



UNIVERSITY
OF TASMANIA

Challenges and Changes in Psychologist Development Experience: Links to Extant Literature

by

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Submitted in fulfilment of the requirements for the Degree of Doctor of Philosophy

(Clinical Psychology)

University of Tasmania, October, 2013.

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Tegan Johnson
October 2013

“If you think about it like um, planting a seed. That’s how I would look at it is that, like, hopefully during the training course the seed has been planted and it’s being watered and it’s gaining all the nutrients it needs from the soil. Then I think as a person goes into their full time prac, then that’s going to start them sprouting and flourishing.”

P#42 – Supervisor

Acknowledgements

This work would not have been possible without generous contributions from many people. Firstly, I would like to acknowledge the financial assistance of the Australian Postgraduate Award.

I would like to acknowledge the assistance of, and thank, my supervisory team: Prof. Douglas Paton who encouraged me to “trust the process”, my one-time Co-Supervisor and Head of School Dr. Greg Hannan who allowed me access to the staff and students of the school, and my one-time advisor cum Co-Supervisor Dr. Kimberley Norris: many apologies for those early drafts, I got there in the end.

Thank you to Dr. Alicia Copping for her time walking me through my early forays into this thing called qualitative analysis: your time and patience was very much needed, helpful and most of all very much appreciated. Thank you again to Dr. Alicia Copping, as well as Dr. Kimberley Norris and Dr. Ali Maginness who provided advice and examples of various options for presenting qualitative research.

Thank you to my colleagues in the University of Tasmania’s School of Psychology who have travelled the qualitative analysis path and could understand my project. We never did get the “qualitative research interest group” off the ground, but it was comforting to know I wasn’t alone. Thank you, also, to all the psychology postgraduate students for keeping me sane and in good humour (and serenaded).

I would also like to express my heartfelt thanks for the endless patience of my family and friends for bemusedly suffering through my complaints, frustrations and random theorising about “that which must not be named”.

I reserve my final and most heartfelt gratitude and acknowledgements to the individuals who agreed to be interviewed and have their experiences sampled, poked, prodded, dissected and sutured back together in this Frankenstein manuscript. Without you, this project would literally have come to naught. You know who you are - thank you. I wish you all the success in the world.

Abstract

This research aimed to examine and understand the processes by which student psychologists develop into practitioners during the transition from university to workplace. Previous research has identified stages of change within this developmental process, however this work has been predominantly descriptive and has failed to link with the broader organisational and career development literatures required to place this work on a sound theoretical footing.

Given the limited prior work, a qualitative grounded theory approach was adopted in order to understand the processes and experiences of psychologists in training and develop this into a model “from the ground up” which could then be compared to extant literature. Three groups of participants were interviewed. Interviews focussed on participants’ experiences and observations of the clinical training process and the challenges, changes, helps and hindrances experienced within this. Study 1 consisted of interviews with a sample of participants (10 participants) who were either in a clinical psychology training program at the University of Tasmania, or were within five years of obtaining completing training and achieving full registration. Study 2 consisted of a subsample of three participants from Study 1 re-interviewed after gaining further experience, thereby assessing change over time. Study 3 consisted of interviews with a second sample of students (four participants) in order to confirm or refute Study 1 findings and address potential cohort effects. Study 4 consisted of interviews with supervisors (two participants) in order to triangulate data. Study 5 consisted of a comparison between experience levels in the student participants. A synthesis of results from studies 1 through 5 was then analysed and discussed.

Results demonstrated an overarching theme of change, consistent with the career development literature. This finding was further linked to broader literatures. Six stages were identified: pre-training, training, readiness to practice, entering the workforce, professional and experienced. Within these stages students engaged in tasks of: selecting a career, developing confidence, competence and a professional identity, changes in beliefs about the self, the profession and others and changes in professional and personal behaviours, and development of autonomous practice. These tasks were influenced by previous experiences, beliefs/values, coursework, experiences on placement and levels of support. From the results a model of psychologist development was developed.

These support a variety of theoretical models from multiple research domains including general career choice, career and cognitive development, self-efficacy and socialisation literatures, enabling links to be drawn between disparate fields, and locating the developing psychologists' experience within broader psychological theory. By locating psychology training processes within broader theoretical frameworks, this research provides the foundation for constructing rigorous intervention and therapeutic techniques to manage this transition in ways that facilitate well-being and effective performance. Limitations were noted in the cross sectional design and inability (for ethical reasons) to evaluate individual competencies. Recommendations have been made to test links with other literatures suggested in the current research and to examine changes with a longitudinal design.

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Why Research Therapist Development?

In general, psychology is oriented toward understanding people with an aim to help populations function better, either through maximising function or assisting with resolution of difficulty. As a result, the focus of research and training provided to psychologists is generally outward on clinical populations rather than inwardly focussed on issues such as individual's understandings and assumptions about what work involves, what to expect and how to manage the transition in to work, person environment fit, or conflicts/similarities between training and organisational culture.

Contemporary psychology prides itself on being evidence based and guided by research that is objective, rational and in many ways impersonal (for example, striving to be objective and remove personal or researcher bias or individual variance in application of interventions). As a result there are many efficacy studies on various clinical therapeutic techniques which are reviewed and collated by publications such as Cochrane Reviews (<http://www.cochrane.org/cochrane-reviews>) and presentations and understandings of various mental health disorders (which are codified by specialist bodies such as the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 2013), which constitute the majority of the training received by psychologists. The assumption being made in training contexts is that this is the sole or at least the dominant need for aspiring practitioners. Certainly a thorough understanding of therapeutic interventions is requisite, however a failure to consider the therapist as an individual, how they practice, and how they arrived at that point of practice can affect how knowledge of pathology and style of intervention develops. For example, individual differences in career choice motivation, in pre-existing experiences or beliefs

which shape their responses to training experiences may affect what information or theoretical orientations are attended to (and therefore more readily understood, accepted and practiced) or how this information is interpreted. Differences in training experiences, what elective units are taken or broader theoretical trends may influence what skills individuals develop. Even something as basic as differences in personal development can be argued to have an impact on the development of basic interpersonal skills such as empathy or listening skills (the building blocks of most therapies) thereby influencing the ease with which these basic therapeutic skills may be acquired. In not directly examining the personal and organisational culture interface within the training environment, there is also a risk of failing to address person environment fit issues which may not be adequately targeted by traditional competency assessment – to the potential detriment of both clinician and client.

Acknowledging the role of the individual practitioner also has an impact on the direction of research. Gold standard research in psychology (as in many other science disciplines) seeks to remove or control for errors and bias and would consider any personal contribution made by the therapist's personal variations or issues arising from organisational sources (for example, cost effectiveness) to constitute error (see Wampold & Bolt, 2006, for a summary of how therapist variance is removed). While this makes for excellent research and good evidence for the efficacy of specific therapies, it tells us nothing about what therapist variance contributes to day to day therapeutic interventions and thus fails to inform of issues that need to be considered in accommodating inter-individual differences and organisational influences on the therapeutic practice. Rather, it gives the impression that “therapists, when properly trained, are more or less interchangeable” (Orlinsky & Rennestad, 2005, p. 5). This is not supported by literature

which demonstrates that interpersonal (for example the quality of interaction or level of rapport) and intrapersonal (for example particular styles of interaction of an individual or physical characteristics) factors contribute to client outcomes and account for a large proportion of therapeutic outcome, perhaps even more so than the type of therapy used (Baldwin, Wampold, & Imel, 2007; Kim, Wampold, & Bolt, 2006; Martin, Garske, & Davis, 2000; Meissner, 2006; Okiishi, Lambert, Nielsen, & Ogles, 2003). As a result of findings such as these, researchers such as Orlinsky and Ronnestad (2005) seek to both acknowledge and include inter- and intrapersonal effects in the theoretical backgrounds to clinical research:

We do not deny the significant impact of specific therapeutic procedures ...

However, the weight of scientific evidence favours viewing therapy as a professional relationship in which the quality of personal relatedness between patient and therapist as individuals is a key factor in strengthening (or limiting) the impact of therapeutic procedures. (Orlinsky & Ronnestad, 2005, pp. 6-7)

By examining and understanding the processes by which student psychologists develop into practitioners and how they negotiate this transition, the present research will inform ways of facilitating the transition and development of competent psychologists. By understanding and facilitating this development it is anticipated that graduating therapists will be better placed to optimise and strengthen, rather than limit, the application of therapeutic techniques. By locating this specific process within broader literatures that may potentially improve understanding, such as literatures on motivation, change and learning processes, an identification of common processes which would enhance knowledge regarding general development processes may be gained.

Literature Review

What is a Clinical Psychologist and How are They Trained?

The Australian Psychological Society (APS, n.d.-a), the leading psychological professional organisation in Australia, describes clinical psychologists as:

Specialis[ing] in the assessment, diagnosis and treatment of psychological and mental health problems. They are also involved in designing and implementing a wide range of prevention and mental health promotion programs. They variously work with infants, children, adolescents, adults and older adults. Clinical psychologists work in private practice, hospitals, universities, general medical practices, community health centres and mental health services. (para. 1)

Accordingly the profession can be very broad and deals with a range of client groups, workplaces, and goals, but generally is aimed at working with individuals and groups with mental health problems. The breadth of the profession provides for multiple avenues of professional development and multiple areas to specialise in, enjoy, or find challenging. Psychologists may also work in varying organisations, from self-employed practitioner through to employment in a multidisciplinary government service. The types of clientele and work environments encountered by psychologists provide a breadth of levels of distress or pathology to which any individual therapist may be exposed.

To become a clinical psychologist requires extensive study. The APS (n.d.-a) describes the requirements for practicing as a fully registered *psychologist* as completion of either a six year (minimum) full time university training program or 4 year honours degree plus two years in supervised practice. In order to practice (either under supervision, or as a fully trained psychologist) registration with the appropriate

registration body (the Psychology Board of Australia [PBA] as at July 2010 for the majority of practitioners) is also required. Psychologists are also required to follow ethical and professional conduct guidelines set out by the professional body.

In order to claim the specialist title *clinical psychologist* psychologists must not only fulfil the above requirements to become fully registered as a psychologist, they must then meet ongoing requirements for clinical college membership under the APS (or specialist endorsement under the PBA) which requires additional supervision and ongoing professional development. This training pathway, beginning with basic training to register as a psychologist, can be seen as an immense challenge from an academic and training standpoint, requiring students to meet a number of criteria to begin practice (such as number of placement, supervision and client contact hours, as well as the successful completion of coursework) and then continue to meet criteria (such as ongoing professional development) to enable them to continue to practice. These guidelines are also dynamic and often shift to reflect changing training standards or government initiatives, such as the introduction of Medical Benefits Scheme items for psychological services access (Council of Australian Governments, 2006), or the change from state based to nationwide registration (Australian Health Workforce Ministerial Council, 2009; Council of Australian Governments, 2008). Such changes generally entail new or changed requirements for qualification or training and require ongoing commitment to the career and, by definition, ongoing professional development.

Material taught to clinical psychologists from undergraduate psychology programs through to postgraduate clinical programs is also regulated and is (currently) specified by the Australian Psychology Accreditation Council (APAC). APAC

accredited courses (from undergraduate study, through the honours year and into postgraduate education) must contain the following:

Three-year program

The main objective of the three-year program is to provide students with a thorough education in the scientific discipline of psychology, and an introduction to the practice of the discipline. The program should provide education in the following core topics:

- abnormal psychology
- biological basis of behaviour
- cognition, information processing and language individual differences in capacity and behaviour, testing and assessment, personality
- learning
- lifespan developmental psychology
- motivation and emotion
- perception
- social psychology
- history and philosophy of psychology
- intercultural diversity and indigenous psychology
- research and professional ethics
- legislative frameworks (including privacy, human rights)
- consumer and carer participation in psychological care
- psychology, society and the workplace

Fourth year program

The main objectives of the fourth year psychology program are to:

- provide for the completion of an integrated and comprehensive education in the discipline of psychology
- permit advanced level study in a range of areas
- provide advanced research training

The fourth year must contain a research project.

Professional postgraduate programs

The primary objective of the fifth and sixth year component offered either as a Masters degree (in coursework) or the equivalent part of a doctoral program should be to provide training in the professional practice of psychology. This should include full coverage and mastery of the general knowledge and skills required by psychological practitioners as well as knowledge of the area of specialisation in which the program is taught. There should be three main components in the program: coursework, research and practical placement. In addition to the specialist content, all programs should include training in the following areas:

- Ethics, confidentiality
- Professional practice and practice management

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- Keeping psychology files, record keeping
- Interviewing and history taking
- Counselling
- Consultation
- Intercultural and ethnic issues; working with indigenous groups
- Planning and implementing evaluation programs
- Planning and implementing research
- Testing and assessment - including theory and administration
- Report writing
- Legal issues
- Management and administration.

(Australian Psychological Society, n.d.-b, para. 1-3)

From this lengthy list of training requirements it is clear that by the time the undergraduate student becomes a provisionally registered psychologist on placement in a postgraduate clinical psychology program they are expected to have already learned a significant amount of information. In entering postgraduate clinical studies, students embark on professional training to put this existing knowledge as well as new, more advanced knowledge into practice within the clinical framework. That is, they have been taught how to “talk the talk”, now they are to learn how to “walk the walk”.

The training process itself can be seen in the context of stress placed on the student. Stress can be defined either as a stimulus, or stressor (for example conflicting demands at work, relationship difficulty, or disaster), or as a response (that is, an emotional, or physiological response to an environmental stimuli), or as the relationship between the stimulus and the response which places an emphasis on subjective interpretation and response to particular stimuli (Lazarus & Folkman, 1984, p. 21).

Despite these challenges student psychologists generally graduate and go on to careers in psychology having learned to practice in an acceptable fashion. However the negotiation of the professional training period is an individual one, the specifics of which will influence the level of competent practice that is achieved (although training

programs aim to ensure a minimum standard of practice). How student psychologists develop into their role and the experiences they have is likely to affect practice competency and yet this process is, at present, only marginally understood.

In examining the factors which contribute to and affect psychologist development, and by building further on existing research regarding the relationship between individuals, professional practice and organisational transitions/context, a better understanding of psychologist development (and subsequent levels of effectiveness and satisfaction) may be achieved. In particular, theory surrounding person environment fit and career development theories (for example, Ginzberg, 1984; Lofquist & Dawis, 1969; Super, 1957, 1984) in a broader context indicate that it is not simply content of training that is relevant to the success or otherwise of workers in general. Rather, there are multiple factors within and external to the individual as well as the training and selection process that contribute to the success or otherwise of the individual in any given profession.

Psychologist Development – Current Research

There is a body of research targeted specifically at the training and development of psychologists and related professions that can be assumed to have similar developmental trajectories by virtue of their overlapping functions. Firstly, there are a number of instructional texts that offer insights into the career pathways of becoming a psychologist: the nuts and bolts of a psychological education, training and profession. For example Francis (2004) and Kotanski (2006) both cover topics such as what psychology is, what training and studies involve and how to enter the working world following the degree. Baird (2008) provides a text intended to support the student

entering practicum, providing advice around clinical skills and what to expect on a personal basis in the training process. These texts identify a need for prospective students to be prepared for what they will encounter in training, though they are focussed on what will be expected from successful students, rather than on what the experience will be.

With regards to the effects of specific processes involved in training a psychologist, there are a number of texts written from either an autobiographical or anecdotal standpoint from professionals who have experienced this transition themselves and seek to impart their own gathered wisdom. Some examples of this type of text include House (2007), Raskin (1978), and Kottler (2003) who provide descriptions of their own experiences.

House (2007) provides a narrative account of his own development through the history of professionalisation of the therapeutic field in Britain. He argues that modern therapist training is too prescribed and rigid and does not allow for the personal, often eclectic, journeys that he believes form the basis for good therapeutic skills. Raskin's (1978) article describes the development of clinical skills alongside his own development as a practitioner and person, which he sees as a parallel process. Kottler (2003) describes his own experience of being a therapist, detailing what he has experienced as the challenges, risks and rewards of the career. These included the ways in which the client and therapist change each other, the melding of personal and professional lives, the difficulties of dealing with the work content and the stress this engenders. While these texts are anecdotal, they do provide insights into both the types of challenges and changes experienced by developing clinicians as well as the role they

may play in training and professional practice. They also highlight the need for, and interest in, further information about these processes.

Research in these areas also gave rise to specific developmental models for psychotherapists as well as the more general theories of career development, many of which reflect a four stage, or four level structure which are relatively similar. A brief summary of the models for therapist development is presented in Table 1.

Table 1

Therapist Developmental Models by Author.

Author	Description	Focus
Hogan (1964)	4 levels of therapist development	Focus on therapist needs in supervision
Ard (1973)	4 types of dyadic relationship	Focus on the roles played by supervisors
Hill, Charles and Reed (1981)	4 phases of development	Focus on therapist focus/role and approach to counselling
Stoltenberg and Delworth (1987)	4 levels consisting of successive shifts in 8 domains.	Focus on developmental change in structures of awareness, motivation and autonomy
Grater (1985)	4 stage model of supervision focus	Focus on content and aims of supervision sessions
Hess (1987)	4 stage model	Focus on content of competence acquisition
Rønnestad and Skovholt (2003)	6 phase model	Focus on development of certain themes and roles played by the student
Orlinsky and Rønnestad (2005)	Bicameral cyclical process through developmental stages	Focus on the process of developmental change
Fitzpatrick, Kovalak and Weaver (2010)	Identity based on direct and indirect identification with learned theory	Focus on development of theoretical identification.

Models such as these for the most part focus on the individual therapist and teaching content and process with minimal focus on the contextual factors (such as organisational, political, social and other factors) which are likely to influence individual responses and experiences and as such are limited. Nevertheless, they do provide some

interesting insights into the development of psychologists and similar practitioners.

Hogan (1964) characterises Level 1 therapists as dependent, insecure, neurosis bound and unsightful, with supervision needs for tuition, interpretation, support, awareness-training, and exemplification.

Level 2 therapists are less dependent and are beginning to find their own character, struggle with insight, alternate between overconfidence and feeling overwhelmed and under-confident, and alternate between feeling committed to the profession and being concerned that its choice was a mistake. Supervision needs are now more focussed on support, ambivalence clarification, exemplification, and to a lesser extent tuition.

Level 3 therapists “could be likened to that stage wherein the therapist becomes a master in his trade” (Hogan, 1964, p. 140), they now have increased self-confidence, and have greater insight, clarity, and stability about their motivations and commitment. Supervision needs for sharing experiences help humanise the therapist, exemplification continues, and there is an addition of professional and personal confrontation which aids further growth.

Finally, Level 4 therapists are characterised by personal autonomy and ability to practice independently, insightfulness (including into the limits of that insight), personal security based on self-knowledge, awareness of changing motivations, and need for confrontation of challenges. In this stage Hogan (1964) states the supervisor relationship is more rightly characterised as a peer relationship.

Hess (1987) provides a similar presentation of a stage theory of both supervisee and supervisor development (here, the focus will be on Hess’ stages as they apply to supervisees). Hess provides an overview of the progression of the developing therapist

from understanding what the roles of the therapist are in the inception stage (entering into practicum, testing the waters), gaining experience and direction in the skill development stage, consolidating and integrating skills learned and increasingly recognising particular talents, before becoming an independent practitioner seen as the supervisor's equal (mutuality).

Ard (1973) presented a number of dyadic roles which supervisors and supervisees play during therapist development and which evolve over time.

Perceptorship involved the student being able to follow the supervisor while they go about their work in order to better understand what the work involves. This may then become an apprenticeship in which the student begins working in the field under the supervision of the supervisor. The supervisor as a mentor helps the student develop by helping to reflect to them their own practice in order to help the student develop and reflect on their own practice. The supervisor finally plays the role of peer in which the student becomes seen as an equal, professional colleague. The change in roles of the supervisor also reflect the changes in the student's identity as they progress through stages of training and finally move from being a student to being a professional.

Hill et al. (1981) described the development over time of the focus and approach of counselling students (who are entering a similar field of work to that of psychology students) through stages of sympathy, counsellor stance, transition, integrated personal style. Sympathy refers to the primary reliance on sympathy and general support for clients reflecting the types of help the student may perform in social situations where the emphasis is on helping. There is generally a deep investment in clients' wellbeing and "success" is defined by the presence or absence of "cure". Counsellor stance involves

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the selection of a (usually) single method (the method that has been taught), to provide assistance. When this does not work, there is a sense of personal failure.

Accompanying this is increased anxiety about evaluation and reliance is on supervisor direction. Transition covers a period of time when the counsellor is exposed to multiple and varied situations, stances, models and supervisors. During this time disruption and anxiety are common and when the original model is contradicted or fails, atheoretical stances (i.e. not following a particular therapeutic framework, but rather selecting parts of different theoretic approaches in their work) can develop, or alternately, multiple theoretical approaches are used but not integrated. Integration into a personal style occurs in later stages of development and involves a consistent personal therapeutic style, increased confidence, objectivity and professionalism.

Stoltenberg and Delworth's (1987) four level model is based on a compilation of existing theories and extends Stoltenberg's (1981) earlier work. They propose three training levels plus a post training level (the integrated counsellor) and conceptualise each level as consisting of shifts between eight domains (intervention skills competence; assessment techniques; interpersonal assessment; client conceptualisation; individual differences; theoretical orientation; treatment goals and plans, and; professional ethics) within three overriding structures of self and other awareness, motivation and autonomy. Stoltenberg and Delworth describe shifts in the domains as occurring in the following ways. Within the self and other awareness structure, students progress from an internal focus (for example, heightened awareness of their own anxiety and intense focus on their own skill development or perceived deficits [level 1]), through an in depth focus on the client (for example, investment in client outcome or overidentification with clients [level 2]) before understanding the dynamic between self and client integrating this

information with broader psychological concepts (level 3). The motivation structure begins with high motivation toward activities directed at becoming a therapist, learning the “correct” way to counsel and fulfil the general motivation to help (level 1). The student then finds that learning these skills is not straightforward and not as simplistically effective as was envisaged. Exposure to more difficult clients and experience of potential failure produces fluctuating motivations/intentions and beliefs about ability, however successes reinstate this confidence (level 2). Motivation then begins to level out with an understanding of the limits of psychotherapy and how this melds with their own interpersonal style and identity, as well as an awareness of strengths and limitations resulting in more stable motivation (level 3). Autonomy begins with a high degree of dependency on authority and a need to be advised and directed (level 1), progressing to a desire to be more autonomous once some basic skills have been learned resulting in a dialectic between autonomy/dependency (level 2). Successful resolution and skills development results in a confident practitioner who is self-reliant but is able to seek assistance from others when necessary (level 3).

Grater (1985) provides a slightly different perspective on therapist development and was intended as an overview of the content and aims of supervision, however in doing so it also illuminates developmental processes and student needs. This theory also proposes four stages/aims of teaching for the student. The first stage is focussed on provision of basic clinical/therapeutic skills in order to replace generic social skills with therapeutic ones in therapeutic settings. There is a predominantly skills focus as well as general support and encouragement to counter students’ anxieties. In the next stage there is more emphasis on developing an ability to assess the client, both for the types of problems presenting, and also for the types of solutions that are most likely to be

beneficial. Flexibility is encouraged and there is more focus on interactions with clients who require skills or approaches not yet developed. The third stage focuses on client interactions and recognising how the client's behavioural patterns are presented in therapy and how to use these in such a way as to encourage progress in therapy. The final stage relates to the focus on the development of the student's own self as a tool for implementing change. Where previous stages tend to focus on specific skills and techniques, this stage is focussed on developing students' own ways of responding to clients in preparation for working independently.

Influential in this field, Michael Ronnestad, Thomas Skovholt and David Orlinsky have written extensively with colleagues about the development of psychotherapists, therapists and counsellors (Orlinsky, Botermans, & Ronnestad, 2001; Orlinsky & Ronnestad, 2005; Orlinsky et al., 1999; Ronnestad & Skovholt, 2001, 2003; Skovholt & Ronnestad, 1992, 1995; Skovholt, Ronnestad, & Jennings, 1997). Critically, their works extend beyond the more common emphasis on the training and career entry period and explores developmental processes throughout the career path of therapists fitting more comprehensively with developmental career models. In applying this developmental focus to therapists Ronnestad and Skovholt (2003) reanalysed their own earlier data (Skovholt & Ronnestad, 1992, 1995) in order to present a 6 phase model of development during the professional lifespan of therapists encompassing 14 themes of change.

- *The Lay Helper* describes the period of life before formal training in which helping is done within the lay role which all or most people engage in from time to time and is characterized by emotional support and advice giving.

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- *The Beginning Student* phase is typified by excitement and challenge and can be experienced as overwhelming as the lay helper role is replaced by the skills of the professional helper. Supervision and being open to the learning process are seen as key for growth.
- *The Advanced Student* phase involves the acquisition of basic skills and the pressure to develop these to perfection through placements and internships, but with some relaxation from initial anxieties. Supervision continues to be important and the locus is on external models, however there is an increasing shift to an internal focus
- *The Novice Professional* has moved into the working world and has a sense of being alone. This allows processes of attempts to confirm knowledge gained and then disillusionment with knowledge gained through training accompanied by a sense of inadequacy. There is then a personal/professional exploration and self-directed learning and refinement of practice.
- *The Experienced Professional* has a number of years of experience and is developing or has developed a style that is congruent with themselves and has become more flexible. A trust in own judgment has developed and there is an understanding that there are no simple answers. Boundaries are now much more clearly managed. Learning occurs primarily through reflection.
- *The Senior Professional* is well established and well respected by others. There can be a sense of loss as their older peers are no longer around and divergent interests have separated them from same age peers. Though the respect of the

senior professional is welcomed by some, there can also be a cynicism that comes from older age and having seen rotations of ideas masquerading as new.

These phases accommodate a number of change themes which occur during and across these phases. These themes encompass personal changes (such as increased tolerance for suffering and understanding of variability, overcoming anxiety), the interaction of the personal and professional (increasing integration of professional and personal self, personal life influences professional functioning, interpersonal sources of influence propel development more than impersonal ones) and the way the changes occur (such as the learning process being lifelong, being slow, continuous and erratic, learning being sourced from supervisors and clients, reflection being a tool for optimal learning).

Importantly, while these previous model iterations have provided good and insightful descriptions of the levels through which development occurs (many of which are complimentary), in later formulations of this model, Orlinsky and Ronnestad (2005) go on to detail some of the means by which these processes occur. They propose a bicameral cyclical process of therapist development in which development is a function of the balance between two independent cycles: one of growth and one of depletion (which become spirals of growth/depletion when a temporal dimension is added). These processes occur as the result of exposure to healing involvements (for example feeling personally invested in the career, feeling efficacious, experiencing a sense of flow in therapy) or exposure to stressful involvements (for example, frequency of difficulties, experience of anxiety or boredom). At any given point, the combination of healing versus stressful involvements and the consequent sense of either growth or depletion affect motivation to engage in further work over time, thereby affecting exposure to

future events (cyclical). It is the balance of depletion to growth which governs overall professional development.

Fitzpatrick, Kovalak and Weaver (2010) conducted a series of interviews with counselling psychology masters students in an effort to understand the processes of development of identification with a theoretical approach. The Process Model of Tentative Identification (Fitzpatrick et al., 2010), depicted in Figure 1 (below) was developed from this research.

