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Becoming a Healthy Therapist:
Influences of the Training Program Culture

by

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Abstract

Psychotherapists experience a variety of stressors, and many report mental health problems and burnout. However, most psychologists are satisfied with their careers. Therapists-in-training experience similar challenges, and must also survive the demands of graduate school, yet the number of applicants to Canadian psychology programs continues to rise. What attracts these individuals to practice psychology in spite of the negative effects of therapy work? How do they overcome challenges and remain healthy during training? My aim in this study was to gain insight into the experiences of novice therapists. I wanted to explore their perceptions of health, and identify influences that contributed to and hindered their well-being. Interviews with six trainees were conducted, and what resulted was an ethnographic thesis focused on the experiences of novices in the context of training. Participants provided deep, detailed descriptions of how their beliefs, expectations, and well-being were impacted by the culture of training programs.

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Chapter One: Introduction

Background

High rates of burnout, depression, and substance abuse among practicing therapists are well-documented (Smith & Moss, 2009). However, most therapists successfully cope with the pressures of their work and report high levels of career satisfaction (Stevanovic & Rupert, 2004). Well-being is especially relevant for psychologists-in-training because in addition to therapy work itself, the demands of graduate school can often become overwhelming at the very time that students are learning to become healthy therapists (Rønnestad & Skovholt, 2003). There is ample research which explores the development and well-being of practiced therapists, however less attention has been devoted to the experiences of therapists-in-training.

Personal Experience

The demands and pressures of becoming a therapist are relevant to me on a personal level. I have been drawn to the field of psychology – and especially counselling – since my adolescent years. I devoted the four years of my undergraduate degree, as well as one year post-graduation to building my knowledge and work experience in the human services. However, once I was accepted into a Master's program in Counselling Psychology and began to experience what it was truly like to provide therapy, I felt deflated. The anxiety I had while preparing for clients, the incompetence I felt during session, and the disappointment I experienced when my work with clients was not successful all took a toll on my passion for therapy. Having said that, I also acknowledged that

the counselling work itself was not the only factor responsible for my disappointment; I knew that the graduate student experience also contributed significantly to my emotional and physical exhaustion.

Throughout my training, I engaged in discussion upon discussion with my classmates and friends about this experience. During one particularly enlightening conversation, a good friend of mine, who is currently a provisional psychologist, noted that "A big part of being a therapist is like a gas tank – you have to have enough energy in your tank – people keep taking if you keep giving." This comment resounded deeply with me, not only in terms of the emotional energy required to work with clients, but also the sometimes overwhelming expectations of training programs, supervisors, and other professionals. So, when deciding on an area of research to pursue through my Master's thesis, the well-being of novice therapists seemed like a natural issue for me to explore. I identified my experience of training as a predominantly unhealthy one, and I also knew from my discussions with other trainees that they could relate. I wanted an opportunity to explore this more deeply with other students, and to learn about their process of becoming therapists.

Purpose of this Study

My research goal was to shed light on the process of becoming a healthy psychotherapist from the perspective of novice therapists. I wanted to illuminate their subjective experiences so that we might better understand factors that influence attaining and maintaining health. I knew from personal experience that the process of training to become a therapist can be incredibly challenging, and

once I began to read the literature on therapist development and therapy work, I felt that this area deserved to be further explored. I wanted to understand how other students experienced the challenges that have been well-documented in this literature, and to add to our understanding of the positive and negative effects of therapy work, especially from the perspective of novices. How do these students cope with the pressures and stressors of training? How do they stay healthy and inspired to practice psychology?

Chapter Two: Literature Review

Effects of Therapy Work on Counsellors

Therapist stress and health. The numerous pressures, demands, and stresses of practicing as a psychologist in the current social climate have deflated the enthusiasm and commitment of many therapists (Dlugos & Friedlander, 2001). The need to effectively help clients, maintain ethical standards of practice, meet increasing bureaucratic demands, continually manage paper work, stay on top of new developments and continue their education, anticipate changes influencing their livelihood, all the while maintaining a balanced social and family life are only some of the pressures affecting today's psychologists (Coster & Schwebel, 1997). Therapists may also experience stress around business and economic uncertainty, heavy workloads, time pressures, caseload uncertainties, and an overwhelming sense of responsibility (Kramen-Kahn & Hansen, 1998). Moreover, due to the emotional nature of the profession, it may be difficult for psychologists to clearly and tangibly gauge their successes (Dlugos & Friedlander). Further, working continually with individuals who are suffering may have a harmful effect on the well-being of some practitioners, especially those working with victims of domestic violence and other trauma (Linley & Joseph, 2007). Those who provide therapy may have a difficult time separating professional from personal life, becoming "psychologically-minded" in their relationships outside of work (Farber, 1983), which may skew the boundary between "work" life and "personal" life.

Therapist burnout. In their recent exploration of psychologist impairment, Smith and Moss (2009) review the professional and personal challenges of working as a therapist. While consensus has not been reached on the definition of *impairment*, it is generally described as a condition or state which compromises an individual's ability to function professionally, and may reduce the effectiveness of services, or even harm the client. This condition is similar to psychologist *distress*, which often precedes impairment and has been described as an experience of intense stress, affecting an individual's thinking, mood, well-being, functioning, and health (Smith & Moss). Similarly, *burnout* has been broadly defined as an "adverse reaction to occupational demands or circumstances" (Smith & Moss, p. 2) and is considered to be one of many factors leading up to distress.

Burnout is a concern in many professions, but the specific factors contributing to it vary depending on the occupation. Some of the occupational "hazards" associated with working as a psychologist include depression, substance abuse, and relational problems (Deutsch, 1985; Mahoney, 1997; Wood, Klein, Cross, Lammers, & Elliot, 1985). These hazards may be associated with emotional and professional isolation, client characteristics (e.g., suicidality, aggression, etc.), limited therapeutic successes, and heavy administrative load (Smith & Moss, 2009). Moreover, factors such as non work-related stressors, vicarious or secondary trauma, and family or relational problems may contribute to burnout in practicing psychologists (Smith & Moss).

Rates of burnout. Documenting the rates of psychologist impairment, distress, and burnout has been complicated by the lack of a clear and consensual definition of these terms. However, several studies have explored the prevalence of some aspects of these problems. For instance, Gilroy, Carroll, and Murra (2002) surveyed over 400 members of the Counselling Psychology Division of the American Psychological Association (APA) and found that 62% experienced feelings of depression, and 42% experienced thoughts of suicide or suicidal behavior. In an earlier study involving 379 members of a psychological association in the U.S., Thoreson, Miller, and Krauskopf (1989) found that psychologists self-reported high levels of marriage/relationship dissatisfaction (11%), recurrent physical illness (10%), and problems with alcohol use (9%). Similar rates of alcohol use problems (11%) have also been documented (Deutsch, 1985). Mahoney (1997) suggests that perhaps the greatest concerns for psychologists involve issues of emotional exhaustion, work-related stress, and professional disillusionment. Specifically, 45% of 155 psychologists surveyed reported irritability and exhaustion, 43% were concerned about the size of their caseload, and 41% of respondents doubted their ability to be therapeutic (Mahoney). Another study involving a sample of licensed psychologists found that 40% were in the high burnout range with regard to emotional exhaustion (Ackerley, Burnell, Holder, & Kurdek, 1988).

Difficulty addressing burnout. Despite the high rates of "hazards" of practicing psychology, there seems to be reluctance around addressing these concerns (Smith & Moss, 2009). Surprisingly, only a small number of

psychologists (12-22%) seem to be willing to confront an alcohol-abusing colleague (Skorina, Bissell, & de Soto, 1990; Good, Thoreson, & Shaughnessy, 1995; Thoreson, Budd, & Krauskopf, 1986). Because alcoholism is considered to be a deeply-rooted and permanent illness which cannot be resolved merely by conscious and planned efforts, psychologist alcoholism may be particularly problematic to tackle because of the wide-held belief within the profession in the power of the mind and one's ability to understand and modify behavior (Thoreson, Nathan, Skorina, & Kilburg, 1983). Addressing psychologist impairment may be more complex than confronting a colleague about their pattern of alcohol-use. That is, many aspects of burnout are not obvious to an observer (e.g., inability to concentrate, reduced patience, lack of confidence, depersonalization, feelings of incompetence, vicarious trauma, etc.), thus more difficult to address (Smith & Moss). It is also possible that psychologists who choose not to express their concern to an impaired colleague do not feel that the impairment compromises the colleague's professional performance, may not be sure if it is their responsibility to confront, may feel that confrontation could result in a negative outcome, or that confrontation might put themselves or their colleague at risk (Floyd, Myszka, & Orr, 1998).

Positive effects of therapy work. The issue of psychologist well-being has been gaining momentum in the literature, with more and more studies examining how job stress affects a psychologist's personal and professional functioning. As well, research on the *positive* effects of therapy work has highlighted how human experience contributes to therapist well-being. Although

therapy work may often consume much of an individual's time and energy and may result in stress when the work is not going well, it may also lead to substantial positive personal changes in a therapist's life (Farber, 1983).

