begin to let go of debilitating thoughts and feelings that interfere with establishing and maintaining a therapeutic presence (see Siegel, 2010, for practical ways to cultivate mindfulness and especially therapeutic presence).

In addition to affect regulation, harnessing the emotional underpinnings of the trainee's experience can be a useful supervisory strategy (Follette & Batten, 2000). Many students see their emotions in sessions (and supervision) as something to be suppressed or hidden, and so the idea that these emotional reactions can actually be used to better understand themselves and their clients often comes as a bit of a surprise to them. Certainly, using the trainee's emotions as a marker or indicator that something important is occurring in the session is a staple of good supervision (Kimerling et al., 2000). This is especially salient when recognizing and understanding countertransference and other debilitating reactions that emerge in sessions.

One of the hallmarks of good outcomes in training and supervision is greater self-awareness and understanding. Although the boundary between what constitutes supervision and therapy often becomes permeable, the trainee's emotions create the "teachable moment" for both the supervisor and supervisee to step into as they address specific challenges and frustrations, along with issues of identity and professional development. Reminding trainees that supervision is not always

a reasonable and calm discussion of “just the facts” may help open them up to the unexpected, experiential components of the process.

Our findings also suggest that trainees often start their clinical education with misconceptions and a partial understanding of the work of the counsellor and psychotherapist. For most, these ideas easily change and become aligned with the realities of practice. Others quest for an idealized version of therapy that never quite materializes. Trainees often have expectations that they will master a concrete protocol that can be effortlessly applied across clients. When they realize that training is less about technique and more about ongoing self-development, new students react with a mixture of surprise and disappointment. Although much of the “deeper” learning of the work of the counsellor and therapist is experiential, trainees could benefit from knowledge-based learning that demystifies the process of psychotherapy and normalizes their developmental process. Exposure to experts and master therapists is an essential component in the socialization process for all professionals. However, too-early exposure offers the risk that they will get a version of therapy based on “sound bites” rather than day-to-day reality. These forms of media (written case reports and audio/video sessions) emphasize technique and theory but often say little about the intangible qualities of relationship, attunement, presence, and identity that is at the heart of the work we do. This suggests that recourse to more of the advanced training material that emphasizes theory and intervention should be delayed until the trainee is sufficiently skilled and comfortable with how to make and use their connection with the client in a helpful way.

Limitations

The applicability of our findings is limited by a number of constraints. All our participants were young women, given none of the men agreed to participate. There were a small number of men in these two cohorts (approximately 10% of the total), but we do not know their reasons for not accepting the invitation to participate. The addition of men’s experiences may have alerted us to different issues or themes.

A second constraint has to do with the clientele that participated in counselling. The clients in this study were university students who agreed to counselling as part of their course requirements. While these students presented with very legitimate counselling concerns and even diagnosable conditions, we assume that there were certain factors that may have constrained their involvement. Also, there is always the question about whether willing participants provide unbiased reports of their experiences. Trainees are understandably hesitant to expose mistakes and mishaps even within the context of safe supervisory relationships (Webb & Wheeler, 1998). Whether written journals constitute the best way to capture the reflections of our participants is a valid and useful question. Certainly access to our own thoughts is not easy, and something is always lost in translation between the experience and the written record. With audiotaped interviews in qualitative research, there is a certain spontaneity of response that may be missing in an edited narrative.

Finally, what is obviously missing from our study is how trainees viewed the reflective process and how it impacted their learning. We were much attuned to this, and we were interested to see if this manifested itself openly in our readings and analysis of their journals. It did not. This is not to say that the process of self-reflection did not impact their practice but that there was no specific reference to the value of this specific activity. Also, we were limited by the ready-made structure of the data in that these logs were produced for a purpose other than research. A mixed-methods approach where participants agree to participate in a follow-up interview that becomes part of the data would have been preferable, but may also have reduced participation. These questions are left for future studies that continue to examine the role of self-reflection in fostering greater competence.

Note

- 1 Pseudonyms have been used throughout for the verbatim sections. As well, the session number has been indicated to help contextualize some of these excerpts.

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