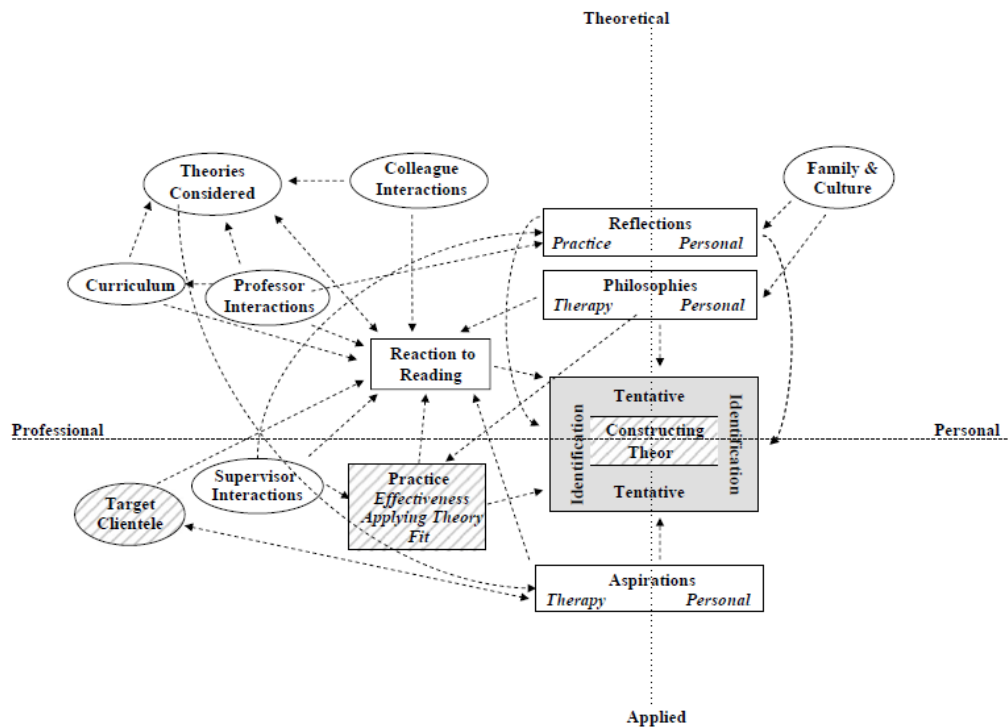


Figure 1. The Process Model of Tentative Identifications: Influences on trainee theory development (as presented in Fitzpatrick et al., 2010, p. 96 sic).

As depicted in this model, students' tentative identification with theoretical orientations were influenced by a number of factors that were either direct (reading, practice and professional aspirations, philosophies and reflections) or indirect

(interactions with supervisors, professors, clients and other students) exposure to theoretical information. These exposures informed a process involving gathering information and then reflecting on, processing and establishing a “fit” with the individual. In this sense, this theory places the student at the centre of an interactive process wherein theoretical knowledge is developed and integrated into a personal ideology to create a professional identification and that this is conducted within a social milieu including family and broader culture.

What Can Other Literatures Contribute?

If we are to locate psychologist development within broader literatures, it would be prudent to examine existing research on general career development as well as the personal factors associated with change.

How do careers develop? (Career selection and development).

Literature on career choice provides a serviceable body of literature from which to draw information about psychologist development. The study of careers and career development has a long standing history and the varying approaches to understanding vocational and career choice and development has been reviewed in texts such as Brown (2002, 2012). Initial forays into developing an understanding of how to get “good employees” revolved around selection processes, with the aim of selecting the right candidate for the right job. Practical applications based on trait and factor theories endeavour to “type” both the person and the job in order to locate the most suitable match. The concept for this approach is founded on the idea that for optimum performance (and optimal satisfaction) within a job, the nexus should be well matched and that this is both desirable and achievable. Some well-known theories in this

tradition have been reviewed well by other authors (for example, Brown, 1984) and include Lofquist's and Dawis's (1969) theory of work adjustment, and Holland's Theory, also known as the RIASEC model (Holland, 1985, 1997).

Holland's (1985, 1997) approach involved categorising people and work environments into six types (Realistic, Investigative, Artistic, Social, Enterprising, and Conventional) with a collective shorthand acronym of RIASEC (summarised in Table 2). The aim of such a categorisation was to match the individuals' profile with employment categories thereby optimising the match between individual and occupation.

Table 2

RIASEC Typology. Adapted from Holland (1997, p. 22).

Typology	Preferences
Realistic	Explicit and "hands on" use of objects, tools, machines, animals etc. Aversion to educational or therapeutic orientations
Investigative	Observation and investigation of natural phenomena (biological, physical, cultural) in order to understand and control them. Aversion to repetitive, social or persuasive activities.
Artistic	Ambiguous, creative, non-systematic activities which aim to create art forms of various types. Aversion to explicit, systematic or ordered activities.
Social	Manipulation of other people to inform, train, assist, etc. Aversion to explicit, ordered and systematic activities involving "hands on" equipment, machines, tools etc.
Enterprising	Manipulation of others to achieve organisational goals or profit. Aversion to observational, symbolic and systematic activities.
Conventional	Explicit, ordered, systematic use of data (such as records). Aversion to ambiguous, unsystematic activities.

This model has been altered over time in attempts to simplify it (Campbell & Borgen, 1999; Gottfredson, 1999), update it (Tracey, 2008) or to use it in evaluations of other models (Barklay & Wolff, 2012) but it has generally continued to reflect the

categories above (or variations on these) and as such the concept that optimal “fits” between jobs is valuable in creating high career choice self efficacy (a sense that “I have picked the right job for me”) as was argued by Holland (1985) has held. It seems reasonable, then, to speculate that individuals entering psychology training should broadly share similar “types”, or that some would be more suited than others.

Lofquist’s and Dawis’s (1969) theory of work adjustment proposed the concept of correspondence (when the person and the environment meet the other’s respective needs or requirements) and states that when correspondence occurs the individual will experience satisfaction and the workplace will experience the satisfactoriness of the worker (i.e. the worker is both satisfied and satisfactory). While Holland’s (1985) model is often used as a static trait tool for identification of the “right” person for the “right” job, according to Lofquist and Dawis’ model, matching is an ongoing, ever evolving, and changing process. For Lofquist and Dawis, fit reflects a state rather than trait, one which changes in response to variations in the individual’s needs and the organisational environment over time. These changes in individual and organisational needs and states can potentially create discorrespondence (rather than fit) that can either be tolerated, result in the individual actively trying to modify their environment to suit their needs, or attempt to change him or herself to fit, thereby re-establishing correspondence (Lofquist & Dawis, 1969).

Working from these person/environment fit theories, it could be anticipated that psychology students would exhibit certain preferences and that the better the match between his or her preferences and the discipline of psychology, the more satisfied he or she would be. It could also be projected that this may involve adjustments to the self or the environment in an attempt to reduce any discorrespondence, including individual

changes in cognitive processes such as beliefs about the world and others or about the psychology career.

The concept of preferences evolving over time is developed in theories such as Social Cognitive Theory of Career Choice (Lent, Brown, & Hackett, 1994). This theory provides a model of the development of career interests and subsequent engagement in activities and outcomes. That is, while it is true to say that at any given point a person will have a tendency toward certain jobs or career selections, the process of arriving at that point, and the future beyond that point are not static. Lent, et al. drew heavily on the social learning theories of Bandura (1986) which, in short, propose that learning occurs in a social context and that behavioural, personal and environmental factors interact with each other (a process known as triadic reciprocity). Applying this broad theory of human behaviour, the Social Cognitive Theory of Career Choice posits that interests arise as a result of formative experiences in a social context. Exposure to various situations and people as well as rewards for interest and achievement in certain areas from influential people is theorised to shape the way in which interests and values grow. This process is presented as being circular, with certain events liable to prompt a re-evaluation of career self-efficacy and outcome expectancy: Lent, et al. provide examples that may prompt such re-appraisals such as technological changes in the workplace, job loss, birth of a child or accident. In addition, the Social Cognitive Theory of Career Choice approach incorporates proximal (such as networking opportunities, legal or cultural barriers to certain occupations) and distal (such as opportunities for education/training, exposure to different role models) influences of social and contextual factors (such as influence by friends or family, or socio-political situations) at varying points of the career choice process (Lent, Brown, & Hackett, 1994,

2000, 2002). If this is so, then it could be expected that the decision to enter psychology would be influenced by a number of factors which influence both the underlying interests and values driving pursuit of a field in science, humanities or helping fields in which psychology could be located, as well as the specific choice to study psychology as a discipline.

If interests in particular occupations are fluid, or at least partially variable over time dependent on dynamic environmental and personal experiences, it stands to reason that development of a career would be characterised by change. The concept of developmental career processes is by no means new and has a history dating to the 1950's when Super (1957) developed his original theory of vocational or career maturity. Super applied general developmental theories of life stages to vocation and described a number of stages (growth, exploration, establishment, maintenance and decline) which involved developmental tasks that evolve through the career lifetime, from early secondary education through to retirement. Through minicycling within these stages the individual grows into the new stage, explores their new role, establishes and maintains their position before growing out of the pre-existing role and progressing to the next transition period where the cycle begins again (Super, 1984). To Super (1957), the process of career development is one of implementation of a self-concept:

The choice of an occupation is one of the points in life at which a young person is called upon to state rather explicitly his concept of himself, to say definitely "I am this or that kind of person" [...] In choosing an occupation one is, in effect, choosing a means of implementing a self concept. (Super, 1957, pp. 195-196).

In this branch of career theory, developments in theory focussed on the ways in which changes occurred over time throughout a career: how career decisions are made,

why changes are prompted and how these affect and are affected by the individual.

Similar to Lofquist and Dawis (1969), other theories began drawing on the concept of career as a process. Ginzberg (1984) conceptualises occupational choice not as a discrete point in time, but rather an ongoing process of adaptation and assessment of the fit between individuals' goals (which are dynamic) and the workplace. These reassessments lead to continual choices about the career (such as what position to choose, where to apply, how long to stay in a career, career goals and so on) and change the way in which an individual thinks about their work. Similarly, Systems Theory also focuses on the interaction of internal and external forces which affect career development (Patton & McMahon, 1999, 2006) and proposes an overarching framework for career theories wherein individual, social and organisational factors are open to influence from each other and from chance, and that it is the *interaction* which shapes and guides an ever evolving process of career development.

More recent theories relating to career development have incorporated modern and postmodern discourses, extending the understanding of change over time into relational, social and interactional perspectives, looking at career as an interactive process over time. Gottfredson's theory of circumscription, compromise and self creation (Gottfredson, 2002) explores the way in which cultural attitudes influence the individual's ideas about themselves and expectations of what is appropriate as well as what different jobs entail. Gottfredson proposes that individuals have a view of themselves (influenced by societal values, especially those of sex type) and endeavour to choose a job which they believe maximises the match with their sex type and social standing, possibly rejecting opportunities that would better fulfil their potential. The Cognitive Information Processing approach to career development (Peterson, Sampson,

Lenz, & Reardon, 2002) views career development as a process of constant decision making during a career that is predicated on knowing and interpreting information – it is not simply the information about a career but the way it is constructed. The quality of these decisions (and hence the quality of the career) are predicated on having the knowledge (of self and options) and the decision making ability and executive ability (emotions, thoughts, metacognition). This theory and subsequent intervention approach draws heavily on Beck's (1967) cognitive therapy approach to working with cognitions as treatment for psychological problems on the basis that sound thought process promotes psychological wellness – and in this case career wellness via appropriate decisions, because it is those thought processes and understanding of the information which constructs the reality in which the individual acts. Similarly, the intelligent careers approach (Arthur, 2010; DeFillippi, Arthur, & Lindsay, 2006) theorises that careers are underpinned by the questions: Why do we work? How do we work? And with whom do we work? These questions are represented by different ways of knowing – knowing why (motivations, identities and interests), knowing how (skills and competencies) and knowing who (relationships with others). These three knowledge types are interactive and according to Arthur (2010) the relationships between these three knowledge types form the basis of differing approaches to studying careers. In the present context one could examine the personal factors of psychologists (their motivations and personal contributions), the people they interact with (colleagues, supervisors, referral sources, clients) and the skills and competencies they both bring, and learn, and the way each of these three things interacts with the others.

Career construction theory (Savickas, 2005, 2010, 2011; Savickas et al., 2009) emphasises the constructed nature of careers. Careers are viewed as part of broader

social constructionism and “do not unfold; they are constructed as individuals make choices that express their self-concepts and substantiate their goals in the reality of work roles” (Savickas, 2005, p. 43). Narrative, or telling self stories, is the process by which individuals select relevant information to construct their own self story, their self project (Savickas, 2011) which they then live by. These narratives then construct an understanding of career aspirations and an understanding of the self which drives commensurate adaptations to the work environment and choices about their career (Savickas, 2005). Interventions to enhance careers based on this theory focus on developing understanding of the self through narrative writing and exploration of expressed interests in tools such as the Career Construction Interview (CCI), and these interventions aim to build on career and personality type matching approaches by assisting individuals to explore and develop their interests (Savickas, 2009). As well as constructing and exploring career interests via narratives, career construction theory addresses adaptations to the world and “conceptualizes human development as driven by adaptation to a social environment with the goal of person–environment integration.” (Savickas & Porfeli, 2012, p. 661). Indeed, promotion of adaptability and flexibility is seen as one of the goals of career counselling under this theoretical model (Savickas et al., 2009). Adaptation is theorised to be facilitated by various strengths or resources that promote adaptability and together provide a level of adapt-ability (or ability to adapt) for the individual that can be measured by the internationally validated Career Adapt-Ability Scale (CAAS) (Savickas & Porfeli, 2012).

Taking theoretical developments a step further, the Chaos Theory of Careers (CTC) (Bright & Pryor, 2005; Bright, Pryor, Chan, & Rijanto, 2009; Bright, Pryor, Wilkenfeld, & Earl, 2005; Pryor & Bright, 2011) responds to inherent change and

instability in careers (as a result of the inherent instability and change in the universe at large). They note that traditional careers theories rely on the concept of stability in identity, or personal factors and the environment and have no way of accounting for random chance change. However the theory also acknowledges that pattern and order will spontaneously evolve in complex structures and that there is a degree of restriction in place. The theory and practice in counselling is aimed at accounting for and allowing for restrictions and factors identified in traditional positivist approaches (such as measurable aptitudes and limitations imposed by organisations) while simultaneously acknowledging and preparing to cope with the role of chance and change within such a changeable system. They note that change will often occur in both environments and the individual and that these changes are responded to in a “dynamical” fashion (dynamical refers to a response to change that does not hold an evaluative component noting that responses to change may not be adaptive, they may be maladaptive or have any objective value, see Pryor & Bright, 2011, p. 33)

What about the person? (Personal and professional changes).

If career selection and development literature can be taken as indications of ways in which psychologist development may be affected, then it is reasonable to assume that in addition to the developmental trajectory triggered by training processes there are likely to be effects for previous experiences and influences outside the training program, such as family and friends, personality traits, pre-existing beliefs and so on.

In addition to issues relating to the broader developmental process, the present study was informed by an interest in the changes that occur as psychology students negotiate their early organisational experience, particularly with regard to issues arising

at the intersection of their personal and professional lives. Previous research has tended to focus on the development of clinical skills and how the individual develops as a therapist. Logically this is crucial to the training process, however without a clear understanding of the concomitant processes of personal and professional development - particularly in a profession which appears to utilise interpersonal tools that are inherently personal (rapport, communication, empathy, “talk” therapies and so on) – it is likely that only half of the developmental story is being told.

While some research in the area of psychologist development exists, no work had yet been undertaken to identify how literatures covering, for example, satisfaction, organisational culture, and career development can be integrated to provide a new, comprehensive theory of how individuals experience career progression and change on a personal level. Furthermore, literatures not generally applied to career development, such as those in areas of challenge related growth for example, may also contribute to understanding how student psychologists navigate their development into a career.

In particular, many of the career development literatures discussed above (for example, Super 1957, and Savickas, 2010) cite career development as being part of a more general developmental process which encompasses personal development. If this is assumed then it is expected that personal changes and impacts would be seen as well as professional or competency based changes in the interface between personal and professional lives. This interface has also received limited attention despite the apparently profound effects that personal development has been noted to have on professional development in anecdotal texts of therapist development (House, 2007; Kottler, 2003; Raskin, 1978).

The relationship between the individual and the workplace is also reciprocal: as well as personal lives affecting professional development conditions in the workplace, expectations of others also affect individual personal experiences of conditions, for example, depression in mental health workers (Rippere & Williams, 1985). Many of Rippere and Williams' participants also spoke of the increased understanding for others that this personal experience gave them in the professional capacity, illustrating the reciprocal and iterative nature of this interface where professional affects personal which then affects professional in an ever evolving developmental process.

The training process itself can be seen in the context of stress placed on the student. In relation to the process of training, first, there is a degree of workload stress resulting from the studies undertaken and the accumulated knowledge that students are expected to retain. In addition, learning is ongoing as the practical knowledge taught in the postgraduate course is accumulated and continues into professional development. There are also the stressors relating to performance evaluations to meet significant (and sometimes shifting) demands to demonstrate the student has developed a level of competency that is acceptable for practice, in the context of a significant investment of students' time, energy and money into their studies which is likely to increase performance anxieties.

By comparison, stressors within the workplace are likely to relate to daily hassles of the type targeted by authors such as DeLongis, Coyne, Dakof, Folkman and Lazarus (1982) and Kanner, Coyne, Schaefer and Lazarus (1981). These hassles can be defined as "the repeated or chronic strains of daily life" (DeLongis et al., 1982, p. abstract) such as paperwork, and stressful interactions. Stress can be defined either as a stimulus, or stressor (for example conflicting demands at work, relationship difficulty, or disaster), or

as a response (that is, an emotional, or physiological response to an environmental stimuli), or as the relationship between the stimulus and the response which places an emphasis on subjective interpretation and response to particular stimuli (Lazarus & Folkman, 1984, p. 21).

Physical stress may include corporeal examples such as heat stress which requires physiological and behavioural changes to regulate body temperature, whereas psychological stress may include the presentation of a challenging task which requires adaptation and learning to overcome. Stressors may come in the form of major life events that occupy a discrete time period (for example birth of a child, move of home, or accident), chronic strains which occur over a protracted time period (for example ongoing disability, interpersonal problems, socio-political disruptions) or daily hassles which require smaller adjustments (such as traffic problems or forgetting one's car keys) (Thoits, 1995). Training and career transitions may comprise elements which fit at various points on this spectrum, from daily hassles such as getting to classes on time, chronic stressors such as consistently attempting to meet assignment deadlines and accumulating placement hours, through to potentially major life events including the taking on of a new professional identity and responsibility.

While research on the incidence of stress in psychology students is limited (see review by Pakenham & Stafford-Brown, 2012) stress in psychology students was concluded as a risk. On the basis of the lone identified quantitative study on the subject (Cushway, 1992) and reviewed literature regarding stress in mental health practitioners, Pakenham and Stafford-Brown concluded that psychology students are “vulnerable to experiencing excessive levels of stress. This can negatively impact their personal and professional functioning and, in turn, result in less than optimal standard of care for

clients” (Pakenham & Stafford-Brown, 2012, p. 152). Australian University students in general were found to have elevated stress levels with 64.7% of students (undergraduate and postgraduate) reporting stress levels at a subsyndromal rate and 19.2% at rate indicative of serious mental health illness (Stallman, 2010).

While postgraduate students were found to be significantly less stressed than their undergraduate counterparts, there is nevertheless an indication that stress is elevated in the university population which raises the likelihood that psychology students would share this vulnerability. As Pakenham and Stafford-Brown (2012) concluded, clinical psychology trainees are vulnerable to elevated stress which can negatively impact personal and professional functioning and in a review of professional distress in psychologists O’Connor (2001) noted that while research on this issue was scarce, significant levels of distress were reported by psychologists. This distress was considered in the context of potential predisposing factors (the “wounded healer” notion of therapists being drawn to their career as a result of their own dysfunction), the role of the work in triggering or causing such distress (for example through the workloads, isolation and intense nature of the work) and the profession’s response to professional distress.

Norcross and Guy (2007) discuss a number of hazards present in psychotherapy work that can impose a great amount of stress on the practitioner. These hazards can originate in patient behaviours, working conditions, emotional depletion, physical and psychic isolation, therapeutic relationships, personal disruptions, the changing industrialised and regulated environment in which practice is conducted, and personal factors that are inherent in the practitioner. They concede that although they prefer to focus on self care rather than burnout, that burnout is a topic that is necessary for any

discussion on therapist stress because of its incidence. Skovholt and Trotter-Mathison (2011) discuss the joys, rewards and gifts of practice (chapter 2) as well as the hazards of practice (chapter 6) in their review of resiliency in the face of burnout and compassion fatigue in counsellors, therapists, teachers and health professionals.

Literatures which detail the effect of what has become known as vicarious trauma in therapists resulting from working with traumatised clients demonstrate one of the more serious psychological hazards inherent in practice. McCann and Pearlman (1990) first used the term vicarious trauma to describe the process by which:

Persons who work with victims may experience profound psychological effects, effects that can be disruptive and painful for the helper and can persist for months or years after work with traumatized persons.[...] We understand the effects on therapists as pervasive, that is, potentially affecting all realms of the therapist's life; cumulative, in that each client's story can reinforce the therapist's gradually changing schemas; and likely permanent, even if worked through completely. (McCann & Pearlman, 1990, p. 133)

Unfortunately not only are psychologists exposed to such material on a routine basis (working, as they do with clients who are suffering), there is also some evidence to suggest that the people who come to the career have characteristics which increase their vulnerability (Adams & Riggs, 2008). Related to vicarious traumatisation is the concept of compassion fatigue. "The meaning of compassion is to bear suffering. Compassion fatigue, like any other kind of fatigue, reduces our capacity or our interest in bearing the suffering of others" (Figley, 2002, p. 1434). Compassion fatigue as described by Figley, is related to the secondary traumatic stress of being exposed to another's traumatic experiences and the stress associated with wanting to help them. This stress then

prompts an avoidance of or numbing to further reminders or presentations of this distress. While related, both these processes are seen as subtly distinct from each other and from the concept of burnout.

Burnout, as defined by Maslach (2003) is a combination of exhaustion, cynicism and inefficacy resulting from a combination of predisposing factors including the type of job (working with people being particularly problematic), job characteristics (workload, control, social support, management and supervision, organisational policy and procedures), or personal characteristics (demographics, social factors, and individual psychological factors such as motivation and self-concept or emotional stability). It is clear that at some point individuals who have selected a helping career would most likely have had some hope for effecting change (since that is the key role in these positions), however in burnout these ideals have changed at some point to a sense of “why bother?” Maslach identifies working in caring professions as being particularly predisposing because of the demands this type of work places on workers. By default clients come to practitioners seeking assistance for a problem and as a result clients are often seen at their worst and there is a focus on problems and negatives. There is also a tendency for feedback to be negative, with limited positive feedback (since positive outcomes are the expected norm), and to experience people who are often distressed, potentially angry or abusive, or simply non-responsive. Experience with clients who don’t achieve therapeutic gains further exacerbate the sense of pointlessness.

Burnout manifests itself in stress responses, cynicism about others and the job, and negative evaluations of one’s own self-efficacy. This is contrasted with the often originally idealistic expectations of novices (such as expecting to dramatically, simply and immediately impact on client’s lives, to perform miracles and to be thoroughly

appreciated for doing so) that Edelwich and Brodsky (1980) note as being a particular risk factor for burnout in the helping professions. Maslach (2003) locates the origins of burnout as having roots in individual, interpersonal and institutional spheres, and in a number of types of experience that are frequent in people-oriented or helping-oriented professions. It is therefore plausible that some of these indicators would be observed in the current study and raises again the likelihood that there are multiple factors present in development beyond those traditionally examined.

Burnout, compassion fatigue and vicarious trauma, despite being generally associated with organisational literatures, also essentially consists of a collection of “symptoms” which do not stop at the boundaries of work, but often translate into profound personal impacts such as depression or anxiety and changes in outlook (cynicism). This blurring between professional and personal lives is also seen in various therapeutic traditions which incorporate this interaction into the way in which they conceptualise the therapist role in therapy, acknowledging and accounting for its effects. From the rational emotive therapeutic framework, Ellis (2003) lists a number of irrational thoughts or beliefs (which contain echoes of Edelwich & Brodsky’s, 1980, naïve expectations) that impede therapists in attaining fully functional professional practice in much the same way that irrational thoughts and beliefs impede clients’ attainment of functional lives. Beliefs such as the following were seen as creating blocks which prevented therapists from achieving what is considered to be the ideal therapeutic stance with clients:

“I have to be successful with all of my clients practically all of the time.” (...)

“I must be an outstanding therapist, clearly better than other therapists I know or hear about.” (...)

“I have to be greatly respected and loved by all my clients.” (...)

“Since I am doing my best and working so hard as a therapist, my clients should be equally hard working and responsible, should listen to me carefully, and should always push themselves to change.” (...)

“Because I am a person in my own right, I must be able to enjoy myself during therapy sessions and to use these sessions to solve my personal problems as much as to help clients with their difficulties.” (...) (Ellis, 2003, pp. 206-207)

Perhaps most tellingly, Ellis' (2003) article is entitled “How to deal with your most difficult client—you” indicating the (albeit somewhat tongue in cheek) expectation that therapists should use their professional knowledge to shore up their personal life. This counsel to “get your house in order” or at a minimum be aware of your own personal biases is also reflected by the psychoanalytic tradition (perhaps the therapeutic tradition historically most comfortable with this concept) for therapists to have their own therapy in order to recognise and manage countertransference in which “the therapist's old scars and injuries are constantly rubbed anew” (Freudenberger & Robbins, 1979, p. 287). The degree to which the personal effects of countertransference are managed can influence the quality of professional practice as well as changes in personal understanding. The difficulty in getting psychologists and related professionals to take stock of their own welfare is reflected also in texts such as Norcross and Guy (2007) and Skovholt and Trotter-Mathison (2011) which seek to warn of the dangers of a lack of self-care in the face of difficult work environments and to encourage strategies to generate resiliency to these stressors.

While the personal effects detailed this far appear negative, there is also room for positive outcomes. According to Lazarus and colleagues (Folkman, Lazarus, Dunkel-

Shetter, DeLongis, & Gruen, 1986; Lazarus & Folkman, 1984) the process of encountering stress and the resultant changes involve an appraisal process by which the stressor is appraised for the potential impact and meaning of the impact on the individual, and appraisal of prospects of effecting positive change, and then efforts at coping (i.e. enacting some form of behavioural or cognitive response) with those stressors. Stressors that individuals would be exposed to and required to adapt to within the training period for psychology students are likely to vary from those in the workplace.

Paris, Linville and Rosen (2006) conducted a qualitative study on growth experienced through clinical training and the personal and professional experiences that affect it. They found that personal and professional experiences both contributed to individual therapists' experience of growth. Personal experiences in personal therapy, related work experiences, personal relationships, spiritual beliefs, and generic learning triggered growth in areas of perspective taking, self-awareness, confidence, letting go, skill building, knowledge building, and hopefulness. Professional experiences in generic clinical settings, supervision, personal reactions, and family of origin triggered growth in areas of self-awareness, confidence, perspective taking, open-mindedness, self-focus, communication skill building, letting go, boundary clarification, and validation. As a result of these findings Paris et al. concluded that personal and professional growth were

interlinked (Figure 2).