The recent shift in focus to the positive effects of therapy work (Linley & Joseph, 2007) indicates that most therapists are successful at coping with the pressures of their work (Stevanovic & Rupert, 2004). Although therapists tend to report more emotional exhaustion, anxiety, and depression than research psychologists, they may also experience greater life satisfaction and feel that their work has a greater positive impact on their personal lives (Radeke & Mahoney, 2000). For example, therapists who work with trauma survivors may experience personal growth through their vicarious experience of trauma (Linley, Joseph, & Loumidis, 2005). This positive growth may be especially pronounced in female therapists who access their own personal therapy, obtain clinical supervision, and have experienced personal trauma in the past (Linley et al., 2005).

Some of the major consequences of therapy work include: (1) the therapeutic role becomes pervasive, and thus therapists become more "psychologically-minded" in their interpersonal relations, (2) personal issues are raised in the work, resulting in increased introspection, and (3) therapy work increases self-esteem and self-confidence (Farber, 1983). Moreover, therapists report that engaging in therapy work may lead to increased self-assurance, assertiveness, self-reliance, self-disclosure, and reflection (Farber). Other rewards of practicing psychology tend to center around themes of effectiveness, continuous self-development, professional autonomy, intimate and emotional

connections, professional success and recognition, and job flexibility/diversity (Kramen-Kahn & Hansen, 1998).

Interestingly, the personal stresses of practicing therapists may actually have a positive impact on their growth and development as professionals (Slattery & Park, 2007). That is, the experience of stress in a therapist's personal life may lead to an increased understanding of the therapeutic process from the perspective of the client, knowledge of more tools for promoting change, and an increased sense of empathy for clients (Slattery & Park).

Therapist coping strategies. Coster and Schwebel (1997) suggest that self-monitoring/self-awareness and personal values are the two highest priorities for therapists who maintain a healthy level of functioning. Positive relationships (e.g., spouse/parent/children, peer support, supervision, mentors, etc.) and stress-reduction techniques (e.g., holidays, rest and relaxation, exercise, social interaction with friends, etc.) may also be especially helpful in maintaining well-functioning. So, despite the numerous challenges of working as a professional psychologist, well-being may be protected by developing coping resources such as interpersonal support, intrapersonal reflection, self-care, and professional development.

The majority of practicing therapists are able to cope with work-related stressors and are, indeed, satisfied with their careers (Stevanovic & Rupert, 2004). In general, it seems that the more experience a therapist has in practicing psychology, the less work-related stress and more professional satisfaction he or she feels (Hellman, Morrison, & Abramowitz, 1987; Kramen-Kahn & Hansen,

1998; Skovholt & Rønnestad, 1992). Moderate case loads (as opposed to minimal or heavy) (Hellman et al., 1987), as well as low levels of anxiety about the future are also related to professional satisfaction (Eshel & Kadouch-Kowalsky, 2003). Also, therapists who are curious, who tend to fantasize and appreciate art, beauty, and novelty, and who are self-employed may experience more satisfaction in their careers (Topolinsky & Hertel, 2007).

Becoming a Therapist

Professional development. **S**kovholt and Rønnestad have spent almost two decades studying the professional development of therapists. In one of their early studies, they identified a series of stages through which developing therapists progress (Skovholt & Rønnestad, 1992). The first period of development occurs before formal training begins. An individual in this phase tends to help others naturally, through intrinsic motivation, and there is no real distinction between personal and professional functioning. The next period starts with formal training, when the personal and professional realms of an individual's functioning separate and motivation to work becomes more external. Professional functioning becomes more rigid in this stage, and the intense load of examinations, internships, licensing requirements, and professional socialization can deplete an individual's energy. These heavy demands may also lead to perfectionism, obsessive behaviors, and preoccupation with training (Skovholt & Rønnestad). Lastly, the post-training phase of development begins once an individual has completed formal training. This phase is much less rigid and externally guided, but the decrease in formal direction may be distressful for some

individuals. Gradually, though, the developing therapist is able to recognize that the "rules" that they learned in training may be combined with their own personal and individual "rules" so that they may function with authenticity and satisfaction (Skovholt & Rønnestad).

A multitude of factors impact counsellor development, but *continuous reflection* and *active engagement* in both professional and personal realms have a particularly facilitative impact on therapist learning throughout all stages of development (Rønnestad & Skovholt, 2003). Another factor that leads to healthy professional development and mastery of skill is being open to new learning opportunities. Also, the relationship between therapist skill and difficulty of work influences the level of functioning of the therapist, with higher levels of both skill and challenge resulting in optimal development.

Personal experiences play a significant role throughout therapist development (Rønnestad & Skovholt, 2003). In particular, experienced therapists indicate that both early life events and personal experiences as an adult have a "profound impact" on professional development and learning. For example, early family interactions, sibling relations, personal trauma, and other crises influence therapist development in both positive and negative ways. As well, marriage to a supportive and caring spouse is often highly impactful and sustaining (Rønnestad & Skovholt). Moreover, meaningful interpersonal contact with clients, elders, supervisors, peers, friends, family, and colleagues is a necessary element of professional growth (Rønnestad & Skovholt).

Skovholt and McCarthy (1988) examined the type of "lived experiences" that contribute to therapist education and development. Specifically, they asked counsellors from all over the U.S. to share stories of experiences they felt were critical to their professional development. The results fell into the following categories: learning from clients, receiving therapy themselves, feelings of disillusionment and vulnerability, cross-cultural lessons, finding their own therapy niche, the death of a child, freeing oneself from overresponsibility, mentors and models, learning from personal hardship, professional transitions, and theoretical awakening.

Therapists-in-training. The majority of the literature on therapist well-being has focused on experienced therapists. However, factors influencing therapist health may be particularly relevant for those who are in training. The intensity and difficulty of graduate studies in general is evidenced by high attrition rates (40-50% of doctoral-level students), which are driven by the pressures of work volume, expectations, professional comparisons, and constant evaluation (Stratton, Kellaway, & Rottini, 2007). In addition to the scholarly work of graduate training, professional psychology students are also often overwhelmed with practical skill-acquisition, internship hours, supervision, and therapy work itself, as well as issues occurring in their personal lives. Therapists-in-training are essentially taking on two very demanding responsibilities: that of student, and that of health care provider. Stressors related to these roles have been linked to poor psychological adaptation, which in turn affects an individual's level of motivation, as well as their functioning in practicum environments

(Kuyken, Peters, Power, & Lavender, 2003). Moreover, anxiety in student therapists has been documented across countries and cultures (Rønnestad & Skovholt, 2003), highlighting the pervasiveness and importance of these issues.

The graduate student experience. Since psychotherapy students are no longer expected to complete preliminary examinations, they may face less stress now than they used to (Schoener, 1999). However, there are still many challenges in the graduate training system which may significantly contribute to student impairment. Even though the tools and means are available, the vast majority of graduate training programs fail to address the issues of student impairment and stress, and to adequately prepare trainees for the challenges of psychological practice (Schoener). Moreover, despite having already attained high levels of competence, new therapists may tend to experience self-doubt and question their ability to make sound professional judgments (Jordan, 1998). They also may feel an overwhelming sense of confusion or fear about their responsibilities as a novice clinician. For many students, the process of training as a professional psychologist is often characterized by feelings of anxiety, self-criticism, insecurity, and bewilderment (Skovholt & Rønnestad, 1992).

Self-care and other protective factors. The concept of self-care, defined as the continuous engagement in activities to promote well-functioning (Barnett & Cooper, 2009), is essential in protecting against impairment, distress, and burnout. Although self-care is widely emphasized, it is often neglected by practitioners and underemphasized in training programs (Barnett & Cooper). A 2006 survey of over 500 graduate students conducted by the American Psychological Association

(APA) revealed some profoundly concerning issues regarding self-care in psychology trainees. Specifically, 82.8% of students indicated their graduate program did not offer written material around the issues of self-care and stress, 63.4% reported that their program did not sponsor self-care activities, and 59.3% stated that their program did not encourage an informal atmosphere of self-care (Munsey, 2006). Given that self-care is one of the most critical factors in countering burnout and impairment, the results of this survey are startling. Moreover, considering that failure to take proper care of oneself places therapists at risk of ineffective work and impacts one's ability to maintain professional and ethical standards of practice (Barnett & Cooper), it is surprising that training programs have not instated more support for their students.

In addition to self-care, a major "life-saver" for many beginning therapists is to learn straight-forward, concrete, and easily-mastered therapy skills (Rønnestad & Skovholt, 2003). These skills may be seen as less valuable as a therapist progresses through development, but in the early stages of learning, they may ease beginner anxiety. Another essential aspect of therapist growth involves openness to learning, and the recognition (and subsequent mastery) of the complexities of therapy work (Rønnestad & Skovholt). As mentioned, one method of navigating through the process of professional development is continuous reflection (Skovholt & Rønnestad, 1992), which requires an individual to be constantly involved in interpersonal interaction, in both the professional (i.e., clients, supervisors, colleagues, etc.) and personal (i.e., children, spouse, parents, friends, etc.) realms. Another necessary component of reflection is a

supportive work environment, including the connection to other developing professionals. Lastly, a reflective stance is crucial for growth. That is, an individual must devote time and energy to processing significant experiences, both alone and with others (Skovholt & Rønnestad).