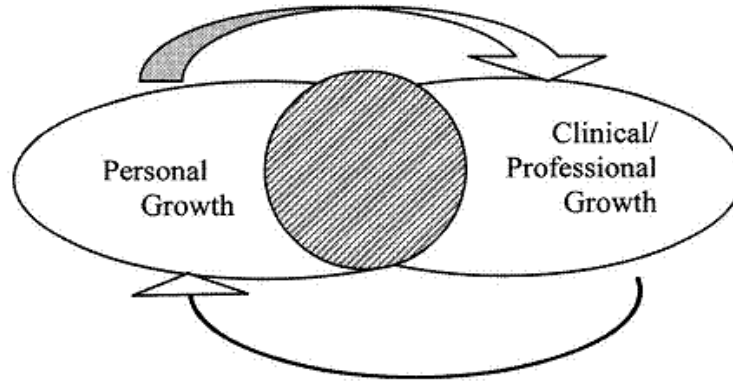


Figure 2. Model of relationship between personal and professional growth (Paris, et al., 2006)

Hill, Sullivan, Knox and Schlosser (2007) also examined changes in student therapists by examining diary entries over the course of a semester. They found that students discussed four broad domains: challenges of becoming a therapist, gains associated with becoming a therapist, supervision, and other relevant factors. Over one semester students gained confidence and became more aware of their own internal processes, learned and developed their technical helping skills, were appreciative of supervision, and applied external events to their own personal growth. The combination of these changes over the relatively short period of a few months (one semester) indicates that changes for students can be quite rapid and raises questions about how and in response to what circumstances such changes occur.

Theoretically, predictions of developments and changes in cognitions could be logically made based on the Piagetian theory of equilibration and the processes by which people switch from assimilating (making things fit) to accommodation (developing new schema). Piaget (1985) originally developed this theory for explanation of general

development, however it has since been adopted for explanation of cognitive changes in other arenas. Piaget proposed that individuals incorporate experience by one of two processes: assimilation of information into existing schemes or schemas about how that particular thing or event should be, or; accommodation of schemas to the information as it is encountered.

Piaget (1985) proposed that assimilation occurs rapidly for information that fits with existing schemas, however for information that does not fit there is a process of compensation which adjusts for the disequilibrium that is caused (in an attempt to regain equilibrium). In the alpha process, this disequilibrium constitutes a perturbation which the individual attempts to correct by denying or adjusting the facts so as to make them fit the existing schema, and produces no modification of the schema. In the beta process a perturbation produces a change in, or replacement of the schema (an accommodation), so that the new information is then able to be assimilated into the new, improved schema. Contemporary citations of the theory of equilibration work have generally referred to the alpha and beta processes in the context of perturbing information, as assimilation and accommodation respectively. It should be noted that Piaget appears to have originally intended these to be separate from, though linked to the compensatory processes; however in the interests of consistency with existing literature, clarity and brevity, they will be referred to as assimilation and accommodation in this paper.

Equilibration both explains the ongoing, dynamic individual developmental processes apparent in human development and cognition and also incorporates an environmental or experiential component. Piaget's (1985) theory of equilibration is also reminiscent of symbolic interactionism which is a sociological perspective which states that people are continually developing organisms that define "immediate situations

according to perspectives developed and altered in ongoing social interactions” (Charon, 2007, p. 42). According to this view, continual interactions with the world shape the perspectives we hold. In turn, these perspectives shape our perception of the events we encounter and guide our behaviour which, in turn, affects the environment. In this way the events that are encountered are both influenced by and influence ongoing changes and developments in internal mental processes.

In addition to general development, Piaget’s (1985) model of equilibration has been adapted to explain the more dramatic changes observed in post-traumatic growth as it is posited by Tedeschi and Calhoun (2004). The outcome (resilience, adversarial growth or pathology) from extreme stress or challenge are proposed to depend on whether a challenging event in some way disrupts prior worldviews (defined as general assumptions and beliefs about abstract world concepts, also frequently referred to as schema or assumptive worlds) and has the potential to promote change, and possibly growth. Paton and Burke (2007) describe this as a “form of punctuated equilibrium” (Paton & Burke, 2007, Introduction: Mental models and posttrauma outcomes, para. 4) in which the stable mental models capable of dealing with day to day events are punctuated by critical events which “exceed prior levels of adaptive capacity and stimulate change” (Paton & Burke, 2007, Introduction: Mental models and posttrauma outcomes, para. 4). Where worldviews are not greatly disturbed (that is, existing worldviews easily assimilate information from the adverse event) the individual is able to return to their previous level of functionality without requiring any change – they experience resilience.

When the event is significantly challenging, the experience cannot be assimilated in the existing worldviews (creating a Piagetian perturbation). From this disruption, the

individual may either adjust the facts to fit the schema which becomes fragile and often results in maladaptive outcomes (such as a person who experienced sexual assault no longer believing they are a “good” person in order to fit a belief that sexual assault does not happen to good people), or alternatively, they may rebuild the schema to fit with the new information. This rebuild may be done in a maladaptive way resulting in pathology, or, in the metaphor of Tedeschi and Calhoun (2004), it may, like buildings destroyed by earthquake and redesigned in the knowledge of the potential for future earthquakes, be stronger and more able to withstand future challenges. Recent work has also found that it is not only the high level typical trauma experiences which can be associated with positive outcomes, or indeed the greatest impact on workers. For example, Paton and Burke (2007) found that new police recruits reported some level of growth even where they had not experienced a previous traumatic experience or critical incident through their work. This was interpreted as being indicative that the transition into the work environment posed sufficient challenge to pre-existing mental models to elicit change (in this case in a positive direction). In addition, Gottlieb, Still and Newby-Clarke (2007) found that new university students attributed the growth items they endorsed to have occurred as a result of a number of experiences ranging from the more traditionally defined traumatic experiences (such as physical assaults on the self, or vicariously through illness/injury of close friends), through to the more apparently mundane challenges associated with entering university life, becoming more independent and facing the new social arrangements. Given the presence of this type of change in other comparable populations undergoing training of some kind, it is plausible that it would also be present in participants in the present study.

Limitations in Current Psychologist Development Literature

While existing researchers focussed specifically on psychologist development have contributed greatly to this field, their works have primarily been descriptive and have focussed on the content of the development process (what changes) with minimal investigation of how this development takes place. There are some indications of the mechanisms of this process (particularly with reference to Orlinsky and Ronnestad (2005) who provide a much more comprehensive examination of the processes which are facilitating this development) and on the basis of this literature, the role of experience and supervision seem to be key in the development of confidence in clinical practice.

Despite the excellent foundation that the above studies have provided, their focus has been predominantly narrowed to the training period and factors specific to the training and supervision processes (in relation to clinical practice that is seen as independent of the organisational context in which it takes place). Because of this there is more scope to examine other contributing factors to this process, particularly with reference to organisational and social contexts which will form the environment in which experiences occur and which appear to be central to the developmental cycles presented by Orlinsky and Ronnestad (2005). For example, there are likely to be individual differences in autonomy, attitudes of supervisors, various organisational requirements, workloads and other factors in both training and employment that provide disparate contexts in which learning and development occur.

In addition, the contributions of other more general theories are likely to inform an understanding of the processes at play by providing additional perspectives and enhancing our understanding of these processes.

Method

Aims of the Current Project

This research project began with an interest in the types of challenges that postgraduate clinical psychology students face as they undergo professional training and prepare to enter the professional world, and what changes they may experience as part of or as a consequence of these challenges. It occurred to me that these experiences and changes would form a large part of therapist development above and beyond the basic formal skills and would be likely to elicit changes in cognitions similar to those seen by, for example, Burke (2007) in relation to changes experienced by police officers entering their training and by Gottlieb et al. (2007) regarding the attribution of growth to both traditionally traumatic and non traumatic experiences of university life. Both these studies identified the processes of entering a new situation rather than traditionally identified trauma or difficulty that triggered at least some of the changes observed. It seemed likely that the training process for psychologists itself would be likely to elicit similar changes and that these changes would be equally important. Furthermore, it seemed that there were multiple possible factors that could influence psychologists under training.

The aim of this study was developed as examining the process of becoming a psychologist amongst a local Tasmanian cohort in order to identify the factors which influence their career development. There seem to be good reasons to assert that various bodies of literature (such as career choice, job fit, learning and professional and human development theories) contribute to an explanation of the process involved in training a clinical psychologist, however this has not been examined and therefore it is difficult to conclude which one, if any, could be expected to be the most explanatory.

What Can This Study Contribute?

While there have been forays into the examination of development of psychologists (and related professionals, such as counsellors or other therapists) these appear to have been predominantly fragmented, as well as narrowly focussed on the training period. Sakai and Nasserbakht (1997) review two fields of research on counsellor development, one focussed on counsellors, the other on cognitive science practitioners. They note a number of similarities and differences, but most importantly, note that there is minimal integration between these two fields, or with other fields of relevant enquiry. Similar comments can also be made for the psychology population, raising interesting questions about whether, and to what extent, general developmental factors and theories can be applied to psychologist development.

Where articles have developed research into some kind of developmental or process theory, or compared results with existing theory, these have tended to be isolated. In particular, much emphasis tends to be directed toward Skovholt and Ronnestad (1992) and Orlinsky and Ronnestad (2005) who developed, through their own research and in comparison with other models, an overall model of counsellor development that is still influential today. While these models are highly regarded, there remains scope to locate these processes within broader theoretical frameworks, noting similarities that may reflect underlying common processes, and differences that may relate to specialisations. Questions may be asked about the extent to which factors external to the training context affect training and the extent to which training can influence personal development. The current study will focus on psychologists and aims to compare the current results with other literatures in related fields as well as more

general populations in order to identify any parallels and links between these bodies of research.

Research Questions

On the basis of the existing literature the following key issues to be addressed have been identified:

1. Existing research on psychologist development has identified a need and interest in the processes and factors associated with psychologist development.
2. Limited focus on contextual factors (for example, organisational, social) and how these interact with individual processes.
3. Limited integration with other bodies of literature that are likely to be relevant (for example, career development, personal development, learning or growth literatures).

In order to address these issues, the current research will pursue the following questions:

1. How do training psychologists experience the training process?
2. What changes, if any, take place across their development?
3. How do various social, individual and environmental factors affect individual development pathways?
4. How does this process fit with pre-existing theories of human development and professional training?

Design, Measures and Procedures

Choice of qualitative methodology (specifically Grounded Theory) was made on the basis of a number of considerations. First, the research question primarily concerns the experience of the process of psychologist development or change which occurs during the transition from trainee to practitioner. In regards to this process, it also considers the aspects of this experience which impacted on the transition (in a positive or negative way) and how these interacted. It was hoped findings from these investigations would be constructed into an explanation or theoretical model of how this change takes place. This type of project is one for which grounded theory is particularly well suited, being described as “among the most influential and widely used modes of carrying out qualitative research when generating theory is the researcher’s principal aim” (Strauss & Corbin, 1997, p. vii) and “is an appropriate method for the researcher wishing to learn from the participants how to understand a process or situation” (Morse & Richards, 2002, p. 55).

The utility of grounded theory as a means of understanding processes is predicated on its post-modernist roots and emphasis on reality as an interpreted construct. That is to say, while quantitative methodologies generally stem from a positivist tradition and assert that there is an observable and quantifiable reality, qualitative methodologies originate in more post-modern paradigms which assert that reality is constructed by the nuanced understanding of those who experience it. Qualitative methodologies (of which there are multiple forms) therefore attempt to establish the experience of the persons under scrutiny (Ponterotto, 2005). These differences in approach lend qualitative and quantitative methodologies to different

research applications, the value of which are summarised by Haverkamp, Morrow and Ponterotto (2005):

Quantitative research, like photography, excels at producing images characterized by precision. Qualitative research, like portraiture, can offer a glimpse of “what resides beneath.” Both photography and painting require great skill, and both qualify as art; the analogy can be extended to quantitative and qualitative research in that both require skill, and both qualify as science. (p. 125)

Quantitative methodologies are notably useful in testing existing theories, or - hypotheses which one may have about a particular phenomenon. The “gold standard” methodologies for testing hypotheses (most obviously double-blind randomised control trials), are generally quantitative methodologies. Quantitative methods require a pre-existing theory or hypothesis and a defined set of variables (selected on the basis of the existing theory) to be measured and the resulting data collected and tested statistically. Qualitative methodologies on the other hand are notably useful to answer questions that are about the subjective experience, the meaning of things or for exploration of areas in which there is limited information on which to form questions suitable for quantitative enquiry. Qualitative research is intended to penetrate to the deeper significance that the subject of the research ascribes to the topic being researched: “it involves an interpretive, naturalistic approach to its subject matter and gives priority to what the data contribute to important research questions or existing information” (Noyes, Popay, Pearson, Hannes, & Booth, 2008, p. 2). Upon development of an understanding and model, these results would then be able to be compared with existing research with a view to integrating new and existing models in order to create an overall model of therapist development grounded in students’ firsthand accounts of their experiences.

By comparison, though it may be possible to quantitatively investigate various aspects of this process that may be reasonably hypothesised to be involved it would not be pragmatic; requiring an unrealistically large sample size to achieve the power necessary to examine *all* possible factors. In addition, it is probable that various factors would be missed, and various factors included that are found not to be relevant, since such a design relies on the researcher predicting which factors would be important.

A Grounded Theory approach, then, was selected for its ability to develop and broad and deep understanding of processes, resulting in a theoretical model in an area with minimal global (as opposed to specific factor) research while not requiring unrealistically large sample sizes.

Qualitative methodology.

Qualitative research has experienced a recent rise in use in the psychological field (Kidd, 2002; Rennie, Watson, & Monteiro, 2002), although it continues to be less utilised than in other fields such as nursing and continues to lag in journals with strong positivistic roots as would be expected (Kidd, 2002; Rennie et al., 2002). Indeed, for Rennie (2006) the grounded theory method requiring the application of method to the interpretation of language (in the form of text) “takes into account both the objectivity of what is being addressed and the subjectivity involved in addressing it” (p. 66) making it particularly useful in human sciences and endorsed for use therein.

A requirement of grounded theory is minimising pre-drawn conclusions being made by the researcher. To achieve this, minimising extensive literature reviews prior to data collection and analysis and processes of bracketing, partialling or otherwise being reflexively aware of researcher bias and opinions is generally recommended (see for

example Morrow, 2005, for a discussion of subjectivity and reflexivity and how this may be managed) and was undertaken. These measures are conducted to avoid an over-identification with any particular approach which might impede true development of theory from the data by influencing analysis approaches (see, for example, Cutcliffe, 2000). Such concerns are reflective of the nature of qualitative methods as primarily inductive – that is, they develop theory from data, rather than test existing theory with data. For this reason, specified hypotheses drawn from previous literature are not proposed in this study. Rather, this study was exploratory: seeking to articulate, based on psychologists' accounts of their experience, how the process of transition from student to professional practitioner occurs.

Grounded theory is an inductive approach in which information gathered through (usually) interviews is used to construct a theory of the phenomena under study. According to Rennie (2000) grounded theory can be understood as a form of hermeneutics, deriving meaning from and understanding of that text (usually interviews). Practitioners of this method “represent their understandings in the form of categories and relations among them” (Rennie, 2000, p. 484). Grounded theory generally follows an iterative process whereby data (for example, interviews) is examined for themes, which builds initial theories and hunches, which are then compared to the data which contributes to the development of theory, and so on (Bryman, 2012; Ezzy, 2002; Rennie, 2000). This is thematically depicted in Figure 3.

As would be expected, given the relationship to hermeneutics, data analysis in Grounded theory studies involve the identification and organisation of data into categories which define themes and ideas present in the data. Relationships between these categories are then identified in order to assist the researcher to understand the

phenomenon of study (Creswell, 1998). A working theory, model or hypothesis is then generated which may then be compared to existing literature to identify points of similarity and areas of departure, with the latter providing the foundation for the development of a new theory. This approach is useful to the current study due to the ability to consider all involved material (rather than artificially limiting the focus to predetermined areas), thereby maximising the chances of including all relevant and important factors.

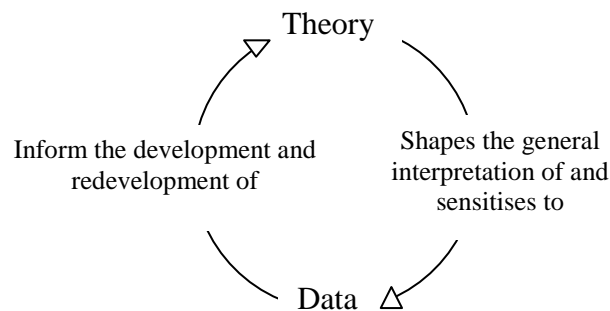


Figure 3. Grounded theory iterative process (Ezzy, 2002, p. 13)

Grounded Theory, and qualitative studies in general, include particular measures to maximise the quality and trustworthiness of the information portrayed. Rather than issues of validity and reliability, qualitative methods have their own quality control approaches such as those of trustworthiness and quality based on reflexivity and subjectivity, adequate data and adequate analysis developed by Morrow (2005). Stige, Malterud and Midtgarden (2009) specify these requirements further and propose an agenda summarised by the acronym “EPICURE, focusing on engagement, processing, interpretation, and critique in relation to empirical materials, and critique, usefulness, relevance, and ethics in relation to sociocultural and academic fields” (p. 1512). Both

approaches entail attempts to ensure data is collected and processed faithfully and thoroughly and that the process is reflexive and with purpose. The following section details these steps by way of providing a researcher statement, and information about how subjectivity and reflexivity have been managed, and adequacy of data and analysis have been addressed in line with Morrow.

Trustworthiness and quality control.

Researcher statement.

I (Johnson) began my PhD interested in the positive psychology movement, and specifically in the phenomenon of post challenge growth. This interest broadened into an interest in the process of responding to challenge in the training of psychologists via observation of my colleagues in the clinical course at my university, their struggles with difficulties as they studied their chosen field and dissatisfactions voiced anecdotally. Interestingly, anecdotal comments from some staff seemed to indicate that certain things that one cohort complained about, other cohorts had requested. This posed the question of why this apparent difference existed and how much of the concerns held by students was due to the course, to the individuals and perhaps to the process itself. In addition to observing my colleagues, I was also embarking on clinical training alongside my research PhD.

Following reading on broadly related topics and reflecting on my own and other student's anecdotal experiences it occurred to me that clinical psychology training appeared to both draw on the individual, and also change the individual as they progressed. I embarked on this study expecting to find a multitude of experiences, but with an overarching theme of challenge and transition.

I have attempted to minimise the impact of my pre-existing interests and experiences in a number of ways. First I have attempted to read broadly in my literature review and to see where these topics can be linked. Second I have attempted in all my open source coding to question each code and see where and if data might fit “better” with another code. This included memoing (a term in qualitative methodologies used to denote the process of organised diarising or notation) ideas or thoughts during the analysis, and extensive reflection on my own personal responses to codes as well as questioning how others may see it, or how else it may be viewed – playing the role of devil’s advocate. Third, my primary supervisor remained naïve of my data analysis until it was at a final draft stage, thereby allowing a fresh and critical eye to pick up any obvious discrepancies or partiality evident in the analysis.

The supervisory team for this project consisted of two researchers experienced in qualitative research. One research supervisor has research interests in traumatic and disaster stress and preparedness and resilience on a community level as well as for emergency services in relation to natural disasters plus large scale interpersonal violence such as terrorist attack. The other research supervisor is a clinical psychologist with research interests in resilience and adaptive capacity within Antarctic expeditioners and their families as well as organisational integrity and patient care.

Subjectivity and reflexivity.

In an attempt to limit exposure to preconceived ideas, in the initial stages of the present study, literature searches were limited to those initially conducted to identify a research question and further in depth research was minimised until such time as analysis was nearing completion and grounded themes were emerging. While it may be

impossible to completely remove preconceived researcher notions, acknowledging where such presuppositions are entering into the research procedures such as interviews and interpretation and allowing for this is generally encouraged (Morse & Richards, 2002). As such, allowances and considerations were made for any preconceived researcher ideas in data analysis.

During the data coding process, notes and journaling comprising the memoing process accompanied coding and analysis while ideas and theories were developing. These assisted in introspective processes and the subsequent development of self-awareness and awareness of the impact of pre-existing ideas. In addition, conversations were held with supervisors at varying points with one research supervisor being available to “throw around” data and conceptual ideas assisting in the development of frameworks. The other research supervisor remained separate from coding and model development in order to assist in bringing a fresh and critical eye to the analysis in its final stages thereby being able to pick up any observable inconsistencies, missed observations or clear biases that had not been subjectively identified. No clear biases were identified through this process, however through discussions about findings additional literature bodies were suggested and investigated. In addition, early first pass coding and theme analysis was checked with initial participants with feedback driving revisions to analysis of information. In this way, researcher assumptions about underlying meaning could be checked for fuller understanding.

A researcher statement (provided above) makes clear and transparent my, and my supervisor’s previous experience and research interests thereby allowing readers to also take these into account.

Adequacy of data.

Adequacy of data within qualitative research is not the same as adequacy of data to achieve an appropriate power within quantitative analyses. According to Morrow (2005) the appropriate number of participants to achieve quality data is less related to the number of participants and more to do with “sampling procedures; quality, length, and depth of interview data; and variety of evidence” (p. 255). These factors determine the depth (quality) and breadth (exhaustiveness, or redundancy) of information gathered so that as much, and as detailed an understanding can be gained of a phenomenon as possible. Essentially, rather than a sufficient number of participants derived from statistical power, qualitative methods require that the data has reached saturation or redundancy: a point where minimal additional information is being collected (Morrow, 2005, p.256; Morse & Richards, 2002, p. 174).

The study was conducted in multiple stages, consisting of an initial study, a follow up of a small number of participants from this original study, and two additional data collection points. The follow up study was intended to capture and confirm, elaborate on or refute any changes across time compared with those reported cross-sectionally. Analysis of the original interview data from Study 1 identified several complex themes of change and development and the influences on these. It was also evident that six of the participants were from two consecutive year groups which prompted concerns that although saturation had been reached for this group, there may have been perspectives that were missed as a result of a cohort effect. It was therefore decided that a smaller confirmatory set of interviews would be conducted with a

different cohort of students using the analysis of the original interviews as a framework to facilitate comparison and/or confirmation of results between separate cohorts.

In order to enhance data via triangulation, additional interviews were conducted with a group of supervisors/trainers using the analysis of the original interviews as a framework. Triangulation is a methodological technique which involves using a separate type of data source to get a different perspective on the same problem or question. By doing so, aspects of a particular problem or question that may not be observable in one group become illuminated. In addition, this helps to verify particular aspects that are central to the understanding of a problem from multiple perspectives, thereby increasing the likelihood that these aspects are of key importance (Morse & Richards, 2002). By including a source of triangulation within this body of research, additional perspectives on psychologist development and a means of cross-checking findings were available.

Via these processes a large number of codes were generated with decreasing numbers of new codes being introduced in each successive study, so that it was apparent that saturation and redundancy was achieved.

Adequacy of analysis.

Adequacy of analysis is in part a function of the data analysis itself, and in part a function of its presentation. During analysis Morrow (2005) suggests an iterative process whereby the researcher becomes immersed in the data, highly familiar with the material and continues to return to the material to develop, check and redevelop ideas, hunches and theories as they emerge. The information gathered should then be presented so that

it is rich with supporting material in the way of quotes, and yet sufficiently clear in its overall analysis to provide a unifying story.

In the current project, multiple stages and processes of analysis were conducted. Initial forays into the data presented questions and ideas which were followed in subsequent interview groups. Notes and memos about ideas emerging during coding helped collect ideas for further exploration, and as ideas emerged in later coding they were referred back to earlier data for cross checking. This constant evolution of ideas and themes through iterative development of theory and return to the data allowed a basis within which a theory grounded in the data could emerge.

The presentation of the data within this project stands for itself, noting that efforts have been made to present the results for each study with support from quotes taken from interviews, and to collect these into one overarching model which draws these results together.

Research project: Design overview.

Study 1 utilised interviews to examine participants' experiences of training in a clinical psychology program. The interview approach is described below. Initial pilot interviews were used to practice interviewing skills and were compared with later interviews and found to be not substantially different and were therefore included in the analysis for Study 1. A small number of participants early in their training at the time of Study 1 were followed up later in their training for a second interview (Study 2). This allowed a comparison to their previous interview to allow identification of changes over time. Any changes could then be compared to cross sectional differences between

participants at apparently different stages, thereby indicating whether differences were more likely due to group differences or process factors.

Since data from Study 1 came primarily from participants in two cohorts who were familiar with each other, a second group of student (Study 3) was interviewed to ensure saturation of ideas was achieved from an additional cohort or cohorts. To further add quality to this study, acknowledgement was made that the self report data from student groups may not capture the full phenomenon under study. Triangulation data was therefore sought from supervisors commenting on their view of student development (Study 4). This allowed for a comparison of changes either reported by participants or noted in data analysis with those reported by supervisors' observations. Results from self reported discussion of changes experienced was also cross checked by comparing discussion between experience groups (Study 5).

Participant Selection and Recruitment

Participants were recruited via forwarding an invitation to participate to students within the University of Tasmania Psychology Masters of Clinical Psychology program list and to clinical program staff. This list includes all students enrolled in the Masters of Clinical Psychology course from their first year in the clinical program through to those who have finished coursework and placements and are eligible for full psychologist registration but are still working on their thesis. In addition, one participant who was also a previous University of Tasmania student was recruited via word of mouth. Invitations for participation in Study 1 were extended to trainee and newly registered psychologists up to five years post registration in order to capture individuals within the training period and those who had been in the working environment for long

enough to have experienced most facets of working life, but short enough to both recall their training and to have experienced a relatively comparative training structure (that is, a training environment that had not changed significantly through time and developments in education policy and procedure). By virtue of the small potential participant pool (the University of Tasmania School of Psychology has a limited intake of students, and a small cohort of staff which, combined with post-graduation time limitations for this study resulted in a potential participant pool of one- to two-hundred accessible participants) most participants knew of each other and interacted with each other professionally (via training and placement) or socially (via friendships) to varying degrees.

The first wave of interviews recruited 11 participants, three of whom were pilot participants whose data was later included in the analysis (pilots were included following an initial analysis of their data, and comparison to participants in the first sample identified no meaningful differences in their interview themes). One participant requested their data be removed due to concerns that their individual circumstances would be impossible to adequately de-identify.

Two participants (P#16 and P#19) had agreed to be contacted for a follow up interview (Study 2) having been selected because their initial interview had been conducted very early in their training while they had very limited experience and therefore provided an opportunity to explore changes from one time point to another and assess whether differences noted cross sectionally were also present over time within subjects. An additional participant (P#17) originally did not indicate willingness to be recontacted but later contacted the researcher offering to participate in a follow up interview having heard via word of mouth that this was occurring.

Study 3 recruited participants from the same program as in the original sample from Study 1. This participant pool included new participants by virtue of new student entries into the program, and previous students exiting the program in the year following the original interviews.

Study 4 recruited supervisors of students. Invitations to participate were sent via e-mails, to University of Tasmania school of psychology clinical staff (sent once through internal e-mail) and to supervisors in the clinical supervisor pool (sent twice via the placement co-ordinator). Two supervisors were recruited from the initial e-mail recruitment and no further participants were recruited from subsequent e-mail invitations. While this minimal participation was disappointing, their interviews provide some information about how supervisor's views intersect with students.

Data Collection

Interviews.

Interviews were conducted by a single interviewer and took approximately one hour per interview, though there was some variability in interview duration depending on each participant's personal styles of communication and the amount of information they provided in their answers. A broad set of topics covering the research questions was included in the open-ended interviews including:

- What (being trained in) psychology means to the participant
- What they like about psychology as a career
- What they dislike
- What has been hard in training
- What they have gotten out of the career and training

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- What the training/working experience has been like so far
- What has helped them
- What has hindered them

Rather than being a semi-structured interview style, these topics were used as unstructured prompts for opening discussion. The interviewer followed avenues of conversation which the participant brought up as being important to them and endeavoured to ask questions about the contextual circumstances around topics which participants considered important in one way or another – the questions of who, what, when and where of event context. Interviews took place predominantly in offices in the School of Psychology Research Centre at the University of Tasmania, two were conducted via phone due to distance and to accommodate participant availability. Interviews were recorded on a digital voice recorder (using a telephone handset adaptor for telephone interviews) and transcribed by the principal researcher with the assistance of transcription software Express Scribe (downloadable from <http://www.nch.com.au/scribe/>).

Studies 1 to 4 involved similar data sources (interview), however as studies 2 - 4 were confirmatory and triangulatory, more emphasis was placed on exploring themes expressed in the original study to confirm/disconfirm findings from the analyses of the original interviews which were more exploratory. In addition, P#42 forwarded the interviewer a document they had recently constructed as part of a review of their supervision style (which asked what the individual's supervision style is and what the supervisor aims to achieve by using this style) which they believed would add to the

information given in interview. This document was included for analysis with the interview transcript.

Study 5 examined interview data collected from participants in studies 1 and 3 after having grouped participants by experience level. Interviews and codes were then subject to comparison.

Timeline.

Pilot interviews were collected from the first three participants to establish interview technique over a one month period in July (one of these participants later withdrew). The remaining interviews for Study 1 were conducted approximately three months later over a three month period (October-December). The three participants who had agreed to a follow up interview for Study 2 were re-interviewed approximately 18 months following their initial interview (+/- 2 months).

Study 3 data was conducted over a two month period (April-May) 18 months after Study 1 data was collected. Study 4 data was collected immediately following Study 3 data collection (May).

Data Analysis

Though the researcher considers that it is difficult, if not impossible, to remove all preconceived ideas and notions from the interview process, these effects were ameliorated by reflection and self-awareness of the interviewer's ideas and how these were impacting on the interview with appropriate action taken to counteract these influences with concepts or topics that run counter to expectation deliberately explored where possible. This process also continued through all subsequent studies.

Once interviews were conducted, interviews were transcribed. Transcription acted both as a routine data transformation task and as a familiarisation and first pass theme identification method through which the researcher was able to identify broad themes and patterns. Once transcribed, interview transcripts were sent out to all participants with an opportunity to correct or add any information. No participants added any information or substantively corrected their original transcripts, though a select few corrected typing/spelling errors or commented on their interview (generally with a sense of embarrassment at reading their own speech) indicating that they had been reviewed.

Data was coded using NVivo software (QSR International Pty Ltd, 2008) with additional guidance on general software functions and use from Richards (2005, 2006) and Bazeley (2007). Coding is a method of categorising transcript material and developing ideas and insights from interview material and entails examining successive segments of transcripts and labelling or tagging these with a brief descriptor of what is being discussed (nodes). Insights, ideas, and observations of data were recorded in memos and annotations alongside transcript data. Nodes were then examined for overarching themes (for example, different types of support) and any links and insights were tested by searching for transcribed data which supported or refuted a particular idea.

An early descriptive summary of nodes and relationships was shared with participants who provided any feedback they thought necessary. P#14, P#12 and P#19 all provided some feedback about their agreement or otherwise with this early model, as well as additional insights. At the time of providing these responses, both P#14 and P#12 had recently achieved full registration. This information was also included in

further analysis of the complete data set in the synthesis. This process acted both as an accuracy check and a method of clarifying any topics participants felt were misunderstood. Once all data was coded and described, the resulting model was shared with the project supervisor who was able to query, challenge and examine explanations with minimal knowledge of the data. This process not only acted as a check to reduce any pre-conceived ideas that may have been produced throughout coding, but also enabled a more thorough understanding of the data.

Interviews from studies 2, 3 and 4 were coded separately from those in Study 1 using the coding framework generated in Study 1, constantly checking for meaning differences in codes. As per the iterative nature of grounded theory, the thematic concepts identified through the previous studies informed examination of, and were modified by, data collected through this analysis. Information which supported existing codes was coded under the existing framework and where data contained new or different codes they were allocated a new separate code. This process aimed to ensure new codes were identified and not “lost” in the existing framework. New codes were compared with original interviews to establish any material that might fit the new codes that was missed in the original coding or to locate material that would refute them. Once coding was complete, each participant’s codes were summarised to allow a brief comparison between findings, and similarities and discrepancies were examined in depth for a synthesised discussion.

Due to Study 4 being a triangulation study, only definite coding matches were included in the existing framework in order to maximise thematic saturation at the first pass and ensure new codes were identified and not “lost” in the existing framework. During all coding, but in particular in later interviews, any new themes emerging were

cross checked against other participants' interviews to establish whether it was present and had been missed. Decreasing numbers of new codes indicated saturation of ideas was being achieved. The overall coding descriptive information which illustrates depth of coding is provided in the results section.

Ethics

This research was approved by the Tasmania Social Sciences Human Research Ethics Committee (Ref: H0010082). All participants were provided with information about the purpose, aims and procedures to be used in the study and provided consent on this basis.

Issues of confidentiality and anonymity were important ethical considerations in this study due to the small community from which participants were recruited. All participants were provided with pseudonyms (which they were welcome to choose themselves from either gender or non-gendered names such as pet names or cartoon characters, though most declined this option) for use in transcripts and in early theme reviews by participants. This measure ensured that no real names are at any point referred to in raw interview data, which acted as a safety precaution in the event any self-referred names were accidentally presented in quotes. For presentation in the thesis these were de-identified further by the allocation of a number code to eliminate gender identification; this measure was prompted by one participant withdrawing due to concern they may be more identifiable by the gender and contextual information in their interview. Because of the limited participant pool and issues with identifiability, information relating to age and gender is not given with the participant data, and age and experience levels is instead summarised in range terms.

CHALLENGES AND CHANGES IN PSYCHOLOGIST DEVELOPMENT

Invitations to participate were sent out via the School of Psychology mailing lists for students and supervisors and participants were invited to contact the researcher directly. All data and the participant master list are stored on secure servers and in a locked filing cabinet at the University of Tasmania as per human research ethics guidelines.

Results

In total, interview transcripts of 19 separate interviews (10 in Study 1, three in the follow up Study 2, four in Study 3, and two in Study 4) contained 140,746 words which produced 185 codes, nested into five main themes, with 20 subthemes, an overview of which is presented in Table 3.

Table 3

Coding summary by study for main themes and subthemes

Themes and Subthemes	Total	Study 1	Study 2	Study 3	Study 4
Challenges	467	232	86	116	32
Experiences	116	66	18	23	9
Placement and work problems	146	54	33	55	4
Public perceptions	23	15	3	3	0
University based challenges	32	21	3	8	0
Worries	76	50	6	20	0
Changes	217	125	36	41	12
Changing stages	59	36	5	13	2
Confidence	187	103	29	34	20
Personal changes	100	53	19	25	1
Professional skills	78	36	17	14	10
Helpful	409	223	55	95	34
Personal	118	77	11	26	3
Situational	101	59	18	15	8
Support	224	108	31	59	26
Learning to be a psychologist	154	83	19	41	9
Personal factors	60	37	4	19	0
Psychology-self interface	159	87	19	42	9
Reason for doing psychology	168	109	9	28	20
Altruism	50	34	2	8	6
Concrete benefit	21	17	1	2	0
Intrinsic interest	104	77	5	21	0
It's a job	2	2	0	0	0
Thought it was something else	5	0	2	0	3
Chance	6	2	0	4	0
Types of students	12	0	0	0	12

Descriptions of the data and emergent themes, including coding descriptive information for each study, will be presented separately for each individual study in sections to follow.

For the presentation of data within this manuscript, each participant has been given a code number, the first digit of which represents the study sample it was drawn from (1, 3, 4), then their participant number (for example, P#11 is participant number 1 in Study 1). Being a follow up study, participants from Study 2 retain the participant number from Study 1 but have the prefix F (from the example above, a follow up interview with the example participant would be recorded as P#F11).

Study 1: Initial Participant Group

Descriptive Statistics

Participants' demographic status and experience details are provided in Table 4 below.

Theme Description

From the 10 transcripts analysed 169 codes were produced in total across five broad themes of challenges, changes, helpful things, learning to be a psychologist and reason for being a psychologist. Summary data for transcript length and coding density for each participant is provided in Table 5.

Whilst there were 169 total codes created for this participant group, 23 of these comprised the first two tier (or primary) coding levels which became the themes and subthemes, with the remaining codes being fine grained variations of those second tier

codes. For the practical purposes of results exploration here, the first two tiers of coding will be given headings for discussion with the information in the remaining subthemes being covered in discussion.

Table 4

Study 1 Participant Demographics

Participant	Registration	Experience	Client Contact Hours	Age range
P#11	Provisional	3 placements completed	unknown	20-25
P#12	Provisional	1 placement completed	unknown	20-25
P#13	Full (5 years)	finished placements	NA	35-40
P#14	Provisional	finished placements	400+	25-30
P#15	Provisional	4th placement	400	25-30
P#16	Provisional	pre placement	0	25-30
P#17	Provisional	pre placement	0	30-35
P#18	Provisional	2nd placement	180	30-35
P#19	Provisional	1st placement	45	25-30
P#110	Full (18 months)	finished placements	NA	30-35

Table 5

Coding Summary Study 1

Participant	Transcript length (words)	Total Codes	References
P#11	9,193	96	715
P#12	8,457	73	360
P#13	5,776	77	368
P#14	7,610	90	371
P#15	4,601	73	287
P#16	5,301	70	279
P#17	9,312	76	246
P#18	7,763	87	409
P#19	6,867	89	365
P#110	6,499	87	377

Challenges (232 references).

The first broad theme, challenges, discusses matters and topics which participants found difficult about their training and early years of practice. Some of these related to external factors such as experiences, other people or situations. Some were internally driven.

Experiences (66 references).

There were a number of experiences which were considered challenging in some respect. Participants reflected on a common theme of feeling overwhelmed and underprepared or under-supported. This was summarised well by the metaphor of being “just thrown in the deep end” (P#14) with challenging (therapeutically and personally) client groups. This metaphor was also extended as a comment on perceived danger of providing insufficient support since “you wouldn’t throw a kid in the deep end and then walk away to let them work it out, you want to watch and then they’re able to swim or they sink and you jump in and save them” (P#19). While challenging, some participants accepted this approach and were “expecting that’s the way it would be so [...] I guess I just accepted it” (P#11) and found it beneficial and necessary “before you start getting that kind of [thinking on your feet] skill” (P#12)

Some of these challenging experiences related to experiences with material, clients or events that were encountered on placements or in the workforce. Challenging clients were considered to be particular client groups that participants found hard to deal with either by the nature of the particular psychopathology being hard to work with or

being particularly confronting such as not wanting to work with involuntary clients because “I didn’t train for 7 years to work on people that don’t want to be helped” (P#13). Some issues were particularly problematic because of the emotional reaction they evoked such as issues of child abuse, which for P#17 “really angers me”. Some were difficult due to the more specialised skillsets required such as intellectual disability which was difficult to work with because although students may have basic skills “you don’t really get taught how to modify therapy for someone with a deficit of that degree” (P#11). There was also distressing material that was difficult for participants to deal with, such as client stories as in the case of P#13: “I’ve heard in the last couple of months some horrendous stories about babies and, [...] I can remember one instance at my private practice where I just had to stay there after work and have a good cry because it really got to me” and P#14 “it was quite intense and a lot of the stories that you hear about these crimes, they’re from another world”. While these events were considered difficult or confronting, they were also recognised as having some positive factors, such as being “eye opening” - “I’ve talked with people that, that’s you know their total reality and they’ve had the most awful horrendous things happening to them so I guess I have that compassion, or it’s a bit more real to me maybe” (P#14) - or at minimum being able to be dealt with - “I suppose it does get easier, but it still sort of hard to hear, even if it’s easier to deal with” (P#11).

Experiencing lack of client progress was also difficult to deal with due to the effect on confidence in therapeutic efficacy. Difficulty engaging a client could result in “a mixture of sort of personally sort of hurt [...] and then professionally stupid” (P#18) while clients rejecting intervention attempts resulted in feeling “a bit... useless. Like I wanted to do something practical for her but she just didn’t want to do anything that I

suggested” (P#11). Related to difficulties of dealing with challenging client groups is the experience of getting it wrong and making mistakes in therapy. Sometimes participants were aware at the time that they were not performing such as P#18’s experience of trying to explain a concept: “I was sort of fumbling around and my confidence was really rocked”. At other times this knowledge came later such as P#11 reflecting with more experience on a previous client and realising, “I probably didn’t need to do that [therapeutic technique] quite so quickly”.

Mistakes were often accompanied by negative emotions, self-reproach and embarrassment such as: “I felt really exposed and I felt stupid” (P#18), and “I just felt awful” (P#12). There were also clear statements that errors, though unpleasant, were beneficial or even necessary for improvement because, “ultimately you know, you, you do only learn by making small mistakes” (P#110) and, “you’re just experiencing more and more ways that things can go wrong that you can then think about and think ok, well if that happened again, what would I do?” (P#12). Such improvements came either through highlighting areas for improvement - “then I could go ok I need to know more and I need to take this and here’s my little piece of non-experience experience to take forward” (P#17) - or through confidence in self appraisal, a “confidence that came from me realising where I was going wrong and what I needed to improve on” (P#19).

Making difficult decisions became an extension of discussion around errors as a more concentrated situation with a much narrower error tolerance window. These were decisions often about major life situations, such as capacity assessments, seeking mental health orders, or breaching confidentiality. These high-stakes decisions were recognised by participants who had been in a position to experience them such as P#18: “I guess the potential for being kind of haunted by decisions that you’ve made, did I make the

right call here”. As such these were related to worries about making a mistake and getting the decision wrong.

Placement and workplace problems (54 references).

Two participants commented on difficulty getting regular placements that resulted in concerns about how long the degree would take to be complete. There were also discussions about differences between what was expected from a placement and what the reality was. Sometimes this difference related to student expectations for what they would be, or wanted to be doing: “for your first placement, you’re just wanting to get out there and do what you’ve been learning about and I think I was just frustrated that I wasn’t getting to do that” (P#11). There were also supervisors’ expectations of what students should be capable of, with P#16 discussing a mismatch between what they wanted and what the supervisor expected: “I didn’t actually feel like I had anyone saying to me this is how you do it. It was sort of , go off and do this, you know, here’s a couple of chapters out of a workbook, go and just photocopy that, give it to your client and tell them about it”. The concern that some supervisors’ “expectations on what an intern was to do” (P#15) were higher than the student was comfortable with was linked to the sense of being thrown in the deep end and becoming overwhelmed. P#19 described this as supervisors having an “overestimation of what we’ve actually learned in our coursework to date [and the supervisor may] think we know a lot more than what we do”.

Problems with supervisors on placement were commonly discussed (26 separate codes). Some concerns were to do with the supervisor’s situation such as the supervisor being overworked, or a personal mismatch or clash such as feeling that “we weren’t a good fit” (P#15). Some participants reported experiences with supervisors that they felt

“didn’t have very good clinical skills, and, and so for me that was more unsettling rather than making me grow” (P#110) and because of this perception of supervisor skills (or lack thereof), it was difficult to “have much faith in what they were telling me” (P#18).

A lack of perceived supportiveness, or faith in advice also included a lack of assistance with direct client interventions so that “I didn’t really feel supported enough [to help this client]” (P#11) or that the advice that was being provided wasn’t targeted at the issues that the student was concerned about: “[the supervisor was] picking up on little things, but then the things that I presented as this is something I need help with, this is something I feel really unsure about, it was sort of not” (P#110). One participant also commented on the experience of a specific type of feedback, criticism, and how this impacted their confidence: “I have such little confidence in my abilities to do this already, that I feel like I need a lot of no criticism [...] just have a bit of confidence in my ability to do stuff and then I feel like I could take criticism more easily” (P#12). While this was not identified significantly in this first study, it was retrospectively identified as an important code in the light of other following work.

Public perceptions (15 references).

Although one of the reasons given for studying psychology was that it was a respectable profession, some of the public perceptions about psychology were challenging for participants to come to terms with. This was the case for both positive perceptions, such as seeing the participants as “an expert in that area so they’ll come and chat to you” (P#14) or that “they felt like almost like I can’t ask for advice because that means she’s working now” (P#110). This perception as an expert was concerning

because “even in my private life, people are still going to take what I say as an, you know, as coming from a psychologist” (P#18).

There were also negative perceptions, fear or stigma such as: “working with people with schizophrenia and the reactions I’ve had to that have been interesting” (P#16), and: “I guess there’s a negative perception of psychologists, to some degree, in terms of saying to somebody I’m studying psychology tends to elicit a response that is, kind of a cautious response I guess in people” (P#18). Participant P#19 commented directly on the dichotomous reactions of the public to the psychology profession.

“I think people either, they’re polarised kind of. People that find it interesting, they want to talk to you about it and want to talk about their problems and that, or they go to the other extreme where they, kind of avoid you a little bit I think. And then I suppose some people have misconceptions and think it’s a bit of quackery, and don’t understand what you do.”

These perceptions were related to some changes in participants’ lives, such as changes in the way others interact with them (for example, more or less help seeking from these individuals) and more caution in what is said and to whom due to the risk of comments being interpreted as professional.

University based challenges (21 references).

Participants commented on feeling underprepared by the clinical course and related this to its structure saying they “didn’t feel like we really got a grounding in CBT, or any other therapies, um or even really basic sort of counselling skills” (P#18) and that “in first semester, I think you need more specific skills” (P#12). Despite these criticisms there was also some recognition that the desired level of skill training may be

“an impossibility to provide” (P#18) and that although knowledge is imperfect, “I actually do know a little bit, and I’m not expected to know it all” (P#17). There was some indication that this concern with course structure may change over time or experience, with P#110 reflecting from a point of being registered with a couple of years of experience that:

“how good the course is and how good you know maybe one, one seminar is over another one or one teacher over another one at uni, I think looking back now, that is less important than how good the placements are”

In addition to concerns about the curriculum structure there were also some attendant concerns with the university’s socio-political environment. On one hand there was a perception of “petty jealousy and stuff that goes on” (P#17), but also there were more practical concerns with the level of support available from the university with P#15 reporting “there wasn’t a clear person within the university that I could approach to talk about” a particular problem.

The journey to the postgraduate course was seen as a long term effort for students who “work for years and years and years to get to this point” (P#11). There was both a workload component in terms of hours of work completing the requisites of each course and an emotional component during the course which “can be emotionally draining and that, ‘cause you can be just sick to death of it and wanna get out and start your life properly” (P#19). The research component of the degree was one of the demands placed on students that is part of the degree but separate to clinical practice. The thesis component presented a motivation challenge - “something can easily slip and something that you can forget to make progress on and keep moving it along” (P#16), as well as presenting problems for completion of the clinical course if major problems arise

- “if things don’t go well, [...] I’ve basically got to start again. Which means you know a long, a long wait again before I can really start doing [clinical work] ” (P#15). Given that getting to this stage of education has been such hard work, the resulting sense of investment, of time, money, effort and emotion appeared to be linked closely to codes relating to participants’ worries about whether they would in fact be “good enough” for the job.

Worries (50 references).

Participants spoke at length about worries they held about their training including concerns about whether they would be any good at the job or that they were not as competent as others believed them to be, a sense of being an imposter or “feeling like you’re faking it, I don’t like that feeling at all, it makes me feel a bit dishonest” (P#19).

Getting things wrong, or being incompetent was a source of worry for new practitioners as exemplified by P#110 feeling that: “you can’t make mistakes because there’s people at stake here”, and P#11’s “main worry was always that I was just going to screw it up”. Worries about gaining competence were paralleled by a concern about maintaining acquired competence, such as when there were gaps between placements or breaks to focus on other goals. These breaks resulted in participants feeling: “I would have pegged back a few notches before I will start building again” (P#12) and “a little bit out of practice” (P#14).

Concerns about practice competency were problematic for students because “I guess it’s like a part of my self-concept” (P#16). These worries also related to an anticipatory anxiety or worry related to the investment into the degree that would now be tested (a sense of being at a “judgement day”). P#17 likens being about to enter the

first placement to standing on a precipice: “I just see myself on that edge of the cliff if you like and I’m either going to find a way to climb the rope across the crevasse or I’m going to fall into the pit below”. The implication of these worries being that the investment of time and effort in training has been wasted because “I’ve got this far and I’m not going to be good at it” (P#17) or that “you get in there and you think gee I don’t like this any more” (P#12). When confidence in ability does develop, the ensuing relief underscored the concerns that it wouldn’t, as described by P#110: “we’re working very many years for it, so to, to finally, you know, not just do it, but to actually feel like a psychologist, means a lot”, and P#12 following the first few placements: “ It was very reassuring to do what I thought I wanted to do as a job and do it and think yeah ok, I can see myself doing this”.

Concerns about whether the profession is one that is suitable (rather than whether the individual is capable) reflect more long term concerns about career progression. Sometimes these concerns were triggered by negative experiences on placements that “make me question, what, am I doing the right thing, am I, maybe I’m not meant to become a psychologist” (P#110). Concerns about how to progress the career over the longer term can also be triggered increasing confidence and competency recognition as with P#13:

“It seems to me that other people think I’m very good therefore I probably am, where to from here? That’s what I think about. I think, do I retire? And I don’t mean retire now, I mean am I going to retire when I’m 80, or do you keep going? And I’m just thinking you know what happens over this journey?”

Changes (125 references).

The second broad theme which emerged was that of change. Participants referred to progressing through stages, and that change occurred in areas of confidence, personal changes and (as would be expected) in professional skills.

Changing stages (36 references).

Participants spontaneously discussed certain points in their training that appeared to be cornerstones of their training. P#12 captured the progression, and the perspective, that is obtained from simply progressing through the academic system toward work:

“I always say to people the perspective that you get and I think it’s really funny when you think back to sort of grade 12 and your TCE scores and it’s like ‘oh my god my TCE score, my god!’. And then you get into uni and, like, I could not tell you even ball park what my TCE score now was, I’ve just got no idea. And then when you’re in undergrad you’re like ‘oh you know I’ve got to get my marks, got to get my marks, oh I’ve got to get my marks!’. And now I can already see that once I’ve gone for my first job interview, again, boom, my academic transcript I feel like is almost going to be, it doesn’t matter. And so I feel like now I’m starting to gain that perspective over this that I wouldn’t have had before because I was in it.”

Part of those changes involved changes in the workload, both the quantity and the type of work being done – moving through the clinical course seemed to be associated with less pressure: to gain entry, as well as decreasing academic demands (though these are compensated for by the pressure to do well and succeed at the perceived final hurdle to clinical practice). For example there was a change at entry to

the postgraduate course: “I guess my experience of honours last year was there was such a big push on you know getting the marks to get in to the courses so that doesn’t seem to be the case so much anymore” (P#16). There was also a change at the end of the course such as P#14 having “finished my placement and my coursework, I’m just doing my thesis now and that’s, you know, a lot more relaxing than it was for the last 2 years”.

Entering clinical training seemed to be accompanied by a sense of excitement, verging on naivety about what the job would entail as well as certain expectations about what would be learned and embarking on a journey of discovery. Looking back on the first forays into clinical practice, P#13 commented on her initial naivety about her ability to help clients: “When I first started as a student I probably went in with eyes, that was saying I could make a great big difference, beyond the difference that I can actually make [...] now I’ve got a little bit wiser then I realised that you can only make so much of a difference”. P#18, with some experience, also commented on how the initial expectations about the course changed over time: “me expecting, oh well I’ll just roll up and people will teach me how to be a psychologist, I won’t do any work, you know. And then going, oh well, you know I need to take responsibility for this”. And the relatively inexperienced P#19 commented on feeling on the verge of learning new things: “you know there’s always a stage where you realise what you don’t know before you start to actually learn stuff. So I’m just at the stage of working out what I don’t actually know. Which is a lot, an awful lot”.

As participants progressed through their training, there was a sense of developing confidence (as discussed in the confidence node) until the point of moving into the workforce which was recognised as a change of status, but one that is accompanied by a need to continue training – it was not an end point. Both participants P#13 and P#14

commented on the desirability of entering into an employed position within a team rather than directly into private practice because “It would have been silly to go into private practice especially on my own first up” (P#13) and that “it’s quite dangerous to go into a sort of vacuum before you’ve really gone out there and developed your skills” (P#14). The reasons for this opinion related to the need for new practitioners to “debrief and tell horror stories to colleagues, or supervision” (P#13) as well as the need to further develop skills beyond placement because “the more obviously exposure you get to different setting, the more developed you can become” (P#14). It was only after some time practicing post registration that participants began to feel that they had moved away from the beginning stages of their career and into a sense that rather than simply working as a fully registered professional, “now I think, I am identifying as a professional psychologist, who obviously has much more experience still to gain, but I think that never stops anyway” (P#110). This development of a professional identification was aided by feedback. For P#13 this was “letters to me at the practice, word of mouth things, conversations with GP’s, um, things that people have heard” while for P#110 this occurred through experience and supervision. Once this professional identity had developed, it did raise career questions for P#13 wondering where the career can progress to:

“If I think I’m good now, or it seems to me that other people think I’m very good therefore I probably am, where to from here? That’s what I think about. I think, do I retire? And I don’t mean retire now, I mean am I going to retire when I’m 80? Or do you keep going? [...] does it just stop and you just ok I’m here now at that’s it, I’m at my destination and I’ll just camp here for the next 20 years?”

These themes of change and progressing through stages within both training and the career were identified early on as integral to a developmental model. From the comments provided by participants there seemed to be both transition points (entering placement, entering work) as well as more subtle changes associated with the development of confidence and competency/professional skills that allowed transitions to develop.

Confidence (103 references).

As mentioned above, confidence in clinical performance developed through training from the beginning of placements through to registration, employment and career development. Certain situations, such as making mistakes and getting things wrong (as discussed in the challenges section) also tended to decrease confidence, particularly early on and this links with the tendency for confidence to be variable and vulnerable to disruption in early stages of training as in the case of P#18's experience presented earlier in which "I was sort of fumbling around and my confidence was really rocked". This vulnerability to events was predicted by P#16 based on experience in a previous position in which experience of confidence was "real up and down, thinking that, like feeling really good about what I'm doing and yeah this is really what I wanna do and I think I'll be good at it, to these moments where you just crash back down and think oh my god I don't get this at all I can't do this". Similarly for P#110 early confidence levels varied with real-time performance "especially in my first few placements whether or not I was, I felt as a good psychologist really depended on right there and then in each session".