A novice therapist's ability to cope with the demands of training may be understood in terms of psychological adaptation and their approach to learning (Kuyken et al., 2003). When these characteristics develop, professional functioning follows. Another potential strategy for coping with the stresses of therapist training is programmed writing (PW), a structured form of written exploration around a specific topic (Jordan, 1998). PW may provide guidance for therapists who feel lost in their work with clients. It may also help therapists to engage in their sessions in a more focused way, relieve some of the pressure of their new responsibility, and gradually familiarize themselves with issues they may not yet have in-depth experience with (Jordan). Students who use less avoidance coping strategies when dealing with stress and have a home-based social support system also have improved psychological adaptation. As well, support from staff and clinical supervisors within training programs have been shown to aide in work adjustment (Kuyken et al.).

Although these methods of coping may help with the "typical" stressors of psychology programs, some students encounter unexpected personal obstacles over the course of their training. For instance, hardships such as death or debilitating illness undoubtedly affect a student's ability to cope with the standard stressors of their program. However, such challenges may also be a source for

growth, self-learning, and resilience, especially when the student has a positive and supportive supervisor who provides an opportunity to express and explore their reactions to grief, and also to learn about how their experiences impacted their interactions with clients (Stratton et al., 2007). Psychological hardiness, or the ability to continue engaging in daily life with "little or no loss of functioning," is also related to higher work satisfaction, personal health in the face of stress, more effective stress-managing responses, and lower substance use (Stratton et al.). Humor and laughter also protect against the adverse effects of stressful life circumstances (Stratton et al.). Lastly, maintaining an optimistic attitude while coping with stress and grief may lighten the burden of hardship, and positive reframing may even be a useful skill to teach one's clients (Stratton et al.).

Role of the supervisor. One of the most important factors influencing a therapist's early stages of development is the student's relationship with professors and supervisors (Rønnestad & Skovholt, 2003). In some ways, the supervisor-trainee relationship resembles that of the therapist-client. That is, an ideal supervisory relationship is characterized by empathy, respect, trust, and genuineness. Especially at the early stages of therapist development, trainees may benefit from a supervisor who takes on teacher role (Rønnestad & Skovholt, 1993). While the supervisory role may change and become less structured and directive at later stages, novice therapists typically welcome a skill-acquisition approach as they struggle with a lack of competency and specific skills. Moreover, support, encouragement, modeling, and positive feedback seem to be some of the most valuable aspects of early supervision in psychotherapy training

(Rønnestad & Skovholt, 1993). The pervasive feelings of anxiety and vulnerability experienced by early therapists should be addressed by supervisors (Rønnestad & Skovholt, 1993), as encouraging trainees to express their feelings and increase their level of self-awareness may relieve some of the emotional burdens of training.

Conversely, counterproductive events, or events which trainees perceive as hindering, unhelpful, or harmful to their development, often occur in supervision and can lead to further counterproductive interactions within the supervisory relationship (Gray, Ladany, Walker, & Ancis, 2001). For instance, when a student identifies his or her supervisor as dismissive of their ideas or beliefs, he or she may react in an overly agreeable way and feel that the supervisor is pushing his or her own agenda, ultimately slowing the supervision work (Gray et al.). In turn, this pattern may weaken the relationship and damage the student's sense of self-efficacy. A poor supervisory alliance, as well as a supervisor's strict adherence to a particular orientation, harsh criticism, and lack of trust can inhibit the student from disclosing issues they experience during training (Ladany, Hill, Corbett, & Nutt, 1996).

The program head perspective. It is important to consider how program heads conceptualize therapist development, because the designing of graduate programs has a significant impact on the experiences of trainees. In a unique study comparing the views of practicing psychologists with the views of professional psychology program heads, Schwebel and Coster (1998) identified several key differences in terms of how these two groups conceptualize

psychologist well-functioning. First, they found that program heads place significantly more emphasis on graduate education and training (e.g., program atmosphere, supervision, ethics training, and practicum experience), while practitioners rated personal and career factors (e.g., professional identity and continued education) as more important to well-functioning. Other important differences included higher ratings by program heads in the areas of peer and group supervision, while practitioners emphasized the importance of vacations, personal therapy, self-awareness, and personal values.

Overall, there seems to be several important discrepancies in the way that program heads and practicing psychologist view therapist well-functioning. That is, program heads stress the importance of training while practitioners place more value on personal awareness and self-care. As Schwebel and Coster (1998) explain, this discrepancy is not surprising, given the differing responsibilities that these two populations hold. However, these findings are valuable in that they may help to bridge the gap between two distinct groups of professionals with one common goal: fostering the development of happy, high-functioning, and healthy psychologists.

The unheard voice. Schwebel and Coster's (1998) examination of how program heads conceptualize therapist development is important in understanding the differences in perspective between training programs and practicing psychologists. Of course, the education and training of novices are of utmost importance in producing effective therapists, but as emphasized by practicing psychologists, so is self-care. While the opinions of these two groups are

certainly valuable, the perceptions of students who are actually *experiencing* training are also important to understand. For many of these students, this process is characterized by stress, anxiety, and self-doubt, and tends to be an overall unhealthy experience. Given the intensity and stress of professional training programs, it seems that therapists-in-training, who are working in unfamiliar territories, with unpracticed skills, might be even more susceptible to the challenges of therapy work than psychologists who have had many years of experience.

It seems especially important to understand the benefits of practicing therapy on novices who are just beginning to learn how to provide therapy. Considering the number of students who enter training programs each year, it is crucial to understand not only what draws these individuals to therapy work, but also what keeps them inspired to learn and grow as healthy therapists. Such an understanding may enable graduate programs to design their curricula and training practices in a way that maximizes the student experience and fosters healthy therapist development. Without hearing the voices of therapists-in-training, it is impossible to fully understand the challenges and rewards of early psychologist development, or to properly support and foster therapist health.

Chapter Three: Methods

My aim in this study was to explore the process of becoming a healthy therapist from the perspective of novice practitioners. I hoped to learn about how individuals experience the stressors of training and the challenges of the profession itself, as well as identify factors which either helped or hindered their becoming healthy therapists. Specifically, my initial research questions were:

1. *What is the experience of becoming a therapist?*
2. *What factors contribute to the healthy development of therapists?*
3. *What factors hinder the process of becoming a healthy therapist?*

To explore these questions, I implemented a *basic interpretive qualitative method* (Merriam & Associates, 2002). I chose this method because my overall goal was to understand how therapists-in-training make sense of their experience. I wanted to create a rich, deep, and detailed account of this experience, learn about how they construct their reality, and identify the meaning that they attach to the events of training. I wanted to conduct an exploratory, descriptive, and inductive project aimed at obtaining an emic understanding of the experience of training.

While this was my intention, as I began to collect data, the research direction evolved. What resulted was a more ethnographic account of the norms, beliefs, and expectations of therapy students, as well as how the structure and culture of training programs influenced their health. As such, my methods became less focused on the *process of becoming* and more focused on *way of life* of therapy students in the context of training programs, which is fundamental characteristic of ethnographic research (McLeod, 2001). Consequently, my

research purpose evolved, and ultimately answered the question: *How does the culture of therapist training programs impact student health?*

Study Conception

My motivation to carry out this study was seeded in the first year of my training to become a therapist. Despite being very passionate about practicing psychology, I had a difficult time managing my numerous responsibilities and coping with issues arising in my personal life. I felt very unhealthy, both physically and psychologically, and near incapable of continuing at the pace I had set for myself. Half-way through the year, I seriously debated discontinuing the program, but based on the advice of several important figures in my life, I decided to stay. After making this decision, I committed that I would no longer extend myself beyond my means, and that I would create boundaries to ensure my health.

Having experienced a period of such struggle, I began reflecting on the factors contributing to and deterring from my well-being. I discovered that the most significant influences on my health were the pressures of my student responsibilities, the incompetence I felt as a novice therapist, my commitments outside of school (i.e., employment, extra-curricular activities), and my inability to devote more of myself to nurturing my personal life. Once I developed an awareness of these issues, I started to notice similar experiences shared by my classmates and colleagues, and became very interested in the concept of novice therapist health because it was so personally relevant to me and many others.

In addition to the personal relevance that this topic had to me, I also wanted to make a practical contribution with my thesis research. I believe that the

most fulfilling areas to study are those that have a direct impact on the well-being of others, and that people of varying experiences can relate to. I arranged a meeting with my supervisor to discuss the idea of studying the process of becoming a healthy therapist. Fortunately, he welcomed my idea and provided me with the inspiration and guidance to transform it into a Master's thesis.

Study Design

At first, I felt it was important to establish a broad understanding of novice therapist health. I also wanted to explore how trainees conceptualized the notion of health, because it seemed to be somewhat of a subjective idea. Next, I wanted insight into how trainees characterize the training process; I wondered if they would share a common experience. Based on the literature I had reviewed, I wondered if therapists-in-training would convey their experiences in a positive or negative (or a combination of both) light. Finally, although I had identified several key influences which impacted my own well-being during training, I was interested to explore the factors that were influential for other trainees. These curiosities formed the basis of my interview questions.

As my study progressed, the design evolved in response to the new data that I acquired. At the onset, my primary goal was to *describe* the process of becoming a therapist and identify patterns of what promoted and threatened the health of student therapists. As mentioned, however, the participants spoke primarily about the *culture* of training programs and how their expectations and beliefs were affected by the structure and context of training programs. I followed this direction and acquired more of a focused ethnographic (Knoblauch,

2005) approach to describing and analyzing the data. That is, I applied a short-term, small-scale, narrowly focused, and data intensive method to explore the particulars on the experiences of trainees.

Recruitment

Participant selection. My method of participant selection was both convenience and purposive sampling. I selected participants for this study based primarily on our relationships. My supervisor and I decided that the intimate and very personal nature of the issues explored in this study required interviewees to have a certain degree of comfort sharing experiences with me. I also selected participants who I felt would be able to provide rich accounts of their experiences, based on the in-depth conversations we had in the past. That is, I tried to recruit participants who I believed had spent some time reflecting on their experience of training. Lastly, I contacted individuals from multiple locations in order to examine whether trainee experiences differed depending on their specific program.

Once I identified several potential participants, I contacted them either in person, or on-line about their willingness to participate. They were given a description of the study, and ensured that participation was entirely voluntary. Of the seven individuals contacted, six responded and agreed to participate. The seventh potential participant contacted me several months later to inquire about whether she could still participate; ironically, she had been too busy with school to reply at the time of the initial contact. Unfortunately, I had already completed

data collection at this point, and only had ethics approval to conduct six interviews.

Participant demographics. Individuals from Alberta, British Columbia, and Ontario were recruited and invited to participate. All six participants were female, and ranged in age from 24 to 32 years.

Three participants were close friends of mine, each of whom I had known for over two years. I met two other participants at a national conference where I discovered that our areas of study overlapped considerably. All five of these participants indicated their willingness to participate after we shared conversations about our thesis research. The sixth participant was an undergraduate classmate of mine who I have known for over five years. She was eager to participate as soon as I told her about this project.

One participant in this study was in the early stages of her PhD training in Clinical Psychology, and the other five had either finished, or were near finishing (completed coursework and were working on theses) their Master's degrees in Counselling Psychology (n = 4) or School Psychology (n = 1).

Data Generation

Interview. All of the women who were invited to participate had previously engaged in informal conversations with me about the topics explored in this study. After indicating their interest to participate, they were given information letters and asked to sign a consent form. Each participant was notified that their responses would be kept entirely confidential and that all identifying information from the interviews would be removed after transcription.

Each woman engaged in one audio-taped, semi-structured interview, either in-person (n = 1) or over the phone (n = 5). The interview consisted of the following open-ended questions which were designed to establish a broad focus for the discussion:

1. *This study is about how a person becomes a healthy therapist. To begin, I would like to ask you how healthy you feel you are?*
2. *Now tell me about your experience getting this far – what has helped make this a healthy journey for you?*
3. *Is there anything that holds you back from becoming a healthy therapist?*

Each question was discussed in-depth with participants, and the resulting interviews ranged from 20 to 45 minutes in length. The main structure of the interview followed these three questions, which were developed with my initial research questions in mind, but other issues or topics that came up during the conversations were also explored.

Interviews were then transcribed into an MS Word document, and all identifying information (e.g., names of people or places, location of educational institutions, etc.) was removed. After interviews were conducted and transcribed, each participant was sent a copy of their interview to confirm their experience before it was analyzed. All but one of the women felt that the initial transcriptions accurately represented their experience, and one wished to elaborate further on one of the topics discussed. The confirmed transcripts were those used in analysis.

Research notes. During the interview stage, I kept a collection of research notes in which I recorded and explored my reactions to all of the interviews. I thought it would be valuable to track and reflect on how I felt about what the women were sharing and to compare my experience with theirs. I also attempted to connect the issues discussed during the interviews to what I already understood about the process of training, and to the concepts that are documented in the existing literature. Lastly, I made note of quotes that I felt were particularly compelling or representative of significant concepts, and that I had especially strong reactions to.

Data Analysis

Because my research questions were subjective and experiential, I felt that working from a qualitative paradigm would help to illuminate the rich, descriptive nature of interviews. Additionally, because of the personal relevance these questions had to me, I felt that I could use my own experience in interpreting and understanding the issues discussed by the participants, which is not as common (if present at all) in quantitative research. Given that my project was exploratory, descriptive, small-scale, and focused, my analysis stayed close to the data. Specifically, I employed open coding, engaging in the constant comparison and development of patterns and themes.

My first step in analysis was to familiarize myself with the data by reading through full transcripts of all interviews several times over. Instead of focusing solely on specific comments or quotes, I attempted to conceptualize the data more holistically and derive general impressions from all interviews. In this way, I

integrated the six interviews into an overall understanding of the women's experiences.

Next, I took note of patterns that seemed apparent to me in the interviews. I ascribed meaning to each of these patterns based on my impressions and previously-noted reflections, and used this to distinguish several rough themes. After developing a collection of patterns, meanings, and rough themes, I reviewed each interview to confirm that my conceptualizations seemed appropriate for all of the women I interviewed. Finally, I summarized these themes and selected several quotes which I felt most accurately represented their core meaning.

Evaluating the Study

Whereas quantitative researchers use reliability and validity as criteria to evaluate the quality and rigor of their work, the inherent differences in qualitative inquiry necessitate a modified method of evaluation. One method of qualitative evaluation is *verification*, or "the process of checking, confirming, making sure, and being certain" (Morse, Barrett, Mayan, Olson, & Spiers, 2002, p. 9). By engaging in this process throughout data collection, and not simply once data is ready to be analyzed, the investigator contributes to the rigor of his or her study. Additionally, this repetitive process reflects the iterative nature of qualitative research. Continuously reflecting, confirming, and integrating new data allows the investigator to maintain focus and monitor interpretation. Also, investigator responsiveness ensures that impressions and themes are developed and adapted appropriately, according to new data (Morse et al., 2002).

I attempted to adhere to Morse et al.'s (2002) model of verification throughout the data collection and analysis phases and also made an effort to maintain investigator responsiveness. I kept note of my reactions to the interview content and continuously reflected on how these reactions impacted subsequent interviews and interpretations. These notes were helpful in evaluating my own biases and impressions, and helped me to monitor the development of themes. Also, I transcribed and re-read each interview before conducting the next, which allowed me to integrate new interviews with my overall understanding of the data. I also shared my first transcription with my supervisor for his feedback about my interviewing approach and the content of the interview.

Morse et al. (2002) propose five methods for verification. I monitored *methodological coherence* – that my research goals matched my research methodology – by constantly evaluating whether my interview techniques (e.g., the way I asked questions, responded to participants' comments, shared my own experiences, etc.) served to answer my research questions, or whether they swayed participants to respond a certain way. Second, I tried to ensure an *appropriate sample* by contacting individuals from various institutions and by including participants who I felt had reflected on the issues explored in this study. Next, I *collected and analyzed data concurrently* in order to iteratively form an understanding of the data and to monitor the development of my interpretations. I engaged in *theoretical thinking* and continuously *developed my theory* by allowing new data to modify my impressions, and guide my exploration of subsequent data.

Ethical Considerations

A proposal for this study was submitted to the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta, and approved on June 23rd, 2009. Although some of the issues discussed in this study were considered to be emotional in nature, the potential risks or discomfort involved were deemed to be minimal.

Confidentiality of all participants and their experiences were protected; no identifying information (i.e., name, age, gender, etc.) was kept on record, and no quotes were included which contained any information that could potentially be linked to participants. Free and informed consent was obtained, and participants were ensured that they may discontinue the study at any time, without explanation or consequence. Before submission of the study's final document, permission was obtained from participants to use all of their specific quotes.

Participants were informed that if they became upset during the interview, they may discontinue the study. Further, it was established that if any participant was disturbed by the interview, a referral to a helping professional would have been made in order for the participant to work through their upsetting emotions. Paticipants were given an information letter about the study, as well as contact information to reach myself, my supervisor, or the Ethics Board for further questions or concerns.

Chapter Four: Findings

A review of the six interviews revealed several clear themes related to health, stress, and strength in the experiences of novice therapists. Moreover, participants spoke extensively about the culture of training programs, and how it impacted their well-being. A number of subcategories within the main ideas were also identified.

Conceptions of Health

My first interview question, *"This study is about how a person becomes a healthy therapist. To begin, I would like to ask you how healthy you feel you are?"* was designed to answer my primary research question. That is, to explore how novice therapists experienced the training process, as well as how they conceptualized the idea of health. I noticed two common threads in participants' responses to this question.

Current health versus in-school health. When questioned about their current level of health, all but one of the novices expressed a significant distinction between the way they felt at the time of the interview and the way they felt while they were immersed in their program:

> At the moment I feel I am extremely healthy. Right now I'm able to devote quite a bit of time in terms of my self-care… And I have a lot of time for myself, so mentally and physically I feel extremely healthy. During the time when I was in school I didn't feel healthy at all because I had really bad insomnia and I was really stressed out. I was having a really hard time balancing out things in terms of self-care and being able

> to, well, take care of myself with school – trying to meet all of the demands.

The one participant who expressed that she felt very unhealthy at the time of the interview was the one participant still in the midst of her training.