Over time confidence not only improved, but also became more stable so that participants were less reliant on real-time performance and could “more objectively look at you know, what, what my skills are, even if a client is not improving” P#110, and when situations arose to challenge confidence in ability “it’s not just a kind of splat so much as just a you know, it’s a moderation of it” P#18. Confidence development was therefore not linear, but vacillated between periods of low confidence and higher confidence. Confidence development included accepting mistakes (which were often the point of rapid drops in confidence in early training) and feeling that “it’s ok to not be good at this” P#19 and “not having [mistakes] pollute the entire experience” P#18. While mistakes could be challenging and detrimental for confidence they also had a paradoxical effect of generating confidence through better self-knowledge. As the following statement by P#19 typified: “there was a certain amount of confidence that came from me realising where I was going wrong and what I needed to improve on, and even though I didn’t know yet how to improve on that, it gave me confidence that I had insight into it”. This acceptance of error was accompanied by a quiet confidence in progression toward competence (rather than competence per se) and a sense that the participant has “a bit more of a capacity to be able to develop” (P#18) and feeling like “I was improving which was a good thing” (P#11).

Participants spoke about their higher confidence in terms of the things that helped them get there. These factors included positive feedback (a string of positive feedback, letters to me at the practice, word of mouth things, conversations with GP P#13), having been exposed to and coped with situations and clients that were challenging over time “you do it you do get a real desensitisation factor and the terror of going into the room with someone is less every time you do it” (P#12), and to “be

challenged without being overwhelmed” (P#110). Both having successes: “I hadn’t tried to use this technique before and I was really happy because I was sitting there going oh wow, I know, I can do this and I did it and it worked” (P#11), and getting things wrong: “even if you stuff something up and don’t get any guidance I think gradually you feel more and more confident cause you feel like you’re just experiencing more and more ways that things can go wrong” (P#12), also developed skills.

Professional skills (36 references).

As would be expected in a training program, participants commented on their developing competencies and awareness of those competencies which was linked with developing confidence. The link between competence and confidence makes logical sense since observing one’s competency to be developing would be expected to increase confidence in the ability to perform those skills. Participants spoke of their competence development as being primarily the result of experience (both positive and negative) and quality supervision - “Just hours in the room with clients” (P#15), “practice, yeah, and more experience, with really good supervision” (P#110). Part of this new found understanding of their own competence involved better self-awareness which was facilitated in part by the training itself by “being able to self-appraise and [supervisors] leaving that self-appraisal up to you ‘cause that’s in the end what you have to” (P#18) and also through having “found where the line was on what was, on where my own abilities sort of ended” (P#15). As was seen in the section on confidence development, the realisation that knowledge and skills were present (though still developing) and increasing ability to self-appraise competence provided confidence.

Personal changes (53 references).

Participants reported a range of personal changes associated with their training. For the most part this entailed changes to the understanding of human nature and psychological work. Indeed, for P#15 this was the only personal change reported when asked if there was anything that had changed on a personal level: “other than being more aware of the people in our society and our community and some of the problems they’d be dealing with, not really”. For P#12, interacting with clients provided a softening of opinions of others becoming “less judgemental, or I’m more inclined to think about why people might be doing something than I was before”. Understanding other people also carried with it an increase in understanding the self.

“Through hearing client’s stories, it makes you think about how different people are and how insular you can be within yourself and your own views and your own perceptions of the world and that. And so you realise, by hearing other people’s, you realise, gosh, people really are different from me and everyone must be different from each other, and so then that makes you realise things about yourself, about the way you are, like the way I am is particular to me, it’s not just the way people are.” (P#19)

Other participants spoke more about how the degree and training in itself changed the way individuals understood and responded to their own lives. For example both P#12 and P#14 reported an increase in their understanding of their own lives and behaviours via their clinical training and developing skills in cognitive and behavioural understanding: “overall psych has been helpful in understanding my own personal life and self” (P#14), “I’m so much more aware of stuff with other people now you know

when I'm interacting with someone, even if I don't name it up, inside I'm like this is interesting because I'm getting defensive, you know why am I getting defensive, yeah it's because they're pushing my buttons, why is that, oh yes because my mother does this and I hate that" (P#12). These quotes demonstrate the effect that psychological training has on the personal understanding of provisional psychologists: that the skills inherent in the "job" of psychology are not unidirectional, only to be applied to clients, but that via the understanding of the cognitive structures of the human mind they have the power to create change in the budding professionals using them.

Some of the changes in perceptions appeared to reflect a decrease in optimism, or, as P#17 put it "I don't have the rose coloured glasses of youth any more" resulting from encounters with systems that were not as simple as envisaged. For others there was a shift in personal responses to clients, either in the response to stories as with P#19 - "it was probably a change in time over the initial shock of the horrible atrocities that go on in some people's lives and then accepting, ok I know these things do happen, and that's terrible, but me worrying at home at night doesn't change it", expectations for clients - "It forced me to become a little bit tougher I think. I can't just sail through and expect that everyone will respond the way I think they will" (P#15), and expectations for their own capacity to effect changes for clients - "I guess when I started I think I felt that I could help, that I could be greater help in many different ways and now I've got a little bit wiser then I realise that you can only make so much of a difference" (P#13). The increase in awareness of the distress and distressing situations faced by clients not only prompted personal changes in understanding of the self and others, it also created a change in the reactions to those stories. For some it was just a matter of it getting easier to hear: "you don't lose that empathy and the fact that that's a horrible thing, but, you

maybe get hardened to it” (P#11). For others the clinical training provided a mechanism for hearing the story that was not as emotionally provocative: “It doesn’t go in as much, you know? I can be really objective about things and I’m probably not seeing so much of their issues but rather what they all mean [...] I hear their issues under the stories instead. So instead of hearing that dad left when I was 3, I hear abandonment” (P#13). While P#13 saw this as “more beneficial for the client” P#14 found this to be a double edged sword stating:

“You become desensitised to the things you hear after a while and then you somehow react less to things that you would have maybe had a stronger reaction to when you first started out. [...] It’s made me stronger, I’m able to handle more things, but it does I think, for want of a better word, dehumanise you a little bit”

P#13 illustrated this point by providing the issue of a patient suicide as an example of where the generally expected reaction to human tragedy is, by professional and pragmatic necessity, contracted into a neutral professional response.

While the changes above came about primarily through the accumulation of experience over time, personal changes were also made in order to improve performance or perceived professionalism. These changes were much more deliberate and the result of reflection on the type of behaviours and traits that would potentially (in the individual’s perception) be disadvantageous to their career. For example, P#16 deliberately sought to identify and foster traits that would be advantageous - “one day I’m going to be sitting there you know, I’m going to be sitting in a room, um, with someone opposite me, and what do I need, you know what kind of personal qualities do I need to be able to do that?” as did P#17 - “I worked out a while ago that if I wanted to be a good clinician, I’d better be honest with myself. Now I have foibles and little

eccentricities, some of which [...] in certain situations I'm going to have to tone [down].”

Learning to ‘be’ a psychologist (83 references).

Related to both professional changes and personal changes is this specific code which described the adoption of the psychologist identity and how the personal and professional sphere interacted.

Personal factors (37 references).

Participants spoke of the types of personal factors which impacted on their professional lives. Some factors, such as gender and age, created particular client dynamics such as youth affecting credibility so that “it would just be nice for people to look at me and automatically think that I’ve got a bit of credibility because I’m, you know, 40 and have a few grey hairs” (P#15) or gender issues making it “different from a guy coming on to a female clinician, than a woman coming on to a male clinician” (P#17).

Other personal factors such as values, religious beliefs and previous experiences altered the way individual students went about their work, or needed to be controlled. P#14 “described the contribution of personal values on professional work both being guided by personal values but acknowledging that “sometimes you do have to set aside your personal feelings and just work with the client”. By comparison, P#17 discussed the potential limitations personal experience may bring in working with certain clinical problems that “brings up a lot of stuff in my life that I’ve dealt with”.

Psychology/self interface (87 references).

While participants were still students, there was a clear sense of having adopted the profession and integrated it as “part of me, very much a part of me” (P#13), “part of my self-concept” (P#16), and that this “professional identity is really important to me” P#110. Part of this close personal affiliation appeared to be related to the amount of effort that had been expended on achieving the qualifications since “after a while after training for the last 7 years it becomes a huge part of you” (P#14). This personal investment in the degree is also observable in the worries about whether the years of hard work and investment will result in a satisfying career or whether what was thought to be a suitable career may turn out to be unsuitable after all.

The personal investment in the professional identity had some impacts on the standards of behaviour individuals expected themselves to display even in their personal lives. P#13 gave an example of holding herself accountable to a higher standard of interpersonal interactions in general life due to the professional identity.

“[After getting angry at someone] I was upset for the day and the following day but when I looked back the next day and I thought well, it’s alright cause I was just a person, I wasn’t a psychologist. And I think that’s sometimes a challenge, to sort of turn off.”

Switching the psychologist off to define the boundary between the roles of person and psychologist, to be “only a psychologist when they’ve got their psychology clothes on” (P#13) became a task, both in terms of thinking about cases, and in using skills. For some this came relatively easily “I’ve sort of learned to be able to leave it at the door and I don’t go home and think about individuals very much” P#15. Others

continued to think about their clients and cases because of a drive to find solutions though it was recognised that “I’d like to be able to say that things wouldn’t interfere with my personal life and I think I will be ok, but that won’t be necessarily an easy process” (P#14).

Participants also spoke of applying their psychological skills at home with family and friends which was seen as both helpful and a concern. For example, P#12 uses the skills “to help other people surreptitiously without them knowing and just assertiveness skills and communication skills”. For P#18 this application of psychological knowledge in the private life was done deliberately, seeing this as “part of our role as a, as a psychologist to help with destigmatising, with educating people and to, to provide that information”. Sometimes, as in these cases, this crossover was seen as helpful, while at others it was a problem either for the people being “helped” or for the psychologist so that at those times that psychological skills were applied to a participant’s friend’s problem “sometimes I suppose that’s helpful, but on the other hand he probably just needs someone to say yeah what a bitch or what a bastard and not have you considered” (P#13). Also, this role and expectation to be able to advise or problem solve can be a burden because “if you’ve been doing psych all day you don’t really want to come home and do another 3 hours of counselling” (P#12).

In addition to changes to behaviour prompted by the profession (discussed in the section on personal changes) specific rules regarding ethical conduct, particularly confidentiality and boundaries have a unique effect on how and when supports from various people can be used. This was seen as a “downside” for P#18, and P#14 commented on the limitations to accessing emotional support because of this: “I would need to speak about that situation in kind of depth, and I wouldn’t, obviously, for

confidentiality reasons, you couldn't, you couldn't do that a lot". P#19 also found maintaining professional boundaries to be personally difficult and restrictive to the aim to help others, "having to fight the urge to step over boundaries and do stuff for someone when I feel like they're just not in a position to".

Helpful (223 references).

In working through the challenges experienced and developing through their training, participants reported various things which were helpful to this process.

Situational (59 references).

Firstly, certain experiences encountered along the way were helpful in the development of both confidence and competence with "just hours in the room with clients, trying things out seeing what works" (P#15) being identified as one of the central drivers of this. The importance of experience was emphasised by multiple participants in statements such as "it doesn't matter how much I cram information out of books into me, the only thing that's going to get me past this beginning stage is seeing the clients over and over again and having loads and loads of supervision" (P#19), "practice, yeah, and more experience, with really good supervision [helped me feel that I'm a professional]" (P#110), and "you can only get good at it by practicing it" (P#12). While any experience could be seen as good experience in that it can be learned from (even negative experiences as noted in the challenges section), positive experiences gave the student a sense of accomplishment and reassurance that they were capable of working therapeutically in a satisfactory way. This was the case for both actual experience as well as "pseudo" experiences (such as role plays and previous related

work). These successes provided a sense that “oh wow, I know, I can do this and I did it and it worked” (P#11), “hey I actually off the top of my head, I did the right things, I just need to take it further” (P#17) and were seen as “lots of little rewards along the way” (P#19).

Participants also spoke of the importance of actually being pushed out of their comfort zones which provided evidence that they could cope in situations they found challenging. P#110 spoke to this particular aspect of experience directly saying “you do need to, to some degree, be challenged without being overwhelmed and in those experiences where you’re not overwhelmed but where you are challenged in your, in your practice and you grow from that and you go wow, that, you know, I’ve managed that. Um, so that really builds confidence in your clinical skills”. Similarly for P#18, good placements were ones where s/he “got to stretch myself a bit more” and that each new placement poses “a new challenge again” in terms of new and different skills being required. For others, such as P#17 and P#14, these challenges included situations which tested their own values and worries by confronting particularly challenging client groups or situations. Having tackled such situations reassured students that they can cope with difficulty, that “I handled it ok” (P#17) and “I’ve already done that. So just think of the possible clients that might come across I can’t think of any that I would be worried” (P#14).

As well as comments on situational factors that related directly to interactions with organisations and people around them, there were also comments referring to the concept of being “lucky” to have experienced particular things. This concept appeared to relate to a sense that experiences could be positive or negative and that to a certain extent this was random. For example, P#12 and P#15 spoke of the “luck” of knowing

people who could assist in research, or introduce them to other organisations; P#11 was ‘lucky’ to have personal qualities which helped in client interactions; P#110 and P#13 were “lucky” to have employment situations which allowed them to pursue a course of action; P#14 and P#18 had the “fortune” of placement conditions which were responsive at the right time to their needs; and P#17 reflected on being “lucky enough” to be functioning well enough to pursue postgraduate education.

Support (108 references).

Support was also helpful for participants in working through their training and the challenges and experiences that this entails. Support came in a variety of forms and from a variety of entities. Supervisors played a number of roles for students. First, they had the role of teacher, providing explicit information and advice to students: “it was all structured so that the things she talked about were probably the things we were going to need to think about starting to do the next week” (P#11). They also provided feedback about performance - “she always gave me heaps of feedback and wasn’t afraid to ask you difficult questions about, you know, what was going through your mind at that point” (P#11), though this needed to be in a sensitive manner rather than focussing entirely on the negatives via criticism, with a balance between positive and negative feedback being preferred. If such a balance wasn’t present: “there was no, not very much balance in the feedback so I would probably feel better if there was more of that” (P#12). A balance between positive and negative feedback contributed to supervisors being “safe” for students to approach and discuss issues with so that they felt “non judgemental [...] they weren’t overly critical. They would offer me support, supportive

criticism” (P#18). This type of supervision comprised a “good personal relationship with them that made it easy to kind of say, oh my gosh help!” (P#11).

Supervisors also needed to be trusted to provide sound guidance, and here experience and a perceptible enthusiasm for psychology created a sense that they could be an appropriate support, that they were reliable and were, by virtue of their experience with clinical skills, able to elicit growth from the student in the best manner possible as exemplified by P#110’s reflection.

“I really see him as an expert, I really see him as, as someone who, yeah, is much, much more of an expert than me so I feel very comfortable taking his advice, or telling him that I, you know oh I don’t know what to do, or is this alright [you need] A good, a supervisor who has good clinical skills, because that, I think makes them more accurate in, in assessing you, in finding out what areas you need to grow in and what areas are ok, and giving some accurate feedback.”

Colleagues also provided advice in a similar fashion to supervisors - “I felt really supported and I felt like there were other psychologists who knew what it was like to be a student there and who were very gentle and very willing to provide me support” (P#18) though this was recognised as not as reliable when colleagues were also inexperienced due to “a certain sense of the blind leading the blind” (P#19).

Other students were particularly helpful in being able to debrief to because they are able to understand what the individual is going through: “I do find that most of my social support comes from people who can empathise properly with what I am talking about [...] finding other people that feel the same, social support, emotional support from [psychology] friends, freakin’ out together” (P#12). This compared to the support

from non psychology family and friends which is still important, but not able to be as supportive with the specific demands of the course - “in a social sense in that [colleagues are] supportive and you can have a bitch about it. They understood what you’re talking about ‘cause I think you can talk about your day generally with you know just say friends but they don’t obviously have a very good understanding ” (P#14).

There were also various types of support experienced which was linked to the type of person who was providing it. The primary type of support discussed related to support with clinical practice – supervision, advice, role modelling/observation and feedback type functions primarily provided by supervisors but also to a certain extent by colleagues. Advice about clients helped develop skills in the area of concern and assisted students to broaden their skill sets by providing ideas and options, particularly when the advice was from a supervisor without whose input “you’ll never know what all the other options were and whether you could have done something that was better or not without the supervision” (P#19). Colleagues also provided other points of view and alternative ideas in a similar way by being able to ask “what would you do in this situation, what would you do in that situation” (P#19) although as noted in the previous section, there was some concern with gaining advice from other students who were not yet experienced.

Where advice provided guidance with clients, feedback provided comment on observed performance. Supportive feedback (as opposed to unconstructive criticism) provided a scaffold on which to build future performance and incorporated reflections on existing practice as well as advice on what to change or build. P#12 summarised this as follows:

“feedback was useful when it was ‘here’s what you should do next, or here’s some ideas’ and then even I suppose when it’s ‘you didn’t do this very well, what you could have done was this’. I suppose I found that helpful because that was a bit like, oh ok, yeah right I can tuck that away for next time that happens”.

Feedback also provided an estimation of competence as occurred for P#13 whose experience of feedback from clients and other professionals “made me think, oh, maybe I’m actually good”.

In a similar way to that in which advice and feedback provided ideas for future practice, observation of other clinicians (particularly more experienced colleagues and supervisors) provided ideas and a point of reference to understand how the theory translates into practice. For example P#18 “could see how it wasn’t you know kind of punched straight to the point all the time”, and P#110 found “just seeing what they’re doing and going oh, I, I think I could do that, I mean, that would be alright, or, you know they’re not doing some magic thing” helped provide confidence in their ability to learn these skills. It also assisted with demonstrating what therapeutic approaches are most useful in certain situations as with P#11 who “would have learned a lot more from watching somebody else treat [this client] than I learned from trying to muddle through with her on my own”.

Conversations and observation of supervisors and in particular colleagues also provided a form of normalisation of the training experience so that through “everyone just talking about their fuck up stories” (P#18) students could “see it wasn’t just me that was finding it difficult, we all had pretty much exactly the same terror of doing the wrong thing” (P#11). In knowing that they weren’t alone, students began to feel that

“what I’m going through isn’t unusual” (P#17) and that “it’s ok, this is kind of, I’m training, I’m learning, I’m not meant to be an expert” (P#18).

Conversations with colleagues also provided a debriefing and stress relief function within groups who understand the ethical and professional boundaries around those issues. Where supervisors or more experienced colleagues could provided an almost supervisory role of assisting deal with the professional stresses by having “a debrief and have a cup of tea and a chat with a colleague [...] just to have that support” (P#110), colleagues also provided a mechanism to blow off steam about problems with placements or supervision, “offload and kind of seek help you know when you’re not sure” (P#16) and “when you do get negative feedback having other people around to sort of genuinely say, oh that’s fucking stupid you know like, or to share disenchantment over supervision” (P#18).

At times non-psychology friends and family provided some debriefing function, for example (P#15) “spoke to my family a bit about it in a way that sort of didn’t incriminate my supervisor in any way um just to sort of get it out of my system”. The majority of support from family and friends, however, came from practical support, “they cook you dinner and do the washing sometimes and that kind of thing [...] they’re supportive in a non-specific, they’re just nice to be with” (P#12) and “being able to talk to people that have known you for a long time is really important to me, so family and really good friends as well” (P#16).

Personal (37 references).

There were a number of personal factors that contributed helpfully to participants’ progress through training. First, the personal values and approaches to

difficulties encountered provided some assistance. Attitudes which value individual differences and a general positive regard for others helped adjust to challenging client groups so that behaviours can be understood as “even if we don’t always understand why other people act the way they do, there’s usually a reason um that’s not malicious even if it seems that way to us” (P#11). Values relating to education and a tendency to “strive hard to do the best that I can” (P#13) also assisted in continuing to be “reasonably motivated and reasonably kind of disciplined about sitting down and doing study” (P#16) because “I do have high standards and I think I do put in quite a bit of work” (P#14).

There were also particular things each individual could do to manage the stressors during the placement such as specific stress reduction activities “physical activity [...] I practice meditation” (P#16), “just relax once in a while” (P#14), “spiritual coping strategies” (P#15) or practical coping methods like “being organised about stuff” (P#16) or simply “do it, get it done, fix it” (P#12). In particular, seeking further information about things “reading, knowledge, sucking out as much as I can from everything I do” (P#17) allowed better preparation for situations and scenarios the student felt underprepared for, helping them feel more comfortable in entering a situation. Some strategies were adopted from the techniques learned in the course so that “some of the things that I’ve learned have been personally useful for helping monitor with things” (P#18). “A little bit of CBT on myself” (P#19) or “mindfulness is something that I’m really into” (P#14) assisted students in monitoring and managing the worries and stresses of their training.

Reason for doing psychology (109 references).

This group of codes described the various reasons participants gave for selecting psychology as a career and the types of benefits and advantages they hoped to or did experience from it.

Altruism (34 references).

Altruism and intrinsic interest were the two primary reasons given for entering psychology as a profession gaining 77 and 34 codes respectively, though it should be noted these two codes overlapped somewhat. Altruism related to the goal of being “essentially here to help people improve their quality of life” (P#12) and to “do something worthwhile” (P#18). “Seeing the impact that you’re having, even if it’s slowly with clients” (P#110) was seen as being a benefit of the profession and “I enjoy the fact that sometimes people get stuck in life and that by giving them very simple pieces of information skills strategies they can move forward again and become unstuck, and I really enjoy that” (P#13).

There was also a personal reward inherent in the “feel good factor” that helping others’ brought which meant “that’s a rather selfish thing as well” (P#17). That is, the motivation wasn’t entirely altruistic because “it’s important to me to be feeling good about myself, and helping other people” (P#13).

Intrinsic interest (77 references).

The subcode intrinsic interest refers to the general interest reported by participants in psychology and the components of psychology and the understanding of other people. Participants “find the theory interesting, I really enjoy learning about it”

(P#11). Part of this interest was in the content: “I don’t know how anyone could not be interested in this kind of thing you know to be able to understand why other people are different to be able to understand the choices that people make and the things that make us happy and the things that make us sad and the things that make us anxious” (P#14) which is also reflected in the desire to help others (altruism). Partly there was also a drive for continual learning and novelty, “the chance to continually learn” (P#15), “discovering new things all the time” (P#15) and there being “never a day where you don’t learn something that is new” (P#17).

Concrete benefit (17 references).

This code refers to the practical or “worldly” benefits associated with the degree such as good pay and prestige. Participants’ perception of psychology was that as a career “financially it’s good” (P#13), “it’s a convenient career in that it allows for part time work and it’s a portable career within Australia and it’s something that is very flexible” (P#15). There is also “a degree of respect for the work that you do in a lot of areas” (P#17) in a “somewhat prestigious career” (P#18) and “feeling like I know stuff about important stuff” (P#110) that provided a sense of importance and social currency in the career.

It’s a job (2 references).

Although the majority of participants reflected an underlying intrinsic interest and drive to study psychology in particular, one participant reflected a different reason for selecting psychology based more on the concrete benefits which *was noteworthy due to its difference from the general sense given by other participants*. It should be noted

this participant enjoyed and valued the experience of helping others and strove to do this well, however as P#15 described, psychology is:

“A career that I enjoy - it’s only one section of my life, it doesn’t define me as a person. It’s a convenient career in that it allows for part time work and it’s a portable career within Australia and it’s something that is very flexible [...] I mean it’s a big part of me and my ability to be productive and earn money, um, but I’d be probably just as happy if I’d done architecture or something like that.”

Chance (2 references).

Interestingly, although there was a large degree of support for psychology holding intrinsic interest to participants, there was some comment from two participants relating to chance, as though it was through luck, or serendipity, that they came to study or practice psychology. P#17 related having entered psychology after signing up for a first year unit when “a shower of rain brought me into the psych department”, while P#13 “just fell into” a particular work role.

While only minimal reference is made to this particular factor by participants from Study 1, it is an interesting counterpoint but also a compliment to the other reasons given since both participants also reported being genuinely interested in the career or role they were referring to despite not having deliberately sought it out.

Study 2: Follow Up Study

Descriptive Statistics

The three participants who agreed to participate in a follow up interview are listed below in Table 6 with their experience level details and demographics at follow

up.

Table 6

Study 2 Participant Demographics

Participant	Registration	Experience	Client Contact Hours	Age range
P#F16 (P#16)	Provisional	On 3rd placement	Unknown	25-30
P#F17 (P#17)	Provisional	On 2nd placement	90	30-35
P#F19 (P#19)	Provisional	4 placements completed	400	25-30

Theme Description

From the three transcripts analysed, 103 codes were produced in total, eight of which were novel, including one new code at a subtheme level (relating to reasons for doing psychology). The remaining codes were coded according to the coding structure identified in Study 1. Summary data for transcript length and coding density for each participant is provided in Table 7.

Given the aim of examining this group of participants for differences, changes, variations or additions to the original results, these will be described below according to the first 2 tiers of codes (23 codes total) as per Study 1.

Table 7

Coding Summary Study 2

Participant	Transcript length (words)	Total Codes	References
P#F16	9,067	74	277
P#F17	7,234	55	208
P#F19	7,031	62	314

Challenges (86 references).

Follow up participants spoke about similar challenges as were present in codes from the original study, however as these participants now had some experience, their own responses shifted somewhat from prospective to encountered experience. A coding frequency comparison is shown in Table 8.

Table 8

Pre-post coding comparison for Challenges

Code (supercode and subcode)	Pre	Post
Challenges (supercode)	61	86
Experiences	12	18
Placement and Work Problems	11	33
Public Perceptions	7	3
University Based Challenges	10	3
Worries	19	6

Experience (18 references).

These participants reiterated similar themes relating to practice experience being challenging such as working with difficult client groups. For example, in relation to working with clients with personality disorders P#F17 commented “I don’t have the patience for it”. There were also comments on the experiences challenging previous assumptions about how therapy would work and the types of people to be worked with. For P#F19 it “widened my eyes to the shit that goes on in our community” which was originally shocking but “with anything in life when you’re shocked by something initially, it overwhelms you and plays on your mind a lot and then things settle down and you accept it, and deal with it”. Similarly, P#F17’s “perspectives about what I’m able to

do have changed” as a result of encounters with clients who “see they’ve got a problem but don’t want to help themselves in dealing with it”.

P#F16 also related the experience of a relatively major incident while on placement which had not been discussed previously. While other participants in the original study spoke of minor mishaps in the form of getting things wrong, they were in general relatively minor errors. By comparison these more major incidents appeared to be a relatively less frequent but higher level representative of the general category of negative experiences and the effect on confidence appeared to reflect this:

“So I had this one day where all of this was happening, and I was just, you know I just felt terrible that this had, that it had happened. Really really threw me, [...] I had you know, needed quite a bit of support I guess to get back on track” (P#F16).

Placement and workplace problems (33 references).

There continued to be recognition of certain problems with placements, in particular with placement frequency, supervision problems and organisational issues. For P#F16, the response of the supervisor in one situation felt unsupportive because “I think there was a little bit of passing the buck also with her, yeah, because she didn’t want to feel responsibility for what happened”. Fear of a critical supervisor led P#F19 to feel “you perhaps wouldn’t always be completely a hundred percent honest about what’s going on”.

Lack of placement continuity, which resulted in a sense of having to “start back at square one for the first little bit again” (P#F17) as well as finding that “dealing with other health professionals, [...] is painful at times” (P#F17) caused some difficulty on

placements. P#F19 also was already looking toward the longer term organisational issues for her career, discussing concerns about how working hours might affect motivation and what the optimal balance is: “because there was that effect [of a loss of motivation] from one extra day [...] that’s what makes me realise that, as well as knowing from the previous placement that I wouldn’t want to do 5 days a week of just one on one client sessions.”