Participants' comments on their current health ranged from "pretty healthy" to "extremely healthy," and they described themselves as now having more time for themselves, their friends and family, and self-care. When asked to describe their level of health while in school, the participants unanimously noted a "marked difference between last year and the intense portion of my studies and now." Many of the women stated that their level of anxiety, their sleeping and eating patterns, and their ability to exercise and find time for themselves had improved immensely since completing the most intense portions of their training and being free of the "constant weight of deadlines and readings." Several participants noted that relationships with friends and family had improved since the load of school had lightened. One participant explained that, during training:

> Even when I did have time to talk with them, I was often very distracted or wasn't feeling like myself so I didn't really feel like talking or didn't have as much energy to talk to them, so obviously that affected my quality of interactions with them.

Out of school, however, participants indicated that they had more time to nurture these relationships.

When I think of 'health'… Most participants reported that the concept of health is comprised of physical, emotional, mental, and social well-being, and

some participants also considered spiritual well-being to be important for good health:

> When I think of 'healthy,' I think of physical health and I think of spiritual and mental health as well. To me, they go completely hand in hand, and one supports the others. I mean, everyone is different, but for me, I need both the physical outlet to get mental calmness and mental health, so exercise is a really effective way for me to reduce stress… Where somebody else might want to do music or play music or, you know, hang out with friends and stuff.

The most commonly noted characteristics of good health were time for self (including proper eating, sleeping, and exercising habits, as well as time to meditate and engage in other self-care activities), connecting with and having time for friends and family, level of motivation/enjoyment, sense of balance (i.e., meeting the demands of work, school, and personal life), and feelings of satisfaction and confidence.

Poor health was also defined as a multi-dimensional concept, and indicators included: problems with sleep, high stress and anxiety, distractibility and inability to concentrate, having unresolved personal issues, feelings of self-doubt and depression, and fatigue and burnout: "I feel really run down, everything seems a lot more effort, I lose enjoyment in things, I'm not able to be myself as much." Perhaps the most powerful description of poor health was given by one woman, discussing how she felt at a particularly difficult point in her training:

> The thing that they talk about all the time is achieving balance, right? Making sure that you have enough time for you and that you're doing things that recharge your battery. And I'm not. I don't have anything for myself… I don't have any hobbies, I'm not in dance classes, I don't play sports, I don't go and do anything that's outside of school. I don't have any friends that are not connected to school… So it's kind of like a hollow existence.

This quote represents how difficult certain aspects of therapist training can be, and resonates with many of the other women's accounts of their experiences.

Staying Sane and Inspired

In response to the second interview question, *"Now tell me about your experience getting this far – what has helped make this a healthy journey for you?"* participants provided several common answers with regard to what improved their sense of health.

Relationships with classmates. Having close relationships with classmates was the most commonly reported contributor to good health:

> There are still the challenges of trying to do grad school – you're still in school, and all that jazz – still trying to balance work and money and everything that you're trying to do – but it makes a *huge* difference I found, to have even just a few people that you can connect with.

Also, several participants reported that building a network with individuals in the same position (or higher) made them feel stronger: "I could definitely build a better network around me of people both at my same level of expertise and as

well a higher level, and especially more in the counselling area." The main reason for this seemed to be a sense of unity, validation, and understanding. As one participant described:

> I couldn't imagine going through this without [my cohort]. For a number of reasons: just for personal fun, for venting, and also for clinical stuff in particular. Having someone who you can talk about your clients with. You have to debrief with somebody. You have to talk about your experiences, and how things are affecting you, and you can't do that, because of confidentiality, with anyone else. So having them, and getting ideas or tips from them, or you know, things to try with your clients, or even "yeah that sounds like a difficult session," that makes all the difference in the world.

Being able to talk with someone in a similar situation and share a difficult experience seemed to be one of the most important protective factors of trainee health:

> There were a few people in my class who I did bond with when I was there. And being able to vent with them about things that we thought were either poor teaching techniques, or ridiculous deadlines, having somebody who understands exactly what you're going through, and being able to vent, like basically just complain together about the program, it made you feel better, because you're like "okay, I'm going through this, but at least I'm not the only one."

Friends going through the same experience were able to encourage each other to observe limits, and to remind each other not to take criticism or other negative experiences personally. Knowing that "I'm not the only one going through this" was a strong source of strength for all of the novice therapists.

Support from friends and family. Another factor that contributed to trainee health was support from friends and family: "Of course I had a really huge support from friends and family. That was major – probably extremely fundamental in my process of becoming healthy as a therapist was having my friends and family." As one participant elaborated:

> I'd say for me, friends and support from friends is a *huge* thing, so I'd say that has definitely helped. I think without that support, I'd feel *so* much less confident and so much less… less competent and whatever, so for me that's a big thing.

When asked to specifically describe this support, participants noted that friends and family listened, allowed them to vent, worked through specific problems and decisions, provided encouragement, and were supportive by "just being there." One participant explained:

> I feel like I've got a lot of support, I have my family and my friends… I feel like they're supporting me, and I feel like I have healthy communication levels with them so that's a positive aspect of my life. They've gone through that [decision-making] procedure with me, that process with me of listening to, and kind of, like, really sincerely kind of trying to see which path I should take and go through all the pros and cons

> and all that kind of stuff… So listening has been a huge thing. Or like, [when I'm] freaking out about some decision that I have to make, like, helping me get out of the fetal position (laughs).

Supportive supervisors. The next contributor to health was having a positive supervisory experience. Many of the women mentioned that supportive, encouraging, and caring supervisors who "looked out for" them significantly improved the training process. Specifically, supervisors who listened, guided, provided opportunities, and "had faith in" trainees were a huge source of support and development:

> My thesis supervisor has been very helpful. He was always around after class if I had questions; he would often suggest ways that I can improve potentials for growing in my career. So, for example, helping me publish an article. That felt good that there was this person, who maybe sees some potential in me, who's offering a hand, spending his time after class, extra time helping me. That made me feel like I'm not wasting my time in this program – I'm meant to be in this program kind of thing.

Another participant described her relationships with several particularly encouraging professors, and noted that she felt "inspired" by these individuals. Several participants stated that the most helpful supervisors were those who were open for exploration. Instead of forcing students to practice from a particular orientation, one woman stated that the most health-promoting professors were accepting and supportive:

> They were enthusiastic about the profession, but also I think that they were accepting of our own approaches. They helped to support us in our journey of figuring out who or what we are as a therapist rather than, kind of, teaching us about certain theories and, I guess, not forcing that upon us. But they just fostered more learning about what I was going to be like as a therapist.

Work with clients. Not surprisingly, positive experiences in therapy work were another of the factors that contributed to trainee health:

> I find that even despite the stress, it makes me feel better when I'm able to help somebody else. I also found that… It was really humbling and was helpful in putting things in perspective for me. So work with my clients kind of helped me out rather than dragged me down.

Most participants indicated that this work (especially the successes) built a sense of confidence, and listening to the hardships of others helped to keep the personal problems of trainees in perspective. Seeing improvement in clients was also valuable and greatly contributed to participants' healthy development:

> When I see a client who has a light bulb moment, or a client who's been struggling so hard with expressing sadness or anger, and finally, even just in one session, they're able to wipe a tear from their eye, or even if it's just a small minute, change… That to me is a huge step… Seeing the courage that my clients show makes me really believe in the profession.

Self-care. All six participants mentioned at least one self-care activity that contributed to their health during training:

> I did consciously make an effort to keep a balance in my life, because I knew that if I didn't, I would just go crazy and, you know, everything would come crumbling apart. So I would try to go to the gym a couple of times a week and make phone calls to friends every now and again, and do things to keep myself from getting *too* unhealthy.

Participants expressed that self-care was one of the most crucial factors in counteracting program-related stress. Whether it was reading a book, meditating, spending time with friends, or going to the gym, each participant confirmed the importance of self-care in promoting therapist health:

> I should have probably done more self-care things, instead of you know… There's never going to be enough time in the day to get everything done. And I think that I made the mistake of not doing those little self-care things that keep you intact. Whether it's, you know, for me it might have been taking a bath, or reading a book, or anything that's *not* academic.

Remembering why I'm here. Continuous reflection and maintaining perspective was another activity that improved the health of these women. With the constant demands of graduate school, some students may, at times, forget the reasons for being there. However, trying to remember what is valuable in life and keeping a sense of perspective was helpful for some participants to remain healthy:

> I think a lot of being a grad student, or a therapist, or anything in life, it's balancing your career and your family and all these things. And

> sometimes you have to make sacrifices, but it was knowing what I was willing to sacrifice and what I wasn't willing to sacrifice.

Constantly trying to remember that, despite the stresses and the demands of training, "it's a gift to be here," and taking time to be proud of each accomplishment instead of focusing solely on what has yet to be done was crucial for most participants. Also, reaching small goals and acknowledging successes along the way helped to prevent trainees from becoming overwhelmed with long-term goals and requirements.

Building a knowledge base. Lastly, feeling competent and prepared to practice therapy was another factor influencing trainee health. One participant noted that, for her, some of the ways to build self-confidence were to read, observe, and practice therapy skills, and that strengthening these skills increased confidence and contributed greatly to her overall sense of health:

> Even reading things was helpful, or learning in class or whatever, getting feedback, watching videos, seeing counselling being done. I guess a lot of that's more about being a counsellor, like learning to be a counsellor... And I guess it is also about learning to be a healthy counsellor. Because I guess I would say the things that helped me learn to be a counsellor, or anything that supported my growth as a counsellor, were things that also tended to support me being more healthy.