Public perceptions (3 references).

P#F16 and P#F17 again supported comments on public perception of psychology noting a tendency in acquaintances for “thinking that you’re, you know, reading your mind or I don’t know, [going to] ask them about their mother” (P#F17), or in general that the public “don’t know what psychologists do” (P#F17).

University based challenges (3 references).

Only P#F16 commented on this code, in relation to the difficulty of “trying to juggle all these things that are really, that are fairly big on their own, writing a thesis for me is fairly big on its own, doing this new placement is fairly big on its own, having no money is fairly, yep so it’s pretty up there.”

Worries (6 references).

Fewer worries were mentioned at follow up by these participants and they were in relation to specific issues. For example P#F16 found the major incident encountered on placement to have raised questions about whether psychology was for him/her. P#F19 was thinking more about how the career would play out over time “I worry about it becoming boring and humdrum. Um, so I think I probably used to worry about

burnout. I think it's changed from being about burnout to getting bored". While P#F17 continued to be concerned about performance with clients in the context of poor continuity of placements, "actually seeing a client again I don't know, I'm gonna go, I'm gonna be sick. Because I get this horrible knot in the pit of my stomach".

In comparing discussion of this node at the original versus follow up interviews there was a decrease in discussion of worries (see Table 9) as well as a change in the tone of discussion. Original transcripts particularly for P#F16 and P#F17 contained more anticipatory worry about entering placement and whether they would be good enough, whether they could do the work. P#F19 was also concerned about this, although there was also a focus on longer term concerns such as how the career would unfold over time (which continued in the follow up interview) as well as concerns about ability which were less present.

Table 9

Pre-post Coding Comparison for Code: Worries by Participant

Code (super and subcode)	Pre	Post
P#16/P#F16	6	2
P#17/P#F17	6	1
P#19/PF19	7	3

Changes (36 references).

Follow up participants discussed changing stages in a similar manner to those presented in Study 1, discussing their progression through the training process or stages, confidence development and both professional and personal changes. There were, however, changes for these individuals in how they spoke about each separate code

topic. A coding frequency comparison is shown in Table 10.

Table 10

Pre-post Coding Comparison for Code: Changes

Code (super and subcode)	Pre	Post
Changes (supercode)	29	36
Changing stages	8	5
Confidence	17	29
Personal changes	16	19
Professional skills	3	17

Changing stages (5 references).

Where these participants originally spoke of moving in to placements and the change from an academic focus to a more practical training setting, they were now discussing the progression through that training. P#F16 originally discussed being under less stress because of less time pressure and less focus on marks but now is “slowly moving into more, it, you know like the clinic was doing the job that, in a way that I was meant to be doing, but it was also much more sheltered environment I guess ‘cause they’re more used to students so it’s sort of backed by... to now being in a private, more real workplace, with different expectations [...] moving into more real life kind of working environment”. P#F19 discussed a change in perception of how the shift in to work would occur from wanting to get in to the workforce following training to becoming aware of a more gradual transition occurring: “I think before it was like, I’ll do my masters, I’ll stop, and then I’ll go and work. So there’s a definite end to study and a definite beginning to work. [...] All I see now is just a gradual thing. I definitely already feel like I’m working”.

In discussing the changes that took place during training, P#F19 commented on the way these changes took place, emphasising the complexity and subtle nature of changes interspersed with times of insight: “it’s definitely a massive and complex process and things happen, they kind of happen gradually but then you sort of have this big moments along the way there’s been moments of recognition”.

Confidence (29 references).

All three follow up participants spoke of having developed a degree of confidence. Despite being aware that they were not yet fully competent, and similar to the original study results for this code, at follow up these participants had developed a sense that “I don’t feel 100% competent, but I’m completely confident that I will be” (P#F19).

This development in confidence reflected similar processes as was identified in the original group, with experiences with clients and delivering therapy assisting in both learning competency and in experiencing a lack of disaster if not success. For P#F16 confidence developed in a relatively neat stepwise manner as each successive placement provided new challenges to extend both skills and confidence which were linked.

“[In my first placement] I wasn’t doing one on one sessions with people and it was a bit similar to things I’ve done before as well so it was, I felt reasonably comfortable there. But I wasn’t, you know, I guess I didn’t stretch myself particularly. Then I did one placement at the clinic here, and that was really good, I felt like I was finally, you know doing the things that I’ve been training to do and quite, yeah, I quite enjoyed that. Um, and yeah, got to stretch myself a bit more there I guess. And then this one again is

something different doing more assessments, doing what, you know, dealing with [a different client group] which is a new challenge again.”

For P#F17, however, confidence was hard to consolidate and was changeable due to a lack of continuity in placements which was “affecting my confidence and I think my abilities because I sort of take four steps up the ladder and just gently slide back down, walk up, slide back down”.

Professional skills (17 references).

All the follow up participants commented on increasing their skill sets and feeling more competent and that this had developed through working with each new client who “has got something [problem] new and often it’s something that I don’t know enough about, or don’t feel that I know enough about to be useful. So then you have to go away and do all this research” (P#F16). Experience and practice (or “trial and error” as P#F17 called it), provided a method of testing out and proving skill use in different contexts as well as broadening knowledge base.

There were also changes in participants’ understanding of what therapy does and is with P#F16 being reassured about the clinical focus on helping individual presentations of symptoms rather than classification and diagnosis. Similarly, P#F19 over time lost a certain sense of urgency to fix distress gaining instead an ability to slow therapy down and have an oversight of the medium to long term course of therapy, commenting: “I don’t panic”. P#F19 also adjusted their understanding of what was possible in therapy via experience and contact with clients, though this appeared to fluctuate over time and experience.

“It’s kind of like honing in over time, like sometimes you completely underestimate, other times you overestimate and over time it’s getting less and less and settling more towards a valid understanding of what [therapy] can and can’t do. And just yeah recognising that that changes so much person to person you just can’t put down a blanket rule for something I suppose.”

Personal changes (19 references).

Through experience of difficulties working in a healthcare system and in dealing with clients with entrenched psychological problems, P#F17 experienced an increase in cynicism about the medical system and the degree of change that may be possible. “I’m even more cynical than I was about the medical system, especially the psychological system [...] I don’t have the rose coloured glasses of youth any more. That if there was more money or more resources, not money but resources, a lot less mental health problems would be problematic”.

P#F19 had a comparable change in attitude, though focussed on perceptions of other people, specifically client groups: “it sounds really awful and I’m actually quite ashamed, but I think to some extent, I didn’t value the feelings and the difficulties that people in certain populations went through.” Through working with client in these situations and confronting biases and preconceptions about people in these groups, P#F19 became more understanding and accepting of these groups of people along with a better understanding of the kinds of issues present in society. P#F19 also adjusted perceptions of other clinicians and lecturers and his/her own place alongside them as a colleague “I don’t see the lecturers as being wonderful gods of therapeutic knowledge at

all. [...] I don't feel like there's an 'us' and 'them'. It's: we're all on a continuum of how good we are and how much we know and I'm on the continuum with them."

Learning to be a psychologist (19 references).

All three participants commented at follow up on the ways in which their personal and professional lives became merged as they negotiated how to "be" a psychologist. Some of this related to the profession having an impact in the personal life and how the profession interfaced with the person. Other aspects related to how personal factors impacted on the professional practice. A coding frequency comparison is shown in Table 11.

Table 11

Pre-post Coding Comparison for Code: Learning to Be a Psychologist

Code (supercode and subcode)	Pre	Post
Learning to Be a Psych. (supercode)	27	19
Personal Factors	14	4
Psych. Self Interface	28	19

Personal factors (4 references).

Reflecting on the impact of personal experiences, P#F19 (as the only participant at follow up to comment on personal factors influencing professional training) observed that "as each year passes there's more experiences you're going to have that you're going to be able to draw on to gain insight into other people's experiences". For this participant, experiencing a particularly significant negative event themselves allowed a

greater empathy for clients' own problems. For P#19 this added empathy and understanding had the advantage of providing confidence that this empathy was genuine because "I haven't lead a charmed life, I do know what it's like to go through absolutely terrible times". There was also awareness that personal events may affect the capacity to focus on work so that during difficult personal times a clinician may not "have as much to give to other people".

Psychology/self interface (19 references).

The professional skills and knowledge that these participants were developing also impacted their overall outlook. P#F16 found that the professional knowledge became a filter for the way they experienced day to day interactions in that "the way I'm interpreting the world now is much more in terms of mental health or mental illness" as did P#F19 "things that you preach you definitely end up practicing to an extent".

Navigating the "fit" between personality and profession necessitated exploring ways in which they could coexist. P#F17 found ways to negotiate the connection between existing personality and the demands of the profession so that "rather than saying 'you should change these parts about yourself and do this instead', it's a more 'here's how you are, this is the framework you need to work in, so perhaps, you know less of this more of this'". In contrast, P#F19 attempted to emulate another clinician before finding that this did not "fit" and realising the necessity of creating a good nexus: "that's probably in this whole process, been the single biggest lesson. Stick with your own style. Yep. And don't try and, and be someone else. Even when they're trying to tell you that that's what you should be doing".

Helpful (55 references).

The kinds of things these participants found helpful at follow up reflected similar themes to those which were discussed in the original study. To demonstrate, a coding frequency comparison is shown in Table 12.

Table 12

Pre-post Coding Comparison for Code: Helpful

Code (supercode and subcode)	Pre	Post
Helpful (supercode)	36	55
Personal	13	11
Situational	10	18
Support	14	31

Support (31 references).

Support from various people was again mentioned, much more frequently than at the original timepoint. A number of different support types and people were discussed, including discussions with and observations of supervisors and colleagues. Following an incident on placement, P#F16 was highly distressed and received support from the supervisor who was “quite good and we had a supervision meeting where she did a bit of CBT on me” which helped minimise inappropriate self blame.

P#F17 also received support from supervisors and colleagues in the form of observation and discussion with supervisors and colleagues, but also in debriefing by which “you get it out and just get out the frustration, get out the, and then hopefully let it go”. P#F19 reflected on the type of supervision that was helpful. For this participant, a

sense of security and that the supervisor was engaged in the supervision process was important:

“I could be completely open and honest, she was um, really good at giving constructive feedback that never made you feel uncomfortable, never made you feel like you were being reprimanded, everything was helpful [...]she put in an effort to it and was dedicated to it, you didn’t feel like you were an annoyance tapping on the door while she was in the middle of doing other things”

Personal (4 references).

The participants continued to use personal coping strategies as they progressed such as practical strategies like P#F19 ensuring notes are completed before ending placement so that there is less to worry about at home, or indulging in distraction and avoidance such as P#F17’s use of alcohol to unwind. Personal values also were helpful at times. P#F19 has a firm belief in doing the best job possible which helped in ensuring good practice and self care because “if you can’t [give your best] then you need to do something to change that. Like, giving them your second best self is not good enough in my eyes.”

Situational (18 references).

As has been noted in previous sections, situations experienced during placements was spoken about by these participants as being helpful in developing confidence as well as competency.

Reason for doing psychology (9 references).

Participants reasons for entering psychology and the benefits they perceive in the career were similar to those expressed in the original study by these participants. Due to the limited discussion on this topic, discussion of the results will be separated by participant (with two participants having discussed this) rather than by code.

P#F16 reported being intrinsically interested (Intrinsic interest: 5 codes) in people learning about psychology so that while the steep learning curve was challenging “the challenge is part of the good”. For P#F17, experience of disillusionment with the medical system prompted a desire to better the system and to develop a goal to continue to ask “am I still willing to challenge the status quo?” This desire to make change for the better reflects an altruistic motive for continuing in the role (Altruism: 2 references). Despite this, P#F17 also reflected on the concrete benefits (Concrete benefit: 1 reference) of the career as well, including wanting to have respect and therefore wanting to use the title of doctor, although this was qualified as having an altruistic motive: “I don’t want the respect for me, I just want the respect for the let’s work for the client”.

One of the novel codes developed in this study related to a particular reason or thoughts about psychology when it was chosen. P#F16’s original “understanding of what this was, it was more leaning towards counselling you know where you, it’s much more passive and just being a good listener and the person is kind of directing the journey much more”. This response indicates that what P#F16 thought the career would entail was not what was being encountered and that perhaps P#F16 thought the degree was something else when they started (Thought it was something else: 2 references).

Study 3: Cross-Checking Study

Descriptive Statistics

Participants demographic status and experience details are provided in Table 13 below.

Table 13

Study 3 Participant Demographics

Participant	Registration	Experience	Client Contact Hours	Age range
P#31	Provisional	4th placements completed	400	25-30
P#32	Provisional	3rd placement completed	80	25-30
P#33	Provisional	2 nd placement	200	25-30
P#34	Provisional	pre placement	0	20-25

Theme Description

From the four transcripts analysed, 132 codes were identified in total, five of which were novel, though none at the major theme or subtheme level. The remaining codes were coded according to the coding structure identified in Study 1. Summary data for transcript length and coding density for each participant is provided in Table 14.

Given the aim of examining this group of participants for differences, changes, variations or additions to the original results, these will be described below according to the framework described above.

Table 14

Coding Summary Study 3

Participant	Transcript length (words)	Total Codes	References
P#31	8, 338	75	353
P#32	7, 477	89	387
P#33	10, 512	75	351
P#34	7,250	70	248

Challenges (116 references).***Experience (23 references).***

As with participants in the original sample, this group spoke of different experiences which were hard to manage. Some of these involved major incidents such as P#31 experiencing a significant incident on placement, and P#33 being present during emergency situations. For P#33 the newness of experiencing emergency situations and the sense that “I don’t know what I’m doing” contrasted with the more experienced workers who appeared to P#33 to be used to it and left P#33 feeling uncertain of how to handle the situation. However for P#31 a combination of a major event and extensive criticism resulted in confidence being “shattered”. Criticism also challenged P#33’s confidence when repeated negative feedback about performance with one particular client after which “I think that was the lowest point, having had a bad session, getting bad feedback, and then the worry of what might possibly happen to that client that was the lowest that I’ve felt”. Some experiences were emotionally difficult, such as seeing clients in difficult and distressing situations. P#31’s “heart went out to” one client, P#32 was “quite upset about the situations that these [clients] were in”, P#33’s perception that

one client with a major mental health diagnosis could just as well have been any of their friends “made me feel really bad for him”.

Although these experiences could be difficult or distressing, they could simultaneously be positive: “I feel more confident just from having more and more clients, even though I had a couple of bad experiences where I didn’t receive as much support, um. I think it made me more mindful to be, um, aware of so many more things” (P#33). Even P#34, yet to begin placement (though having had some related job experience), anticipated this effect of gaining experience and the difficulty of confronting inevitable difficulty: “with practice things get better. When you start off you’re very slow and you don’t, you know, it doesn’t look smooth, but yeah that’s life. But it’s still something that I’m afraid of”.

Placement and work problems (55 references).

Concerns in this group reflected similar themes to those in the original group, in particular with regard to placement continuity (or discontinuity) and problems encountered with supervisors and placement organisations. As in Study 1, a lack of continuity and gaps between successive placements were experienced as a challenge to progressive skill development. P#31 ascribed this to the tenuous grasp that new practitioners have on competence attained that is then vulnerable to interruptions in practice:

“When you’re starting from scratch every time you start at a new placement it, you, even a therapist that goes on holidays for you know they come back and they go ‘oh, how do I do therapy again?’ And then they get, they see a couple clients ‘oh, that’s right it’s all coming back to me now’, but it still takes them a

while to regain it. When you haven't gained that level of fluency in your practice to start with, it takes a lot longer to gain it back - not that you ever had it in the first place - and then to build on top of that, you're always on your back foot."

Delays in placement also extends the length of time the course might take to complete so that it became hard for some participants to "see a finishing point. It's not like I think 'oh well it's only 4 months more to go or 10 months more', it just seems like this never ending thing that's, you know when's graduation going to come?" (P#32).

Support, or lack thereof, in placements were also discussed as being a challenge. The three participants who had had some experience already all commented on their feelings of vulnerability to supervisors' criticisms or sense that they were unsupported while on placement. Criticism seemed to be related to discussion of vulnerability and lack of confidence, with reactions such as that it "absolutely knocked me for six, and um, yeah shattered any confidence I had" (P#31), and that because of comments about individual's personality or character "I feel much more vulnerable and so the highs and lows have been much higher and much lower than perhaps I would have got in other courses" (P#32). P#33 reported observations of other students that "having too much negative feedback is working against any improvements they could be making". Since P#33 reported not minding negative feedback themselves, there was a suggestion put forward by this participant that difference in experience of this criticism might be due to some people "taking things too personally" but also "not having enough positive experiences" noting that having had some previous experience before entering a more feedback intensive placement provided some buffer for P#33 but that for others "if that's the only situation you've been in it's, I think it would be quite a shock to your confidence". Problems with supervisors also included that the student and supervisor

simply “didn’t really click really well” (P#32) or that the supervisor “didn’t know what she was supposed to be doing” (P#32), in that case through inexperience. In some cases access to supervision was felt to be inadequate so that students “didn’t feel like I had enough support” (P#32).

Difficulties with placements also related to the attitudes of other workers and access to resources. P#32 described one placement as being poorer quality due to a combination of supervision difficulties, lack of access to “a computer or a desk or anything” and feeling isolated from collegial support. P#33 described inadequate access to externally provided supervision (externally provided due to a lack of psychologists in the placement organisation) as well as an apparent organisational disregard for psychological knowledge evidenced by “continual talk among the counsellors that, um, ‘this is bad about psychology, this this this and this is all bad’”. This type of attitude left this participant feeling isolated and unsure about their acceptance within the organisation since “I’m there on a psych placement and there’s a lot of negative views about psychologists”. Due to the benefit of previous experience in other organisations, these office politics were foreseen by P#34 indicating that to some degree this type of issue seems to be generic to any organisation.

Public perceptions (3 references).

As noted in Study 1, participants P#32 and P#33 encountered some challenging public perceptions of psychology and psychologists. These were certain stereotypes about what psychologists do, such as conflating psychology and psychiatry evidenced by imagery of psychologists “sitting there with a clipboard and giving out medication” (P#33), opinions which contradict professional knowledge such as “people with

schizophrenia don't have a real condition and that it's all made up" (P#33), or a wariness of talking to a psychologist because "they're going to see through you or something" (P#32). These issues were relatively infrequently discussed however in comparison to other challenges.

University based challenges (8 references).

Challenges relating to the University discussed by this group primarily related to workload. The quantity and quality and variety of work involved resulted in comments about how difficult it is to keep up, for example, P#32 commented "I don't think I've ever worked so hard in my life" and P#34 described the workload as "just crazy!". The maintenance of that level of work was also a challenge in itself with the course feeling at times that it "just gets dragged on and on and on and you don't, you were prepared for a sprint and now you're in a marathon and you haven't realised" (P#31).

P#31 also commented on specific difficulties with the thesis aspect of the masters with problems encountered with logistics of getting this completed when things go wrong with the marking process.

Worries (20 references).

The participants in the confirmatory study reported worrying about their own competence, reflecting issues with confidence, as well as some worries about the profession and career development. Worries about competency and skill reflected a general sense of not knowing if they are "good enough, so all the assessments and stuff, like there is a bit of a, sort of, 'I'm not sure if I'm doing it right'" (P#34). Or as P#32 described: "I worry that I don't know enough and that in a session someone might ask

me something and I won't have the information at my fingertips and I'll look incompetent and that I perhaps am incompetent".

There were also worries about career progression and the state of the profession itself. For P#31, the experience receiving feedback that they were not adequately skilled at a point very close to graduation prompted concerns about professional standards, realising that "to know that I'm not up to standard and I'm a fricking bright [person] who has always dealt with people really well that has years of training with [this client group]. I'm not up to standard? What does that say about everyone else?" For P#33, reported worries related to how to manage a prospective high flying career in psychology along with family life or even how to "go about getting a job in psychology as a psychologist or what the ladder is or what you have to do" to reach a high level.

Changes (41 references).

Changing stages (13 references).

Participants in this group were at different stages of their training and commented on how they were progressing. For P#34, who had not yet had any placement experience, there was real excitement about "being able to be allowed to actually interact with people in the setting where it's got to do with what I've been training for, like, all these years" but also some trepidation "that I might not feel that way [competent] when I'm with a client".

By the third placement P#33 described feeling a shift in what could almost be termed the "role" as student. Rather than being continuously guided, by this stage P#33 "feels much more professional, like it's entering into the real deal of what I might expect out there". Though even in the later stages of training, there is still room for

improvement and “it’s still better to be learning and making mistakes while you’re a student” (P#31).

P#33 discussed the experience of moving into work as opposed to placement and the knowledge that this would come with “difference in expectations as well, that you’re not here on placement anymore, you have your own clients” with less supervision and guidance. P#33 felt uncomfortable with this change, reflecting an ongoing sense of competencies still being very new and unstable, something also reflected in the plans P#31 held to “go into private practice, probably after a few years say at mental health or something” – a plan acknowledging that employed practice brings with it greater contact with colleagues for support.

Confidence (34 references).

Confidence development was as variable and with similar themes as discussed by participants in Study 1. Experience of perceived success with clients helped improve confidence and feeling “really positive and really good about, yep I can do this it’s really exciting, it’s amazing to see it actually change a person’s life” (P#31), but this was vulnerable to criticism from supervisors. For P#31 the development in confidence with client feedback was countered by criticism from one supervisor and “since then I have absolutely no confidence really in what I’m doing”. P#32 also commented on the importance of supportive supervision to confidence development:

“I think we all lack confidence a lot, and I think the supervisor has an important role in fostering someone’s confidence. And I’m not sure whether they should fake it to make it or what, but I think if your supervisor has confidence in you or if you feel like your supervisor has confidence in you or that they’re there to

support you and you don't think that the supervisor's just going to pick up every little thing you did wrong and you're scared to go see the supervisor because they're going to tell you you've done something wrong, well it just makes a difference as to whether you're up to it or not."

When the support was there, however, it was seen as helping develop confidence and was a desirable characteristic in supervisors.

The reliance of confidence on feedback (either through client outcomes or from supervisors) created confidence that "just fluctuates all the time depending on how badly I guess I do and I just feel like it's changing all the time. Some days I have really good days and I feel like oh yeah I can do this, and then I have that bad day" (P#33). It also had effects on performance which created a cycle in which confidence begot good performance which begot positive feedback and vice versa. This type of "vicious circle" was commented on by all four participants in this study either through lived experience or through observations of others.

Confidence not only related to an assurance that competencies were already present, but also to understanding that a lack of competency was acceptable and that competencies are developing and will continue to develop. Participants described "beginning to be a bit more relaxed about the fact that I feel like I don't really know what I'm doing sometimes" (P#32) which came from reflecting on what had been learned to date and gaining a perspective of the learning trajectory and discussing similar experiences with colleagues. P#34, despite not having entered placements, already reported an understanding that "I know that I'm not going to be perfect" and that mistakes are part of the learning process. For this participant previous experience in

learning new skills as part of a previous job as well as a supervisory tolerance of error helped foster this acceptance of inevitable mistakes.

Personal changes (25 references).

Both P#31 and P#32 described changes to their own personal demeanour and outlook that resulted from experience and feedback gathered through clinical training. P#31 reported feeling “a bit more grounded and less giggly and more professional kind of manner” as well as becoming more “jaded” with the knowledge that “the world is not always a beautiful a rosy place”. P#32 changed “got a sense then of how I need to change the way that I work with people to suit their needs” following some feedback and developed “a lot more self control which is a comforting thing”.

Both of these participants also adjusted their understanding of their effectiveness and need to make changes in others’ problems. The realisation that “you can’t really solve everything, you can’t fix everyone” (P#32) allowed a reduction in disappointment when this happened, while “being able to take that step back and not be emotionally involved” (P#31) came with the understanding that “you can’t take on all those problems” thereby alleviating that perceived burden. P#33 however found that due to the level of supervision and instruction, there was limited scope for personal changes resulting from making decisions about a client’s care. Although this participant did expect a change in values, this hadn’t been the case and this was attributed to there being no opportunity for personal values to play a part since the therapy was instructed and observed: “it’s not really my session, it’s really just the way I’m delivering that material”.

Professional skills (14 references).

Professional skill development for these participants partly overlapped personal changes. For example, understanding that not all problems can be solved and stepping back from personal investment in those problems is both a personal attitudinal change as well as a professional skill in prioritisation and maintaining professional distance.

P#32 commented on being focussed on “just matching symptoms with lists” in a development of understanding of symptom and disorder presentation. While P#31, through working with a particular client group developed skills in being client focussed and being patient about working with problems, recognising that “you might have to sit with a client through six sessions just talking about nothing until she finally says, “yeah ok, I’m hearing voices””.

Skill development was spoken about in the context of increasing experience with different clients and situations while on placement. This experience was seen as providing a lived experience of conducting therapeutic interventions - “actually doing it and then having that knowledge that I know how to do it” (P#34), and this experience was preferably gained by “having the placements all together would be useful so you could just build your skills one after another” (P#31).

Learning to be a psychologist (41 references).

Personal factors (19 references).

In this group the personal factors that impacted on learning related to previous experience and family background. Previous experience in related professions “really helped me grow as a person and I feel as though I have the confidence that I wouldn’t

have had if I went straight from honours” (P#34), as well as began some of the changes that were later consolidated through placements, such as not becoming personally involved which “just sort of slowly formed” (P#31) starting with early work experience prior to placements.

P#34 also discussed personal circumstances which were stressful which then impacted on learning because it was difficult to “pay attention in class ‘cause I was just trying to cope emotionally”.

Psychology/self interface (42 references).

For this group, melding the personal and professional life was spoken about in terms of achieving a work/life balance as well as the effect psychological knowledge had on personal behaviours and coping mechanisms. Learning to “switch off” was a challenge and difficulties with cases were thought about extensively - “and the only time I stop thinking about it is when I’ve talked about it too much and I’m just tired of talking about it and then I just feel exhausted” (P#33). This has personal impacts on health and wellbeing including “sometimes that interrupts my sleep so I feel exhausted from that” (P#32). Skills in managing this work/life balance developed with experience “and the more experience I get the more, the better I’ll be able to adjust” (P#33) so that eventually students “become a lot better at just leaving it at the door” (P#31).

Helpful (95 references).

Support (59 references).

Support as described by these participants came in three general types – support from supervisors, colleagues and friends/family. Supervisors were most helpful when

they “build you up, like yeah I think we all need to be cut down to size so there aren’t people running around with massive heads that think they’re king of the world or whatever, ‘cause that’s not helpful at all, but, you need to be gentle [...] willing to take the time and tell you what you’re doing well, what you need to work on, and how you can do that” (P#31) and as P#32 discussed in relation to confidence development, the supervisor was particularly helpful when supportive.

While criticism was not felt to be supportive, there was appreciation for negative feedback which could be difficult to hear but nevertheless “I feel like if I didn’t have the criticism that I would be doing things wrong” (P#33), particularly when the feedback was based on observation of the student. In this vein, negative feedback was experienced as difficult but helpful when it was experienced in a supportive context. For P#32 a critical supervisor was seen as helpful because “the relationship was much more open and she said what she thought and I said what I thought and it turned out to be quite good” and P#31 found that a second supervisor’s negative feedback was countered by subsequent kindness.

Support from other colleagues on placement as well as other students was also helpful. In some ways this comprised similar support to that provided by the supervisor in terms of advice and observation, “absorbing their, their ways as much as possible in order to be able to have some idea of how to put it together myself” (P#31). Colleagues also provided a way to “debrief with and bounce ideas off and laugh and cry together” (P#32). Not only was this type of debriefing helpful in allowing students to access support to manage their emotional reactions to placements, it also provided a sense of collegiality and normalised the experience: “you hear that other people also have difficult times and so you think it’s not just me that’s having a hard time, or that I’m not

the only one that feels incompetent” (P#32). The shared experience also makes these individuals more capable of providing assistance because “they know exactly, they’ve had the same experiences” (P#33) which means “they help problem solve issues with thesis and placements and understand the grumbles and you can talk to them about like your cases and provide that sort of feedback and support” (P#31).

Family and friends were less able to provide specific support such as ideas for therapy and understanding the experiences because “it’s hard to relate to them how difficult it is seeing someone so distressed” (P#33), however they continued to be helpful for the general support they provide. This may come in the form of stress relief such as one’s partner “trying to de-stress me” (P#33), or that they “just have that blind faith in you” (P#31) or “instrumental help” (P#33) such as providing meals.

Personal (26 references).

Certain personal characteristics also assisted these participants. In getting through the tasks “being really positive naturally, and being a really determined, stubborn individual” (P#31) helped, and there were multiple coping strategies employed by these participants, such as utilising learned cognitive techniques, “looking at my own thinking and whether it’s you know, reasonable or not” (P#32), “doing something completely unrelated” (P#33) or simply “trying to remember to chill” (P#34).

Situational (15 references).

Participants found previous experiences and experiences on placement to be particularly helpful. Partly this provided practice and accumulation of varied experience of doing therapy so that good placements were “ones where you get lots of client

contact” (P#33). Client contact and experience with different client groups (and coping with those experiences) also “meant that I wasn’t afraid of like, that side of clients” (P#31) which provided some confidence that “I could build rapport with almost anyone” (P#31).

Also, in a similar fashion to the way in which negative feedback reduced confidence, positive feedback was reinforcing, experiences being “rewarding for me when I feel that I’m doing it well” (P#32). While these positive experiences were confidence building, as has already been seen, this group also found some negative feedback and experiences to be beneficial when they provided instruction for the future.

Reason for doing psychology (28 references).

Intrinsic interest (21 references).

All four participants discussed aspects of psychology as a career that was intrinsically interesting or appealing. For two of these participants, psychology was identified early as a career path that held intrinsic interest: P#31 “did psychology and sociology in year 12 and loved it. It was just like, ‘finally, this is what I’m on about!’”, while for P#34, early experience helping friends as a teenager prompted choosing to study psychology “and from there everything that I’ve learned besides that has been really kind of like “oh, I like this!”. Both these participants saw psychology as a way of exploring their existing interests in people and helping others.

For P#32 and P#33, psychology was not a first choice. P#32 started in another job but found they were not as interested in what that job demanded, “I was more interested in how they were functioning [...] I was just very interested in how people tick”. It was also found to be a career that was “interesting and I never feel asleep on the

job, I don't feel bored with it". Similarly, P#33 originally intended studying for a different, though health related, career but decided "'oh, well I'll do [psychology] for a while and then maybe I'll transfer' and then I liked it so I stayed with it". And as with P#32, P#33 also enjoyed "the diversity I guess of continually increasing my knowledge about different things".

Altruism (8 references).

Helping others was spoken about enthusiastically as a reason these participants selected psychology as a career: "You have the skills to be able to facilitate someone else turning their life around. That's pretty awesome, that's... what more could I do?" (P#31), "that feeling that when you know you've helped someone, that's kind of what motivated me to pursue this" (P#34).

This role of helping others with important or difficult life experiences was also held with great reverence. Knowing that clients may be entrusting the student with sensitive information resulted in feeling "sort of feel privileged being in a position where somebody's going to tell you all this stuff" (P#33).

Concrete benefits (2 references).

Only one participant in Study 2 commented on concrete benefits and this related to financial benefit given that "I'm sure the pay will be better than other jobs too" (P#32), however this was spoken of as an added bonus or add on to other more intrinsic and altruistic motivations.

Chance (4 references).

Three of the participants from Study 3 discussed aspects of chance or luck in their selection of psychology as a career. Two of those participants (P#31 and P#34) referred to chance interactions with psychology or helping skills (such as happening to have friends needing help, or doing an introduction course to psychology in college) in which a passion for those aspects was found. This sense of happenstance discovery links well with the elements of previous experience which seemed to contribute to skill development – the circumstances of life (which can occur through chance) providing a background upon which individuals understand and practice.

The other participant in this group commented on a situation similar to that described by P#17 in Study 1, a chance selection of a unit for no deliberate reason other than the preferred choice of unit being unavailable: “I thought ‘oh, well I’ll do that for a while and then maybe I’ll transfer’”.

Study 4: Supervisors’ Triangulation**Descriptive Statistics**

Participants’ demographic status and experience details are provided in Table 15 below.

Table 15

Study 4 Participant Demographics

Participant	Supervisory/Teaching Experience
P#41	10 years
P#42	20 years

Theme Description

From the two transcripts analysed, a total of 61 codes were identified, two of which were novel, one of which was at a subtheme level relating to the types of students and their reasons for choosing psychology. The remainder of coded information was coded according to the existing coding structure identified in Study 1. Summary data for transcript length and coding density for each participant is provided in Table 16.

Table 16
Coding Summary Study 4

Participant	Transcript length (words)	Total Codes	References
P#41	7010	51	225
P#42	5445	41	155

Challenges (32 references).

P#42 discussed the entire process of training to become a psychologist as a challenge “because it’s so performance based and that, so it’s incredibly challenging for all of us to do something like this”. In this sense, P#42 was recognising the inherent challenge in being assessed as whether an individual is competent to perform the goals that they set out to achieve. However there are also specific challenges relating to the experiences students dealt with and placement or work problems that P#41 spoke about.

Experience (9 references).

P#41 reflected on the impact of being confronted by clients and situations that are unfamiliar and difficult to deal with. Essentially, over time and with experience, students become accustomed to and learn to deal with these better. One example was of a student whose first client was particularly challenging and “the look on her face was like ‘well, what on earth do I do?’ and this, like, ‘how can I do this?’”. Over time and more experience however, students become more accustomed to the presentations of various clients and “move towards the realisation that things are much harder than you’ve ever imagined them to be, that people are more complex like, I didn’t think it would be this hard, but here it is, it’s exactly this hard”. Students also experience “being exposed to terrible stories about things that people have experienced, and you say ‘well, how do I react to it emotionally?’ That’s something that they have to learn to deal with too”.

While these events “have the potential to put students off balance and distress them”, this was not seen by P#41 as a wholly negative thing noting that “you don’t become complacent when things challenge you, but that’s the upside I suppose to having a slap in the face um, when it comes to something difficult”. Indeed, being constantly challenged to learn and grow in ever expanding situations was the aim for this supervisor – “to start off they’re sheltered to some extent, you know they’re given easy clients they’re given things they know how to do and then it becomes progressively harder” and this supervisor fosters this development by ensuring advanced students are challenged with exposure (both observed and experiential) to complex cases:

“I do I suppose throw them in the deep end, but no, not without their floaties on and, um, and so I, you know I do see this process because I expect them to go in there and function like a psychologist, a supported psychologist, but a psychologist. So they are confronted with, so I do give them difficult cases and complex things and they see me dealing with complex cases too.”

Placement and work problems (4 references).

The placement problems discussed by P#41 related to supervision difficulties, specifically unsupportive supervisors. P#41 considers criticism to be counterproductive.

“You can give critical advice, or critical comment without it being a criticism, you know what I mean? That it’s not, it’s not designed to bring a person down, the aim is to try and educate them to teach them a different way and why it probably isn’t effective to do it this way, but it might be effective to do it that way, it’s not the same thing as what some people offer and that’s to make people feel small and then they become anxious about it and don’t want to do it again, or don’t trust their judgement, and, I don’t like it, it’s not what I consider supervision to be about.”

Unsupportive supervisors were also considered to be those who did not allow the student to observe their practice. P#41 considered that this was the result of fear on the supervisor’s behalf: “my greatest criticism about supervisors are that they are too scared to allow a student to watch them work [...] I think it’s because they’re too scared to be under scrutiny”.

Changes (12 references).

Changing stages (2 references).

Both supervisors identified the training process as having different foci depending on the stage of training. P#42 drew an analogy of training being like the growing of a seed with different stages of growth which are nevertheless all necessary and represent stages of germination, sprouting and maturing of skills.

“Hopefully during the training course the seed has been planted and it’s being watered and it’s gaining all the nutrients it needs from the soil. Then I think as a person goes into their full time prac, then that’s going to start them sprouting and flourishing. But I think that seeding process is very important as well, I wouldn’t, I wouldn’t say you know “oh nothing happens during training”, I think that’s hopefully where the seeds get planted, then they get nurtured and get taken care of for really, so the person’s, really develop when they get out into full time practice and have to take a lot more um, like take, hopefully more autonomous in their work and as an independent practitioner and they’re having to really draw on that stuff that got planted as a seed during training.”

P#41 also highlighted the difference between placements and moving into practice and the increase in autonomy and responsibility this brings once “they’re out there, standing on the tightrope and no net”.

Confidence (20 references).

Both supervisors interviewed discussed the importance of experience and a “safe” non critical supervisory environment in which to learn. P#41 explained that

ultimately it is experience which drives confidence in ability and that “through experience that they can see that they can do it and that’s what encourages people to, to develop confidence in themselves. You know I can tell them a hundred times that I have confidence in them and that might make them feel slightly relieved but it won’t develop their own confidence”. Similarly, P#42 adopts a supervisory/teaching approach that is “graduated, starting with role modelling and moving through to the student being totally responsible for the assessment and report writing with only minimal supervision and revision of report as necessary”. This was adopted with the aim of assisting students to develop an understanding of their own competencies and to move at their own pace working in a collegial atmosphere with the supervisor which P#42 considers important to reducing performance anxieties and remaining open to identification of areas for improvement.

P#42’s sensitivity to the anxieties of students is echoed by P#41 who comments on observed effect of criticism on a developing student, raising a concern that “if you criticise a student they remain... self-focussed. So worried about whether or not they say the right thing next that they don’t spend any time focussed on their client”. However P#41 clearly identifies lack of confidence in students as normal and in some ways desirable “you shouldn’t feel like you’re ready, ‘cause you’re just starting out. But then there are another group, a smaller group whose confidence way outstrips their competence and their expertise and they are the people I would be more worried about, the ones who think they know everything already”. These overconfident individuals in P#41’s estimation ran the risk of overstepping their competence rather than erring on the side of caution.

Both supervisors also commented on the need for a tolerance of error, not simply a recognition of skills. P#42 reflected that “there has to be a tolerance for a person not doing a job well and that’s on both parts, so both sides, the supervisor and the student” while P#41 commented “I don’t know anyone who can do everything really well and never make a mistake, um and if you’re accepting of that, then, then you’re going to be ok.”

Professional skills (10 references).

With regard to development of professional skills, the supervisors interviewed identified development of ability to identify, diagnose and work with the complexity of real life clinical presentations by drawing on existing knowledge. While the training course had provided an understanding of diagnostic criteria and there was an acknowledgement that “we do have to teach individual stuff” (P#41) there was also an identification that “of course life’s messier than that” (P#41) and via training in placement students need to come to understand the “complexity, subtlety and ambiguity of clinical process” (P#42).

In order to do this, students also learn “the formulation process, how do we actually start approaching assessment, how do we approach working with someone” (P#42). Not only is this information required to be learned, students also have to learn how to utilise the information - “they have all the information in their head, they just need to be able to access it [...] to have some reliance in their own knowledge” (P#41)

Personal changes (1 reference).

P#41 commented generally on personal changes for students having transitioned through the training process. Rather than seeing major personality changes, P#41 considered training to be a challenge which, with the application of some contemplation to move through it is “going to change them into a more capable person it’s going to change them in to a person who’s more trusting of their capacity to deal with difficult things, so it’s changing them in that way”.

Learning to be a psychologist (9 references).

Psychology/self interface (9 references).

Both supervisors commented on the way in which the personal and professional identities of students merge. Partly this related to finding a personal style, a way of working and implementing therapeutic methods that fits the individual. Both supervisors saw this as an important outcome, but both recognised that this developed over time and with realisation that different therapists “do it” differently.

P#42 described this as a subtle process over time of “allowing a person to just cultivate themselves and, yeah, learn their own style and develop their own style but within a set of parameters that make this is what good clinical psychology is”. P#41 described the way in which one student realised that different therapists have different styles through observing the supervisor being themselves and the supervisor reinforcing that this should be the case.

“They were surprised that I just sounded like myself. You know, who did you think I was going to sound like? But she had come to the point where she was on

placement with me thinking that you had to put your psychologist's hat on and behave, I dunno, behave in a different way or something like that. But I said well, what your clients should get is you."

This blending of professional and personal did have complexities, however, and was a balance resulting from what would (hopefully) develop into separate professional and personal identities that were nevertheless a "well integrated system" (P#42). Where the balance was not achieved, P#42 discussed the difficulties this could pose. For example if the personal identity were too heavily relied on there may be "boundary crossings, and, like, inappropriate interventions or conflict with clients", whereas if the reliance was purely on the professional the risk would be of "robot like or shallow" responses.

Helpful (34 references).

Support (26 references).

Both supervisors discussed support in the context of supervision and discussed multiple functions that a supervisor performs in the process of supervision. The supervisor offers feedback, guidance and advice to assist the student learn good practice. Sometimes this is sought by the student who knows "where to seek help, they know where to ask for advice, and know who to ask advice from so that they're going to get support rather than criticism" (P#41), and sometimes this comes from the supervisor identifying an issue that needs to be addressed: "If I'm worried about a student I would still try to get them to see the light" (P#41), "to give information too, you know, there has to be, that feedback I think is really important when a person is sort of like struggling or when they're perhaps straying" (P#42).

Both supervisors, however, acknowledged that in addressing clinical practice issues it was important to be accepting of errors and of lacking knowledge and that correction or negative feedback was best phrased in a supportive manner. As discussed in the section on confidence, both supervisors saw criticism as unnecessarily damaging whereas these supervisors felt that “I should be in a position to encourage them, that, that I can get more out of a student by helping them than by trying to bring them down” (P#42) and “to encourage debate and questioning more than anything else and the curiosity” (P#42).

Supervisors were described as playing a role in helping students understand their performance, not simply on a “good or bad” practice level, but also to understand why interventions worked or didn’t and this was linked to experimentation, acceptance of mistakes and feedback. P#41 encourages students to accept that “it’s normal to make mistakes” and that “that’s what a supervisor’s there for, to support you through that”. Similarly, P#42 encourages students to discuss their performance in a collegial manner “that is not ‘you, have to be doing it this way and if you don’t do it this way you’re wrong’. You know, hopefully I go ‘what are you doing, and what’s it about and why are we doing it that way?’ and then looking at alternatives”.

Both supervisors also acknowledged the role of allowing the student to observe their own practice which helps the student by “being shown, like, and the role modelling” (P#42) of therapeutic interventions, but also by allowing the student to observe that experienced clinicians are “just as capable of making a mistake” (P#41).

Situational (8 references).

As well as support, supervisors identified the situations students encountered as being helpful to their development, specifically experiences with clients and implementing their skills on placement. Practice competency “has to come from experimentation and just trying to get feedback” (P#42) about performance. Experiencing doing psychological work creates experience of success to build confidence but also an opportunity to explore and practice as yet unused skills. For P#41 students’ experiences on placements helps them by “just being confronted with complex cases, that all of a sudden you’re having to draw on the knowledge that you have and trying to put, you know together some plan for your client”.

Personal (3 references).

Both supervisors commented on the impact of expectations on both performance and openness to the learning process. The focus on performance created by the high expectations of some also created, in P#41’s experience, a difficulty in “attending to their client”. In P#42’s experience, the expectations for learning that was brought to class by varying groups dramatically altered the atmosphere from one that had an “ability to laugh at themselves, do silly things, not take it too seriously, to realise that it was just a learning process” to one where there was a “real pressure that, ‘you are not teaching us and we’re going to fail’”.

Reason for doing psychology (20 references).

Both supervisors made some comment on students' reasons for choosing psychology, though P#42 was reluctant to comment because of the variety of reasons people would choose the profession.

Types of students (12 references).

P#41 elaborated on the types of students observed to be entering psychology. As was seen in the section on confidence, some students were seen as under-confident in their ability while others were overconfident. This supervisor also identified different types of students. Some differences were around academic aptitudes. Academic students, when confronted with competency based evaluations feel "out of their depth because it's not something they can go and learn in a book" though they generally go on to learn the skills with encouragement. On the other side of this continuum is a group of students who struggle to learn and apply the concepts behind their work, who have "hit a ceiling, you know that in terms of extension of their knowledge". Some students picked psychology to major in because "that was the only thing they were good at as an undergraduate".

There were also some attitudinal differences. "Some students really welcome it. You know they want to be out there practicing they're excited about it. [...] There are other students are saying 'well it's all a bit of a bore really'". There were students who appeared not to care, who had difficulty exhibiting professional behaviour, or who had an attitude of "you should be grateful to be in my presence" which concerned this supervisor due to the nature of the profession as client focussed and aiming to help others. Whereas "the people who are excited and welcome that pressure to be

professional, to act professionally, are the ones who do the right thing during their training”.

Thought it was something else (3 references).

Both supervisors identified that some students came to psychology thinking that it was something else and that it is not until they have some experience that “all of a sudden they realise that they can’t be a clinician, and they’ll go in to some other area of psychology, because they really realise that it’s not for them” (P#41). For P#42 this lack of clarity in beginning students is the result of the role of the psychologist being ambiguous and “very hard to understand until you’re actually doing the job” and that therefore people’s reasons for entering the profession are influenced by their understanding or expectation of the role and “some people probably have got more of an understanding, depending on what their experience is, you know, than others”.

Altruism (6 references).

Despite the multitude of differences in students’ motivations spoken about by P#41, the altruistic motives were identified as the primary driver and that “most people’s pursuit of clinical psychology is a general desire to be involved in a job that they, you know helps people live better”.

The “sense of satisfaction that somebody’s life has improved” was spoken of as the driver behind people pursuing a career that is otherwise “not particularly rewarding on a moment by moment basis”. This was the case for P#41 who reflected on the reason behind choosing to help train students as an example of how the positives of altruistic gain can offset the otherwise apparent negatives of a particular career choice.

“I like teaching students, I like seeing them get the point. I like seeing them start to think a bit laterally, you know to apply what they know in different situations and I like seeing students be successful and that’s why I do what I do. I say well I could make lots more money spending all my time in private practice without a student hanging around than I ever could [supervising]. Heaps more money. But I keep [supervising] because I like that part of it.”

Study 5: Experience Comparison

Since studies 1 to 4 identified changes occurring over time plus reported differences in challenge types, participants were grouped into experience levels for coding comparison on these codes. While this data is not suitable for quantitative analysis, it will provide some indication of differences in the types of issues discussed and also act as a check on the conclusions drawn from qualitative analysis.

Descriptive Statistics

Table 17 provides the demographic details for participants as they were divided into experience groups.

Due to differences in participant numbers in each group, an average was taken for how often participants commented about challenges and changes which are the areas where differences were identified in earlier studies. These averages are shown in Table 18.

Table 17

Study 5 Participant Demographics

Group	Participant	Experience Range	Client Contact Range
Inexperienced	P#16	pre placement	0
	P#17	pre placement	0
	P#19	1st placement	45
	P#34	pre placement	0
Some Experience	P#11	3 placements completed	Unknown
	P#12	1 placement completed	Unknown
	P#18	2nd placement	180
	P#F16	On 3rd placement	Unknown
	P#F17	on 2nd placement	90
	P#32	3rd placement completed	80
	P#33	2 nd placement	200
Experienced	P#110	finished placements	NA
	P#13	finished placements	NA
	P#14	finished placements	400+
	P#15	4th placement	400
	P#F19	4 placements completed	400
	P#31	4th placements completed	400

Table 18

Average Codes per Participant by Experience Level Group

Code and subcode	Inexperienced	Some Experience	Experienced
Challenges	19.3	33.1	20.8
Experiences	3.8	8.7	5.2
Placement and Work Problems	3.3	13.6	5.7
Public Perceptions	1.8	1.3	0.8
University Based Challenges	3.0	1.6	1.5
Worries	5.8	5.3	2.7
Changes	9.0	10.4	15.5
Changing Stages	3.0	2.7	3.8
Confidence	5.8	12.1	9.7
Personal Changes	4.0	4.4	8.3
Professional Skills	1.5	3.1	6.5

Comparison Results

Challenges being discussed more in the “some experience” group, in particular placement and work problems would fit with the accumulation of experiences on placement as being the site where challenges would be encountered. Similarly worries were higher in the “inexperienced” and “some experience” groups where competency would be expected to be and was found to be reported as still developing.

Changes were discussed more in the “experienced” group. The types of information discussed in the earlier qualitative analyses fit with a reflective process whereby changes are noticed retrospectively. Confidence, however, was discussed more in the “some experience” group which fits with placement experience being a time when confidence is under active change as described by participants.

Saturation

During interviews, the key prompt questions discussed above were used to initiate conversation. Avenues of discussion were then followed by the interviewer with the individual to promote full exploration of topics the individual raised thus maximising saturation of ideas within interviews.

Study 1 produced 169 total codes created for this participant group, 23 of these comprised the first two tier (or primary) coding levels, with an average coding frequency of 20 words per coding reference. It was noted that individuals in Study 1 were predominately from a small number of year groups raising concerns that saturation of ideas may not have been reached and would benefit from additional perspectives. Studies 3 and 4 were conceptualised to explore this and facilitate greater saturation within the study via confirmation of findings with differing student groups and

triangulation of information from an additional perspective on the problem (that of the supervisors). In addition a follow up study (Study 2) also allowed comparison between observed changes in topics discussed with self reported changes.

The number of newly emerging codes was taken as an indicator of coverage of ideas across the overall study. Study 2 added eight novel codes (including one at subtheme level) at an average coding frequency of 30 words per coding reference. Study 3 added five novel codes (none at subtheme level) at a coding frequency of 25.5 words per coding reference. Study 4 added 2 novel codes (one at subtheme level) at a coding frequency of 33.2 words per coding reference. With a decreasing number of novel codes (8, 5 and 2 respectively) and a low frequency of novel subtheme codes (1, 0, and 1 respectively) together, this information indicates a good decrease in number of new codes being generated and can be interpreted as indicating good saturation of ideas across the combined studies which will contribute to the following model development.

It should be noted that participant recruitment difficulties for Study 4 saturation of supervisor perspective is not likely to have been achieved, however this was limited by lack of supervisor agreement to participate. While this is an acknowledged limitation, there is good indication that overall saturation is good given the decreasing new codes being generated, particularly at a subtheme level indicating the bulk of new codes constituted variations on concepts represented in the more major theme levels.

**Stages of Changes: Major Tasks and Influencing Factors in Psychologist
Development (Overview of Results)**

Overall, participants reported a theme of change: of moving through a developmental process and accruing competence and confidence as well as personal changes to their beliefs and behaviour. Present in discussions with all participants was the notion of transition between different periods or stages. These stages set the background upon which other issues were discussed. At least five stages appeared to be present: pre-training, training, readiness to practice, entering the workforce, professional and some indications of a more experienced level post the professional stage.

The pre-training stages consisted of the lead up to selecting a career in clinical psychology and was influenced by a range of factors including: previous experiences with family and friends either working in or being clients of psychological services or other health services; values and beliefs which encouraged helping others and being intellectually stimulated; and the recognition of other benefits such as good pay and flexible conditions. This stage was characterised by a sense of excitement or naïve/overestimated ambition of finally delivering therapy and making changes in clients' lives, though this was also linked to worry that one might fail after the hard work of getting to this stage.

The training stage consisted of the development of both competence and confidence in the practice and understanding of the role of psychology which occurred primarily as a result of experiences on placement and the support received from colleagues and supervisors (particularly feedback, observation, and guidance). Here, a sense of safety in supervision (a sense of general interest and supportiveness from the

supervisor) was important for the key development of an acceptance of error and subsequent ability to engage in challenging tasks. While “getting things wrong” in session tended to result in an initial decrease in confidence, it was associated with a later increase in confidence due to having “survived” the error and also due to the increase in competence that accrued following incorporation of the error into practice understanding. During this stage there were also changes in behaviour and cognitions resulting from experiences with clients and others who challenged pre-existing beliefs about others and the profession, as well as perceived expectations of the professional body. The overarching sense during this stage is one of rapid change and development. There was a sense from participants early in this stage that they had been underprepared by their coursework, though individuals in later stages considered this less important on reflection.

There was one participant in a stage best described as readiness to practice and two who were able to reflect on their experience in this stage. This stage generally reflected a sense that although competence was still developing, there was sufficient confidence in basic ability to allow the student to enter registered practice (though there was still some anxiety about entering the work force as an employee, particularly if this follows a period of minimal work: “I haven’t done clinical work for perhaps half a year now so I feel like a little bit out of practice so that when I get a job, I’ll feel like a bit apprehensive in my first few sessions” (P#14). P#14 felt they still had more competence to develop, but generally had reduced anxieties about practice and reflected on earlier anxieties with a sense that they were over exaggerated, though normal.

P#110, who was in the professional stage, commented that there was a period immediately beyond registration in which, though they were practicing as a clinician,

they still did not feel they were a professional indicating that the period immediately beyond registration contained a separate stage in which there was insufficient competence or confidence to consider themselves a professional: “I certainly feel I’m a professional psychologist now, whereas yeah, probably 12 months ago I didn’t. I felt like I was working as a psychologist, but I wouldn’t have, yeah I wouldn’t have identified like I was” (P#110). This was supported by comments by other participants that it would be “silly” to go in to private practice directly from registration and that more experience was necessary indicating that progression did not pass directly from readiness to professional. Therefore a separate stage of entering the workforce was tentatively identified in which competence and confidence in the workforce was to develop.

The professional stage consisted of practicing outside the training framework (i.e. registered and practicing) and having a sense of being a professional. The two participants who were in this stage had been practicing for a number of years and believed they had developed a good level of both competence and confidence on the basis of their experiences as students and graduates, as seen by P#110’s quote above, and also P#13 who now considered themselves to be a very good practitioner, that his or her knowledge was up-to-date and valuable to others.

When asked where this confidence came from, P#13 referred to positive feedback (“just a string of positive feedback, letters to me at the practice, word of mouth things, conversations with GPs, um, things that people have heard”). This stage was characterised by confidence and comfort within the role of psychologist and a change in focus of worries from competency based issues (though ongoing development was recognised) to more day to day organisational and practical concerns such as

organisational support structures, and tasks such as paperwork, leave entitlements and finances. Support was still considered to be highly important and desirable and missed if it were not present.

P#13 also identified a feeling of being ready to look beyond the current stage indicating a further stage of experienced practitioner:

“I look at people in other professions and I think well where do they go? [...] I don’t know does it just stop and you just ‘ok I’m here now at that’s it, I’m at my destination and I’ll just camp here for the next 20 years’?” (P#13).

There was limited information about this stage, but it appeared to involve long term career planning and a sense of being a “very good” practitioner and embodying the role.

Follow up interviews appeared to confirm retrospective reports of the training stage, particularly with regard to changes in confidence, competence and personal changes. These were noted not only in self-report, but also the types of issues which were of concern.