Also, feedback from professors about which areas the trainee was succeeding in was another significant source of strength:

> Any support and feedback I got… Like "That was a good question to ask," or "I liked your wording." That just so much, you know, lifts your spirits and okay I'm not totally crazy, and I'm kind of on the right path, and even if everything I say isn't right, and I'm maybe not doing everything, I'm *certainly* not doing everything perfect, right? Those few things, those were really helpful. I really appreciated that feedback. The feedback that was positive.

Having a solid knowledge base and foundation on which to develop skills, as well as receiving feedback about strengths seems to be an essential component of building a healthy therapist.

A Hollow Existence

Participants also provided several common responses to the third interview question, *"Is there anything that holds you back from becoming a healthy therapist?"*

Stress and burnout. One aspect of therapist training that is particularly detrimental to trainee health is school-related stress. Although this is a common complaint among graduate students in all areas of study, therapists-in-training must cope with two distinct pressures: the pressure of academic life, and pressure of being a novice clinician. All participants expressed that they had significant difficulty dealing with the numerous stressors of their program, which included heavy course loads, financial burdens of being a student, completing assignments and meeting deadlines, feeling unprepared to work with clients, having too little time to rejuvenate, the emotionally draining nature of therapy work, and worrying

about meeting the demands of their program (e.g., accumulating enough client-contact hours):

> I felt like because of all the demands of the program, classes, etc., I wasn't able to focus on becoming a good, healthy counsellor as much as I would have liked. I was spending more time worrying about assignments and trying to survive everything than focusing on my development as a counsellor. And to me, that development should be the most important aim of our program – but it didn't feel like it was.

Another unhealthy aspect of training, which is related to stress, is burnout. One participant described herself as "depleted," explaining that a lack of "motivation, definitely, is something that keeps me from going forward and being the healthy therapist that I would want to be." This feeling of burnout was common in many participants, and inhibited them from getting the most out of training. One participant explained that her levels of stress and burnout even affected how much she cared about the program: "Inherently, I actually really love everything that the program is about but I end up resenting or hating a lot of it because I'm so tired and stressed out."

Another participant described her experience as so stressful that it sometimes dampened her enthusiasm about the field:

> If becoming a therapist is going to be like doing my Master's, then I don't know if I want to do it (laughs). Because it was really, really stressful! It was a lot of really late nights and a lot of stress, and that impedes me from thinking about being a healthy therapist for sure. But I think probably

> once all that settles down and once I'm done school and all that stuff I think that I probably will be able to balance things out more, or I hope so anyway.

No time for balance or self-care. Another health challenge that paricipants reported was their inability to find balance during training:

> I think a big thing about being healthy and what not is that sort of balance. And I don't feel like that was very well-supported in our program... I just felt like we were expected to do *a lot*. Like an unreasonable amount. And, you know, I don't think that that's helpful or healthy.

Tending to school-related tasks often took precedence over all other responsibilities, and personal lives and self-care were neglected:

> Especially as a grad student, I think it's hard to balance all the demands, and so I guess overall, I feel physically, mentally, and emotionally less healthy in that aspect. Because I find it hard to work out when I've got a million things to do.

Participants expressed that they found it very challenging to succeed in school, make time for paid work, interact with friends and family, tend to personal issues, and engage in self-care. Despite that all participants indicated the significance of self-care, not one felt that they had enough of an opportunity to practice.

Critical and uncaring key figures. All six participants felt a lack of support from professors and other key figures in their program: "It's one thing when I hesitate about myself, but say if I even feel that one of my profs isn't supporting me, that adds a whole other element." Some women noted that

professors did not understand their needs or encourage them, others felt that their professors' expectations were unrealistic, and some described situations where they felt disrespected:

> I have an idealized opinion or view of what a professor should be. Like, I feel like they should be this completely honorable, perfect (laughs) person, and I guess, realizing that they can be… A little bit deceiving sometimes... Or more concerned about their own needs than yours. Which is human nature, right? I just, like I said, I had this idealized version of what a professor should be.

Another woman noted that, upon hearing about a student taking an afternoon off after having defended her Master's thesis, one of her professors claimed that she did not deserve a break.

Although most participants did acknowledge a positive relationship with at least one supervisor, the overall feeling was that therapist training programs seriously lack student support systems, and that many professors are often overly critical of trainees: "You would think that of all people, clinicians would understand the *sandwich technique*,[1] at the very least."

Society's perceptions of success. Many of the participants felt that "nothing was ever good enough," and that this feeling was perpetuated by a lack of understanding and acknowledgement on a departmental and even systemic level. One participant felt that our current society is so driven to be successful

[1]A sensitive way to deliver criticism, by both preceding and proceeding the criticism with positive feedback.

(defined as having money and a high-status career), that health is often neglected. In discussing this culture, she commented:

> I was just reading a Dilbert comic, and the boss is saying to Dilbert, "I want you to do this, and this, and review this entire system." And then he was like, "How am I supposed to do all this stuff with all the work that you're giving me?" And then the boss was like, "Well have you *tried* sacrificing your health yet?"

She explained that we are not taught, encouraged, or expected to be healthy. She was especially disturbed that this attitude exists in mental health training programs, where students are expected to help foster self-care in clients, despite their lack of opportunity to care for themselves. Several women explained that this systemic flaw interferes with the effectiveness of their training and that the feeling of "I will never be good enough" takes the enjoyment out of clinical work. Moreover, this mentality creates a sense of competitiveness among classmates, which not only creates stress, but may also place these important relationships in jeopardy.

Inadequate preparation. Several participants expressed that they felt unequipped to practice therapy, even after having completed their training programs: "I don't feel adequately trained, and that makes me feel anxious, nervous, inadequate, and I think those are unhealthy feelings (laughs)." One reason for this was a lack of client contact and limited opportunity to practice the skills that were taught in the classroom. Another reason was that trainees felt so consumed with material unrelated to therapy that they were not able to focus on

improving their skills or building a firm knowledge of counselling. As well, some participants explained that so much material was forced into so little time, that it was difficult to absorb and consolidate much of what was taught:

> I think what made that especially difficult for me and didn't support my becoming a healthy therapist, is that I felt like I wasn't able to totally integrate and make sense of the things that we were learning. To me, being able to integrate that would have helped me to become a better, healthier therapist.

Another idea expressed by some participants was that the unfamiliarity and inexperience of very novice therapists may contribute to their struggles with training. As one woman noted, she likely would have had a different experience, had she more clearly understood what to expect:

> It definitely affects you mentally, physically, in every possible way. It's a *huge* part of your life for the part that… It's a part of you. It teaches you your limits, but having said all that, I would do it again, but just have a more knowledgeable… I guess, just, I don't know, approach it a little differently; not so naively. I don't know if that's possible, if you haven't gone through it though.

Discrepancy Between Program Theory and Practice

The last theme that was clearly and consistently expressed by participants was a frustration with the discrepancy between what training programs teach, and what they practice – specifically in terms of self-care: "There's a lot of talk about self-care in the program I'm in, but there's not much of an opportunity to foster

that at all…" Participants indicated that self-care is one of the first concepts introduced in their programs, but that it does not seem to be accepted in practice. One woman jokingly explained that in her program, "one of the modules is how to become a healthy therapist… AND LEARN IT FAST!" The implications of this discrepancy seem obvious, especially given what is known about therapist stress and burnout, however, training programs consistently seem to overlook the fact that improper self-care most often results in impairment. One participant added another interesting perspective, noting that:

> It's hard to teach your clients self care and then not be able to do it because your supervisors don't respect it… Even your attempts at observing your limits and saying 'no' don't get respected, so why would you try?

Overall, participants focused primarily on the negative experiences of training. Although positive aspects of training were acknowledged, the most salient message from these women was that the culture and context of training programs impacts what they believe about and expect from themselves and their program, and how it threatens their well-being.

Chapter Five: Discussion

In the midst of the pressures of graduate school and the difficulties inherent in therapy work, how do students manage to overcome the challenges of training while maintaining their happiness and their health? In what ways does the culture of therapist training programs influence the experience of trainees? This study explored this experience, as well as the factors that impacted their health. My main goal was to gain a deeper understanding of this experience, specifically with regards to health and thriving. Novice therapists were interviewed about their overall health, as well as issues that contributed to or inhibited them from becoming the healthy therapist they want to be. They also provided in-depth descriptions of how the context of training impacted their health.

Novice Therapists' Health

The overarching theme emerging from the experiences of participants was a profound sense of unhealthiness in the training process. Discussions were focused predominantly on the challenges and obstacles that needed to be overcome in order to survive training. Even when questioned about factors that contributed to their health, participants often strayed into discussions of things that were *missing* from their programs. Participants explained that there were drastic differences between the level of health that they felt during and after their training. These results are not unexpected: reports of stress and overextension are well-documented in the graduate student – and especially the therapy student – experience (Stratton et al., 2007; Skovholt & Rønnestad, 1992).

Descriptions of Health

Interviews with these women expand the current understanding of trainee well-being in that they provide a rich description of how students conceptualize the idea of health. All of the women agreed that health is a holistic concept, comprised of physical, mental, social, and emotional factors, and some believed that spiritual well-being also contributes. This means that, in order to foster and maintain good health, one must continuously attend to each of these areas. However, the intensity of training programs makes it almost impossible for students to properly nurture each area of health, and every participant indicated that, during training, one or more areas were inevitably ignored.

Healthy Aspects of Training

Another goal of this study was to explore factors that promote good health in therapists-in-training. Participants were asked to discuss what helped them to become healthy therapists, and several key influences were identified. First, participants explained that relationships with classmates, friends, and family were an incredibly important contributor to good health. Next, support from supervisors was another crucial factor contributing to therapist health. Positive experiences with clients were another contributor to good health reported by participants, and helped trainees to feel competent and inspired about therapy work. Participants reported that self-care activities helped to reduce stress and prevent burnout. Similarly, continual self-reflection and efforts to maintain perspective were also helpful in not becoming overwhelmed with training requirements. Lastly, building a firm knowledge of therapy and receiving

positive feedback about newly learned skills decreased anxiety and increased feelings of efficacy, which subsequently led to an overall healthier experience for trainees.

It is well-known that self-care, support from family and friends, self-reflection, and a positive supervisory experience greatly increase the well-functioning of both trainees and experienced practitioners (Kuyken et al., 2003), so it is no surprise that these factors were some of the most frequently noted by the women in this study. It has also been shown that mastering basic counselling skills is one of the best and most straight-forward ways for novice therapists to feel more confident (Rønnestad & Skovholt, 2003). Moreover, the idea that both practical and emotional social support from colleagues serves as a buffer against stress (Kuyken et al.) was supported by the deep significance that participants placed on relationships with classmates. This finding underscores the importance of enabling and nurturing these relationships. Additionally, the healthy impact that working with clients had on these women highlights the positive effects of therapy work for novices.

Barriers to Healthy Development

The next construct explored in this study was poor health, as well as factors that impede the healthy development of novice therapists. Participants indicated that perhaps the largest obstacle to becoming a healthy therapist was the stress that accompanies training. They also lacked the time to find balance or practice self-care. These themes contrast somewhat with the idea that stress and vicarious trauma enable growth in practicing therapists (Slattery & Park, 2007).

However, it is possible that the findings in this study differ from previous research because participants were *novice* therapists as opposed to *veteran* psychologists. The additional weight of academic responsibilities may account for the negative effects of stress on the healthy development of novices. Also, based on the finding that increased work experience is associated with higher job satisfaction and less stress in experienced therapists (Kramen-Kahn & Hansen, 1998), it stands to reason that novice practitioners would report less satisfaction and more stress because they are relatively new to the field.

In addition to the stresses of training and difficulty balancing, participants felt that there was a serious lack of support from professors and other key figures in their programs. Given the intensity of graduate training programs, as well as the fact that psychology programs are designed to teach individuals how to promote mental health, all participants were disappointed and surprised by the critical and unhealthy approaches of many of their instructors and supervisors. Considering what is already known about the importance of positive and nurturing supervisory relationships in therapist development (Rønnestad & Skovholt, 2003), it is no wonder that figures who did not seem to understand trainees' needs were so detrimental to these women's health and self-image. Another factor that impeded the healthy development of these novices, which may underlie the unhealthy approach of some supervisors, was the constant pressure to "succeed" in our culture – which one woman identified as obtaining a high-paying and high-status career. Some participants felt forced to compromise their health for academic and career-related accomplishments.

Lastly, participants reported feeling inadequately trained. It is well-known that beginning therapists experience high levels of anxiety, self-doubt, and a lack of confidence (Skovholt & Rønnestad, 1992), which makes it all the more crucial to ensure that students feel prepared to practice.

The Culture of Mental Health Training

The last theme highlighted by the women in this study was the irony of training programs teaching about the importance of self-care without giving students an opportunity for its practice. We know that while program heads consider training and education to be most important in building an effective therapist, practicing therapists believe that self-care and personal growth are more essential to well-functioning (Schwebel & Coster, 1998). The current study illuminates the experiences of a group that is perhaps most directly impacted by training program practices: therapists-in-training.

Despite the blatant dissatisfaction of many novice therapists with the inability or unwillingness of their programs to promote well-being, many unhealthy aspects of professional training programs seem to persist. Each one of this study's participants expressed clear disappointment with one or more aspects of their training process, and this reflects a wide-spread concern. In one particularly alarming study, Schwebel and Coster (1998) found that, although 90% of psychology program heads reported planned efforts to prevent impairment, only 21% of these efforts targeted *all* students, and many of these efforts were short-term and were not integral to the entire program. Moreover, while 53% of program heads reported that their program encouraged personal

therapy, only 20% of programs encouraged it of all students, and an even fewer 11% required such therapy of their students (1% for all students, 9% for students in need, and 1% unspecified). While these numbers describe *planned efforts* to prevent impairment, only 5% of program heads actually *implemented* changes (e.g., fewer semester hours, non-graded small group classes) to the curriculum intended to safeguard student mental health. That is, program heads acknowledge a *theoretical* need for change, while *in practice*, steps towards these changes are lacking. As Schwebel and Coster pose:

> How can one promote well-being and well-functioning in psychologists if the model we give them during their training is contrary, to some degree at least, to a wellness way of life? How can psychologists be caregivers to others if, during their training, they are not encouraged and given the opportunity to practice self-care? (p. 289)

When questioned about challenges to implementing change in training programs, program heads reported a lack of time and space in the curriculum, budgetary limits, resistance from faculty and students, and a lack of trained faculty (Schwebel & Coster, 1998). In other words, time and space in the curriculum, and money, seemed to account for why psychology programs fail to provide safeguards against student impairment. Program heads also reported that increased funds and changes in federal and state requirements would increase the possibility of real change.

The pervasiveness and breadth of this issue is daunting. In order to overcome the major problems in training programs, universities need to (1)

promote a lifelong model of well-functioning (such as continual monitoring of self-awareness and self-care), (2) foster an ongoing style of learning (as opposed to forcing into the graduate school years all of the knowledge that a therapist should ever know), and (3) eliminate the sense of harsh competition among students, and redefine rigor as a trait that is within the potential of all students admitted to the program (Schwebel & Coster, 1998).

Implications

The ideal program. Perhaps the most obvious implication of this study has to do with its relevance to program planning. Participants provided meaningful insight into what helped them along in their journey of becoming healthy therapists. These factors could be directly used in the redesigning of a training program aimed not only at producing effective practitioners, but also at nurturing and developing all aspects of therapist health.

First, a shift in what is emphasized during training may alleviate some of the major challenges of trainees. For instance, lessons focused on implementing self-care practices, reducing stress, networking with colleagues, maintaining personal relationships, and reflecting on one's development may enable students to find more balance and create professional boundaries. While it is very important for students to learn about therapy techniques, it seems equally valuable to establish healthy self-care practices early in their careers.

Next, intensive training of *supervisors* may be another element of the ideal program. Given the impact of supervision on student health, more emphasis

should be placed on the development of positive supervisory relationships, and increasing supervisors' awareness of their influence on student well-being.

Modifying the structure of training programs may help students to consolidate their learning more effectively. For example, reducing the number of courses required per semester and lengthening the duration of the program may allow more opportunity for students to absorb critical information. Another idea would be to offer optional courses for students who would like to supplement their learning and gain more practice in certain areas.

Lastly, minimizing the air of competitiveness among students would help to nurture the invaluable relationships that develop between classmates.

Ideally, a program which possesses a deeper and more complete understanding of the needs and challenges of its students would have positive effects on the quality of care being delivered to clients, as well as the long-term well-being of practitioners. In a profession where *prevention* is one of the cornerstones of practice (Matthews & Skowron, 2004), more care should be taken to ensure that students are not extended beyond their means. Students feel overburdened with the requirements of training, which has a profound negative impact on their health. As several women pointed out, it is simply not right to deny support to students who are expected to provide support for others. This message stresses the need to re-evaluate how mental health providers are trained. Of course, this is not an easy task. As Schwebel and Coster (1998) explain:

> The structural changes required to enhance well-functioning are probably comparable in character to those required in enhancing gender and racial

> equality. A course here and a discussion there won't do, as painful experience in educational institutions, business, industry, the armed forces, and the society at large has demonstrated. Instead, a fundamental change in outlook is essential. In this case, what is paramount is not that every professional "t" is crossed and "i" is dotted in the knowledge domain but that the graduates emerge as well-functioning individuals who are as expert in self-care as in caring for the needs of others. Such a modification does not mean a so-called touchy-feely experience or that standards are lower and the work is less rigorous, nor does it mean that the program is less rooted in scientific psychology. It does mean that, rather than packing into the years of study every bit of knowledge and all the skills that the faculty collectively deem important, there will be greater selectivity in the program, more emphasis on the habits and skills of self-learning, and more experience in reflection; the continuing theme through it all will be that care begins at home – that to promote well-being in others, one must first be expert in promoting well-being in oneself.

Learning from other professions. The findings from this study parallel research conducted in other areas of health care. For instance, many helping professionals such as social workers, teachers, attorneys, police officers, and firefighters experience great reward in their ability to help others, while also reporting high levels of vicarious trauma (Stamm, Varra, Pearlman, & Giller, 2002). Specifically in terms of training, students of other health care professions which emphasize both academic and clinical education experience many

challenges that are similar to the experiences of therapy trainees. Students of social work tend to experience low levels of self-esteem and high rates of emotional exhaustion (Collins, Coffey, & Morris, 2008) as well as depressive symptoms, post-traumatic stress disorder (PTSD) and other mental health concerns (Horton, Diaz, & Green, 2009). Similarly, medical school students experience high levels of psychological distress (e.g., depression, anxiety, somatic symptoms, social withdrawal, etc.), stress (Guthrie et al., 1997), exhaustion, and poor physical health (Dahlin, Joneborg, & Runeson, 2007), and unfortunately, many do not seek help for such problems (Midtgaard, Ekeberg, Vaglum, & Tyssen, 2008). Nursing students also experience high levels of stress, psychological distress, and burnout (Watson et al., 2008; Deary, Watson, & Hogston, 2003).

Much of the literature in the area of health care training highlights the challenges of the training process, while some also explores strategies for improving the experience of students enrolled in these programs. Guthrie et al. (1997) report that medical students who are enrolled in a 6-year curriculum experience less stress than those in a 5-year curriculum. Stress reduction/management training (e.g., increasing practice and performance feedback to minimize student anxiety) has been effective in reducing work-related distress in nursing students (Jones & Johnston, 2000). Also, engaging in meditative, mindful group experiences during social work training may enable students to experience increased autonomy and understand their professional self more deeply (Birnbaum, 2008). Although these strategies have been focused

specifically on medical, nursing, and social work students, they certainly provide useful insights and may be relevant in improving the experiences of therapists-in-training.

Student preparation. The results of this study illuminate the potential usefulness of educating students who are just entering training programs. As previously mentioned, some of the participants felt that they would have been more successful in coping with the challenges of training had they known more about what to expect before going in. Personally, I did not learn about the challenges of therapy work until I experienced them first hand. In fact, my understanding of therapy before entering training was based on the misconception that the film "Good Will Hunting" accurately depicted how psychotherapy works, every single time. Although I do still firmly believe in the power of therapy, I also recognize that the failure rate is significantly higher than it is portrayed in Hollywood. Thus, more accurately and realistically describing the requirements of both training and therapy work may help new therapists to approach the field in a less naïve or romanticized way.

Personal Reflections

Upon reflection of the overall unhealthy experience of these women, I am not surprised by what I found. In fact, the previous conversations I had with my classmates about our struggles to become therapists were one of the major forces that prompted me to learn more about this area. Then, combining my own experience with a review of the literature on therapist well-being, I fully expected participants to express frustration and disappointment with their training

programs. In some ways, it is validating to know that I was not alone in my unhealthy experience. However, it is more so worrisome that this problem exists so prevalent in training programs, and that no one with enough power to instigate change has done so.

Many of the factors that contributed to participant health were also helpful for me in my journey of becoming a therapist. I, too, felt that surviving my program would have been impossible without the support of my classmates, my friends, and my family. Also, several key supervisors who I had the incredible honor to work with had an immense impact on my health during training, and remain mentors for me, both personally and professionally. These individuals have impacted me in a way that will last beyond my years of formal training, and I will remember their support and words of advice well into the rest of my career.

Finally, the aspects of training which held trainees back from becoming fully healthy therapists were very similar to problems that I encountered myself. My inability to create boundaries (especially during my first year) and neglect of self-care were likely the two most influential contributors to my wanting to drop out. I also felt a supreme frustration with the apparent disregard for student well-being on the part of some departmental figures. My thoughts on this issue are summed up by an analogy I used numerous times in conversations with friends and classmates: "No one would hire an unfit personal trainer. Why are we, as anxious, burnt out, insecure, and unhealthy student therapists allowed to see clients and expected to provide effective care?"

Limitations

The most significant limitation to this study is my own personal bias about the therapist training process. Because I had such an unhealthy experience, it is certainly possible that I was more sensitive to the negative aspects of training that were discussed by participants. My receptiveness to these issues could have potentially encouraged the women to explore these issues more deeply than others. While my own experience surely motivated me to understand and learn about the experiences of others in similar situations, perhaps the results would not have been so starkly negative had I felt that my journey was a healthy one. However, realizing beforehand that I wore this "lens," I intentionally designed the information letter, literature review, and interview so that participants had exposure to both the negative and the positive effects of therapy work, and first had an opportunity to talk about the rewards of training, before I asked about the challenges.

The fact that I had previously developed close relationships with the participants was both a necessity and a risk. While it enabled me to carry out personal, intimate, and honest discussions with these women, it also could have created some concerns. First, the women may have felt pressured to participate because they knew I needed to find interviewees to complete my degree. Also, because they knew that I experienced training in a negative way, they may have felt inclined to talk about their struggles more than their rewards. Lastly, because some of us had overlapping professors, they may not have felt free to decline the invitation to participate at the risk of offending my supervisor.

I addressed these concerns in multiple ways. First, I emphasized heavily to the women that participation was voluntary, and that *especially* given the topics of exploration, I did not want them to feel pressured to participate if they were uncomfortable or did not have the time. I feel that, because of our close relationships, I was able to confidently know that none of the women felt pressured to participate. I also ensured confidentiality of all data and emphasized to participants that their identities would not be shared, nor would their responses be linked to who they are. As previously mentioned, in order that my own unhealthy experience did not guide the interviews, I made certain to present both the positive and the negative effects of therapy work, and give participants the opportunity to talk about both of these areas. Lastly, I explained to the participants that my supervisor was not notified of who was invited, who declined, or who accepted the invitation to participate, so that their decisions were entirely private.

Suggestions for Future Exploration

An interesting area that was not explored in this study was the experience of individuals who are further into their journey of training. As it has been shown that more experienced therapists report higher job satisfaction and lower stress levels, it is possible that provisional psychologists, or relatively new therapists who have been practicing for a small number of years would reveal a more healthy experience. Another potential avenue for future research would be to study the experiences of students who felt they had a healthy experience of

training. As well, trainees who have more life experience (i.e., decided to become therapists at a later age), or who are male may offer a unique perspective.

Final Comments

The experiences of the women interviewed in this study reflect an unhealthy journey of becoming therapists. Moreover, the culture of training programs seems to perpetuate an unhealthy experience for trainees. However, most of the women in this study were also able to recognize numerous factors that nurtured their health during training. Another encouraging discovery is that all participants were able to regain a more full sense of health with the completion of training.

The pressures that these women overcame may prepare them to cope with the challenges of therapy work in the future. Moreover, the fact that all participants maintained their desire to practice therapy speaks to their passion for the field of psychology, and their dedication to promoting mental health in others. It is my hope that the insights of these women are used in a meaningful and impactful way, especially at the level of program planning. After all, the driving force of the counselling profession is to promote the development of happy, high-functioning, and healthy individuals. Thus, greater significance should be placed on safeguarding the health of those who are the future of mental health care.

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Appendix A

BECOMING A HEALTHY THERAPIST

This project is a Master's thesis being conducted by Katy Wyper, under the supervision of Dr. Derek Truscott.

Due to the emotional nature of practicing psychotherapy, therapists experience high rates of burnout, depression, and substance abuse. However, most therapists successfully cope with the pressures of their work and are highly satisfied with their career. Factors influencing therapist well-being may be particularly relevant for those who are in training. In addition to therapy work itself, psychology students have to deal with the pressures of graduate school. This study proposes to investigate how individuals navigate through the stressors of psychotherapy training and the challenges of the profession itself, as well as how they have experienced the process of becoming a healthy therapist.

You are being asked to participate in this study. Your decision to participate is entirely voluntary. All participants involved in this study will take part in an audio taped 30- to 60-minute interview about health, stress, and thriving in psychotherapy training. All information obtained during interviews will remain confidential, and no personal identifying information will be recorded. The results of this study may be used in presentations or research reports, however no quotes will be used that contain any information that can be linked to you. Once the study is complete, all information gained from the interviews will be destroyed in a manner that protects your privacy and confidentiality.

There are no foreseeable major risks to this study, however the sensitive nature of the interviews may arouse distress for some participants. Therefore, you are free to withdraw from this study at any time, without explanation or justification. Should you decide to withdraw, any data gained from your participation will be removed from the database and will not be included in this study.

If you have any questions, feel free to discuss them with the investigator. Please contact Katy Wyper at 780-278-5289 or Dr. Truscott (derek.truscott@ualberta.ca) with any questions regarding this form or any other aspect of the study. The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Faculties of Education, Extension and Augustana Research Ethics Board (EEA REB) at the University of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the EEA REB at (780) 492-3751.

Appendix B

BECOMING A HEALTHY THERAPIST

Consent Form

This project is a Master's thesis being conducted by Katy Wyper, under the supervision of Dr. Derek Truscott.

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I agree to participate in this research study. I understand that I will be asked to participate in an interview about my experience as a novice therapist and may withdraw from the study at any time. I understand that all information in this project will be kept confidential, and will not be presented in any way that will identify me. I also understand that information gained in this study may be used in presentations or research reports.

Name: _____

(please print)

Signature: _____ _____

(today's date)