Interviews from Study 3 identified participants who fit in the pre-training and training stages with one participant nearing the readiness stage with similar influential factors as those drawn from Study 1 and Study 2 (follow up). In particular the effects of criticism were again discussed by the participants in Study 3, though in this group there was more indication of potential moderating factors on the effects of criticism, such as previous confidence building experiences or how the individual interprets the criticism. Other participants commented on the effects of criticism: for P#32 this was to “be as compliant as I possibly can”, while for P#31 previous experience of criticism “shattered any confidence I had” and subsequent observation by supervisors resulted in poor

performance: “I introduce myself three times, I like, get tangled up in my words, I have no confidence whatsoever, it’s appalling” (P#31).

Results from participating supervisors indicated general support for results taken from the student participants. Supervisor responses included comment on a pre-training stage (where the concept of psychology was seen as poorly understood), training (during which experience and support from supervisors was important to develop both competence and confidence), and entering the workforce stages (where students learned to practice autonomously involving a brief reduction in confidence). Supervisors readily identified the types of influences that help develop confidence and competence overall and these matched well with student responses including a supportive non-critical supervisory relationship and engaging with practice on placement. Supervisors saw the acceptance of error, the recognition of existing competence and the development of a personal style as particularly important for student development. Supervisors commented less frequently than did student participants on personal cognitive or behaviour facets (aside from learning to deal with distressing events).

One supervisor also commented on there being a small subgroup of students who were overly confident and that this was more problematic than being under confident. This was minimally identified by the student cohort (with the exception of a brief acknowledgement that some negative feedback may be required to correct overconfidence) and potentially indicated a student experience which was not identified by the student sample, either by lack of saturation or lack of self-insight into any overconfidence that was present in the student sample.

Model Development

Initial results described above were synthesised into a compiled analysis and model construction which comprised the bulk of the work of this research.

Development was characterised by a dynamic process which had a progressive sequence but was also reflexive, allowing returns to tasks that were reminiscent of earlier stages and incorporating certain influences across stages. A thematic diagram of the findings is presented in figure 4. This can be used as a framework to assist the interpretation of a complex transitional and transactional process. As can be seen (figure 4), six primary stages identified, each of which involved an individual engaging in certain developmental tasks under the influence of certain factors.

CHALLENGES AND CHANGES IN PSYCHOLOGIST DEVELOPMENT

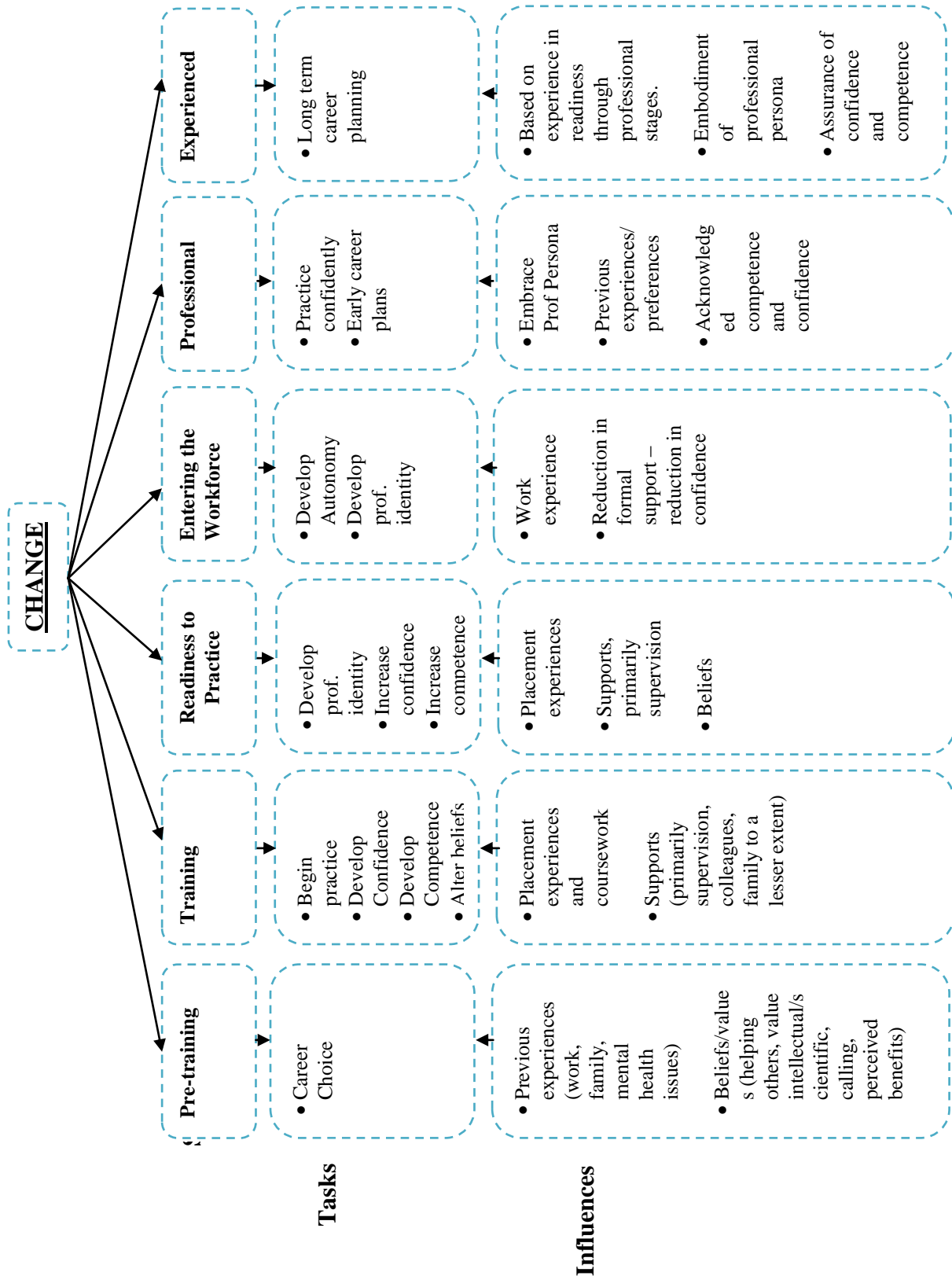


Figure 4. Stages of change, major tasks and influencing factors during psychologist development.

Pre training.

The pre training phase consists of the lead up to formal clinical training (including placements) and is influenced by ideas and beliefs about what psychology is and is referred to as a phase of preparation. The primary task for this phase is to make a decision to enter psychology as a profession. There were a number of reasons participants reported for selecting a psychology career, the predominant reason being to help others, however there was also a focus on the intellectual stimulation, the respect and prestige of a scientific discipline and the peripheral benefits of reasonably good wages (though participants were clear that with pay comes responsibility and that this was not a primary reason to enter the career).

Participants' interest in pursuing a career in psychology was influenced by previous experiences. Having family and friends involved in helping professions provided a sense of familiarity with this type of work. Difficult relationships with others or experience (either personally or by proxy) of mental health difficulties raised interest in the area of mental health. These experiences also shaped the personalities, preferences and concerns of participants. This finding parallels findings by Burke (2007), Paton and Burke (2007) and Gottlieb et al. (2007) regarding the effect of challenges on personal outlook as well as literatures on the effects of personal attitudes and beliefs on practice, such as in transference and countertransference (Ellis, 2003; Freudenberger & Robbins, 1979), the contribution of personal factors in phenomena such as burnout (Maslach, 2003) as well as a raft of theories on job choice and career development which examine multiple factors influencing the development of career preference (for example, Bright & Pryor, 2005; Bright et al., 2005, 2009; Gottfredson,

2002; Lent et al., 1994, 2002; Pryor & Bright, 2011; Savickas, 2005, 2010, 2011; Savickas et al., 2009). Similarly, for some of these participants, previous difficult experiences had either made them stronger, or alternatively increased their vulnerability to similar circumstances in placements. For example, some participants spoke about individual personality quirks that they believed may impact on their training, or worried about encountering clients who would reflect certain difficult experiences. Previous work experiences in similar work provided some relevant experience in what might be expected or encountered during training, and coping strategies to deal with them. In this sense, related work experience acted somewhat as a trial or tester.

For a number of participants, the psychology career was seen as being something they were “born to do” and that they were quite passionate about. While some had made the decision very early in their schooling, others came across the career later or circumspectly but nevertheless identified ways in which it was a good fit with their preferences for intellectual stimulation, helping others or contributing to society. This would indicate that there are multiple pathways toward a selection of psychology as a career and that this is likely to influence the career development. In addition there is also an indication that the career selection pathway is a combination of external and internal influences which are interactive and that this should be considered.

The reasons for the choice to enter psychology played a key role in defining people’s worries and expectations. For those who felt some kind of calling to the profession and felt it was integral to their identity there was additional pressure to perform. For those whose motivations were primarily to help others, worries centred on anything that they perceived as threatening their ability or belief in their capacity to do this. In addition the undergraduate preparation for the clinical course was seen as

difficult and by the time students entered the postgraduate clinical course there was a degree of pressure to perform and make their hard work worthwhile, so the transition from this stage into the training phase is characterised by anticipation and excitement about finally beginning client work and learning therapeutic skills, as well as worry about whether they would actually be able to perform in the role that they had worked so hard for. For P#34, who was yet to begin placement, the thought of starting placement was very exciting:

Being able to be allowed to actually interact with people in the setting where it's got to do with what I've been training for, like, all these years. So, yeah I'm really excited to actually be there and to start doing stuff.

For those very close to starting placement worries were more salient: for example P#17 expresses a common concern about whether they are capable of the work they will soon be asked to do. "I worry about the fact that I've got this far and I'm not going to be good at it, I'm not going to be able to do it" (P#17).

Placement training.

The training phase begins with class-based education then *entering placements* during which participants began experiencing the realities of clinical practice. There was a sense that the transition to placements is the bridge between studying and working where the necessary requisites for working life are developed. Significant and rapid changes occurred in this stage and included changes in areas of *confidence, competence* and *personal developments* (for example changes of beliefs and understanding of themselves and their behaviour prompted by experiences which conflicted with their

expectations and interactions with others such as supervisors and colleagues) and these continued to change and develop in later stages.

The developmental trajectory was not identical for all students, resulting in differences between individuals in terms of the rapidity of development and often depended on the specific experiences that were encountered by students. For example, while participant P#14 felt ready to enter practice and appeared comfortably confident when approaching registration, P#31 reported approaching the same point with a great deal of trepidation and lingering sense of being ill-prepared. The difference between the two appeared to be the reported quality of their placements, and in particular their supervisory relationship. P#14 reported supportive supervisory relationships, referring to good fortune in this respect, whereas for P#31, an early experience of criticism appeared to have set in motion a repetitive cycle of poor confidence begetting poor performance, engendering poor confidence. Another example is the level of developmental change associated with various placements. While P#11 reported their first placement to be a non-event resulting in minimal development until the second placement, P#16 noted a stepwise increase in both confidence and competence resulting from a stepwise increase in complexity of material in progressive placements.

Participants reported an expectation that coursework would prepare them for working and that finishing the coursework component would render them competent. The reality of their experience was quite the contrary and participants commented on feeling that the course was inadequate and that as a result, they were underprepared. Predominantly concerns were that there were either insufficient details given on key therapy styles, or that there was too much focus on information that was seen as irrelevant.

This sense of feeling underprepared, and the expectation that coursework should provide all the answers were also commented on by one of the supervisors who reflected on their experience of this demand to provide all the answers. For this supervisor the disappointment expressed by students that answers were not given was not seen as a failure to provide training, but rather a reflection on the attitude and expectation of the students about how learning occurs in this context: “There was a rigidity and just this real pressure that, ‘you are not teaching us and we’re going to fail’ as opposed to well, you know ‘we’re being taught and we’re learning’” P#42. It is also possible that this understanding is something that is difficult to teach, both because students had difficulty accepting this (as noted by P#42 who reflected having to emphasise to students that they weren’t required to be perfect because they were still learning), and possibly also because this may represent a process concept that has become implicit for trainers and therefore difficult to make explicit for trainees. That is, while trainers teach training content routinely, the process of training may become overlooked or taken for granted unless a specific course content specifies it. Regardless of whether the locus of the problems with coursework originated in student’s attitudes, the difficulty of adequately teaching these skills didactically, or from course specific failings, the effect of feeling underprepared resulted in an unfavourable effect on confidence.

Both confidence and competence development depended quite heavily on the experiences gained on placement. In general, experience in attempting to deliver therapeutic interventions could result in either negative or positive outcomes. “Getting it right” increased confidence in ability, while “getting it wrong” had the opposite effect in the short term. In the longer term however, even failed attempts had the potential to improve confidence. Regardless of outcome, any experience had the potential to teach

the student something new about how to work with clients (or how not to) and combined with appropriate support (in the form of encouragement, debriefing, advice and practical assistance) from supervisors and colleagues could be converted into greater competence which, when recognised, increased confidence. Negative outcomes also assisted with confidence levels by confronting the student's worries about whether they would be able to perform adequately, demonstrating to themselves that even if something went wrong, they were able to handle the situation. Confidence development in this stage was very unstable and easily affected by experience and feedback, but over time these vacillations moderated. This was commented on specifically by P#18 and P#110 with the following comments:

“I have a kind of, uh, I guess fragile kind of unstable self-esteem, uh, I tend to be fairly easily rocked. But I guess on the positive side, with the sort of gaining of experience in a supportive environment it's really, um, it's sort of helped sort of strengthen that a bit, so I guess I don't, when I do kind of tick into the negative range, it's not kind of splat so much as just a you know, it's a moderation of it I guess.” (P#18)

“In my first few placements whether or not I was, I felt good as a psychologist really depended on right there and then in each session, like whether or not the session went well or what the outcome was and if people didn't improve that meant I wasn't a good psychologist. And that has changed now whereas I can now more objectively look at, you know, what, what my skills are even if a client is not improving.” (P#110)

In addition, P#16 predicted this type of effect based on experience in previous similar positions:

I'm anticipating it to be similar to that, to have this kind of real, real up and down, thinking that, like feeling really good about what I'm doing and "yeah, this is really what I wanna do and I think I'll be good at it", to these moments where you just crash back down and think "Oh my God, I don't get this at all, I can't do this!" (P#16)

Support in various forms was also very important for participants in this stage, both in the development of competence and confidence and also as a means of coping with various stressors, challenges and worries. The clinical supervisor on placement was the key support in the development of competence in particular. Supervisors provided a range of support functions:

- General encouragement and reassurance
- Guidance and feedback about performance (essentially skill tuition),
- Debriefing and reflection about certain events
- Modelling behaviour and roles through allowing observation and discussing their own practice and practice issues
- Client load management, responding to individual needs and levels of functioning

In particular, guidance and feedback from supervisors around specific interventions was highly valued early in training, particularly where the supervisor was seen as being supportive and knowledgeable or experienced. This guidance allowed the student to feel safe enough to engage in therapy with clients without feeling overwhelmed by concerns about their competence. One participant used the metaphor of being thrown in the deep end but with "floaties" on to explain the role that this

guidance plays. Feedback also included reassurances from the supervisor that they were confident of the student's capability, though this was not generally sufficient to eradicate worries.

Where guidance about reasons for poor outcomes or alternative methods was absent, experiences with difficult client presentations had the potential to lose their instructive value. In addition, guidance from supervisors who were not seen as either competent or interested in the student's progress (either due to their own stress levels or the way the student placement appeared to be viewed) was not valued, or sometimes not even sought. Feedback was also not seen as helpful when it was experienced as criticism and there was a distinct, though qualitative, difference between feedback of areas for improvement versus criticism. This difference was well described by one supervisor:

You can give critical advice, or critical comment without it being a criticism, you know what I mean? That it's not, it's not um designed to bring a person down, the aim is to try and educate them to teach them a different way and why it probably isn't effective to do it this way, but it might be effective to do it that way. It's not the same thing as what some people offer and that's to make people feel small and then they become anxious about it and don't want to do it again, or don't trust their judgement. (P#41)

Where students felt able to attempt techniques they were not yet completely comfortable with without fear of being criticised, they were more readily able to accept errors as part of learning and learn from them. In doing this, they became more confident.

Supervisors (or other experienced colleagues) who allowed students to observe themselves practice were also appreciated, both for the opportunity to learn therapy

techniques via observation but also due to the ability to observe experienced clinicians making errors from time to time and delivering therapy according to their own individual professional style. These observations helped to initiate the process of forming student's own professional style.

Supervisors were also seen as gatekeepers who, optimally, would manage the clients allocated to a student so that student capability was not overstretched. This moderating role allowed competence to develop progressively via increasingly difficult client presentations and acted as an additional reassurance that the supervisor has confidence that the student can manage that client.

Student colleagues were also supportive in a variety of ways and appeared to reflect attempts to utilise these social resources in order to manage stressors during training. Firstly, other students did at times provide advice similar to that which supervisor's provided. This collegial advice was appreciated, though it was acknowledged that this was not a substitute for good supervision from a competent, experienced practitioner. Collegial reassurance that what the individual was experiencing was normal, or common, by way of sharing similar concerns about confidence, experience of error, or particular problems encountered was also highly valued.

A number of participants commented on times when they had discussed particular concerns with others, and were pleasantly surprised and reassured that others had experienced similar situations and had been able to move past them. Colleagues also provided a debriefing function and were seen as insiders - people who understood what the student was going through. As well as being seen as more able to understand, student colleagues were also seen as being more ethically appropriate to discuss therapy

concerns with than would be external friends and family. Friends and family nevertheless also continued to be a source of support, including such supporting roles as generally believing in the student's ability to succeed, providing practical assistance such as cooking and cleaning, helping with stress relief and distraction, or recruiting participants for thesis data collection.

Experience and support provided during this stage also resulted in changes in personal beliefs for a number of individuals, for example experiences with clients prompted further understanding of others while discussions with supervisors assisted students understand their own or others behaviour. Participants reported that encounters with certain clients or situations that were contrary to their expectations prompted them to change how they viewed others, themselves, or the world around them. These changes included more awareness of themselves and others and how they were similar/different, changes in expectations about psychology as a profession and the training process, and changes in how the world was viewed (often described as becoming more realistic or losing the rose-coloured perspective). These changes differed from individual to individual with some participants reporting significant changes, while others reported very little change in their views. The level of reported change seemed to be related to whether, and how much, experiences differed from pre-existing expectations and beliefs.

Similar issues to those identified in the current study were also supported by results from Folkes-Skinner, Elliott and Wheeler (2010) whose qualitative n=1 study of a counselling student entering placement found the student experienced:

Significant change during her first term. Each interview revealed a different phase of her development. The core categories were: becoming something new

(week 3); growth in therapeutic confidence (week 6); surviving ‘stressful involvement’ through supervision (week 11). Experiential learning, in particular group supervision, was helpful throughout. The presence of real clients was identified as the main driver for change. (p. 83)

Given that this student was in their initial period of placement, this aligns well with the placement training and reflects the same types of broad themes described in the current project.

Ready to practice.

Readiness to practice involved having a sense of being *competent* enough to *confidently* engage in the learning of clinical practice. Early in the training process, the emphasis from students’ perspective is on gaining some success to alleviate the immediate anxiety around the question of whether they can “do it”. For example, P#18 was more able to begin integrating their existing knowledge once the anxieties about practice had moderated “I’ve certainly relaxed a bit more to be able to draw on the knowledge that I do have without so much second guessing and insecurity there”.

Once the anxiety had been alleviated, the focus can move to allowing feedback (especially of poor performance) to be incorporated in learning, with the negative impact of the poor feedback being buffered by previous successes. For example, P#17 began with high level anxieties about performance (“I worry about the fact that I’ve got this far and I’m not going to be good at it. I’m not going to be able to do it”) but at follow up had developed “the confidence that, yeah I should be able to cope”. This change was explained as resulting from a combination of being able to have open discussion with a supervisor about the reasons why they had chosen particular therapeutic approaches,

having some decisions supported or confirmed by supervisors, and experiencing some successful client interactions.

In the early stages of training, it was difficult for students to accept feedback about performance due to the initial decrease in confidence that poor performance feedback engendered. However with increased confidence and acceptance of error, this feedback became a key feature of development in the readiness stage where the ongoing nature of professional development seems more readily understood. Readiness is not so much about having acquired competence, but having acquired the confidence in the ability to gain competence and appears to be closely followed by the sense of being ready to practice in the workforce. Essentially it is a sense that one is “getting there”, or, as P#F109 stated:

I don't feel 100% competent, but I'm completely confident that I will be. [...] I suppose it's like, I'm trying to think of some analogy. When you start out going, ok we've got to get to Darwin by car, and it's like “oh fuck how am I going to do that? What roads am I going to take?” or whatever. But once you've got a map, you go “ok we've got to go from here to Melbourne to there to there to there”. Like you know the steps now, there isn't anything that seems unfamiliar about it. Maybe that's it, maybe there's no mystery, there's no unfamiliarity, I know, I can see the road ahead, I've just got to travel it. Whereas before I didn't know what the road looked like. (P#F19)

Feeling ready to practice appeared to be required before the individual is able to transition into a sense of being a professional. However depending on the individual's particular training experiences and factors such as pre-existing beliefs, support, and pre-existing experience, feeling ready to practice could occur at any point before or after

formal registration. For example, as discussed earlier, while participant P#14 felt ready to enter practice and appeared comfortably confident when approaching registration, P#31 reported approaching the same point with a great deal of trepidation and lingering sense of being ill-prepared. The difference between the two appeared to be the reported quality of their placements, and in particular their supervisory relationship. Formally, being ready to practice is signified at the point at which the student becomes registered and is moving out into the workforce. In reality, however, readiness is entirely subjective and based on levels of competence and estimates of that competence in the form of confidence in ability (unlike the transitional experience which appears to occur at the entry into placement). Judgements about confidence and competence appeared to be made based on students' internal perceptions of themselves based on their own evaluations of performance, feedback and reflections from others (particularly criticism or praise by supervisors), and by comparison with others. As a consequence of these evaluations some participants felt ready to practice before they reached clinical registration, while others did not feel ready despite rapidly approaching full clinical registration. Because there was no ability to include an external assessment of readiness due to confidentiality concerns, it is not clear whether these assessments are accurate. It can be assumed that if the individual has passed sufficient placement units that they are technically competent enough to enter practice, however the level of confidence in competence may not be directly related to independently rated competence. Generally confidence related to the ability to apply therapy in practice, though there was also an acceptance that entering the workforce would involve at least an initial induction period to each particular workforce. However the presence of the following stage (entering the workforce), in which new psychologists discover the difficulties of entering practice

indicates that on some levels there is a lack of readiness for the reality of the workforce. In this sense, there is a difference between competence to deliver therapy components in isolation, and competence to work fully as a psychologist with all the attendant duties this contains (such as managing multiple clients, managing a sustainable client load in the face of demand, interactions with employers and colleagues) that are not necessarily taught within the training program.

While one aspect of readiness to practice relates to confidence (which appears to be subjective) there is also a component that relates to competence. While it was difficult to separate competence from its subjective evaluation which confounds it with confidence, it is possible that the variation in readiness is the result of variation in actual competency levels as well as the subjective evaluation of it (confidence). As noted earlier, levels of confidence appeared to affect the way in which students engaged with placement experience which by extension affected competence development. In addition, confidence itself is based on the estimation of competence and is therefore influenced by the level of competence present. As a result, a sense of readiness to practice appears to be a composite of confidence and competence, but is expressed by students in the form of confidence.

This stage of the training process is essentially about the student gaining increased levels of confidence and competence reflecting a belief in the ability to reach a level of competency that would allow graduation and clinical practice. Due to this, the primary tasks of this stage are increasing both confidence and competence, both of which continue to develop in much the same ways as they did in the training stage, though with slightly more emphasis on the input of supervisors as opposed to colleagues. This slight change in support source appears to relate to increased

confidence to seek and receive feedback about performance from supervisors and to learn from error which has been developed through encouraging and formative relationships earlier on (or conversely, damaged through criticism and negative experience). The changes in personal belief systems that began within the training stage also furthered self-understandings (by virtue of increased understandings about differences from others) and as noted above, increase tolerance for error. There was also increasing recognition that professional development is likely to continue and not end at graduation and reflection on the student's own role in their learning (regardless of the quality of the clinical course).

Another key task within this stage is to develop a professional style or persona, a *professional identity*. This process had begun in the training phase, but becomes much more crucial in this later stage within the clinical program before becoming fully registered. This sense of personal style develops through experience of what types of therapy delivery works best for them as well as observation of other practitioners and how they differ. It is further developed through reflection, both individual and in conjunction with the supervisor (who, as noted above, are greatly appreciated when they encourage this development).

The development of the professional style also requires an understanding of how professional life fits with personal life. By the time they are ready to practice, participants generally reported that though they found themselves often using basic skills (such as listening techniques) during their private lives, they had drawn a boundary between their personal and professional lives. Despite this, all participants reported cross-over between professional and personal domains in terms of actual work (for example, writing reports in the evenings), use of basic interpersonal skills, and the

expectation from others that they “are” a psychologist all the time. This perception from others appears to be reflective of the frequently expressed sense from participants that they were born to the job and that it was a deeply intrinsic part of them.

Entering the workforce.

This stage of professional development (the transition from student life to academic training to supervised practice to becoming a registered practitioner and member of an organisation) carries with it an in-built reduction in support, specifically support from a supervisor in the form of clinical guidance and mentoring (and the need to develop collegial, supportive relations with others). Following graduation and full registration, newly registered psychologists are expected to enter the workforce and function *independently and autonomously* as they continue to develop their *professional identity* however they are nevertheless still developing and learning how to implement their newly found skills in the less supported environment of professional work.

This reduction in support can result in psychologists who are entering this phase revisiting processes seen in the training phase (in particular the re-development of confidence within autonomous practice). Depending on the individual’s subjective development at the point of graduation, this stage can be associated with either a sense of being underprepared or a sense of readiness. The major tasks in this stage, then are to develop an ability to practice autonomously while beginning to implement the professional persona developed especially during latter stages in training. As stated by P#42, a supervisor, and also student P#14:

There's a lot of confusion around what the job is about but I think once they are able to get on board that idea about what this job is, and what their role is, and that idea that they are actually a consultant it's one of the most important things. I think things like learning like the DSM and how to do assessments etc. you know what's required is very easy to do and you can study that stuff can't you? But actually being in the role of a psychologist, with that professional identity I think is a challenge and um, But it's all tied up with things like knowing what to do too but even how to do it as well. (P#42)

The more obviously exposure you get to different settings, the more developed you can become and so I want to do at least 2 or 3 years of that before I go into private practice. The money would be nice but you know, I expect to perform. So um so I'll probably go back to the hospital for a couple of years first and then go into private practice. [...] I just think that you need to get more experience working as part of a team. I think that it's quite dangerous to go into a sort of vacuum before you've really gone out there and developed your skills. (P#14)

There was a sense from both student and supervisor participants that this phase is necessary beyond the formal training phase by virtue of the fact that it isn't a training situation. While students have usually developed a good degree of basic clinical skills in placement experience, this has occurred in a supervised environment which is relatively sheltered, supported and structured in comparison to the realities of fully registered practice in which the complexity and difficulty of client presentation may not be controlled, workloads must be self-monitored and the level of debriefing and instructional support for difficult situations and clients may be variable. As a result,

graduation and entry into registered practice acts as an introduction to the “real world” which is a learning experience in itself.

The development of competent autonomous practice mirrors the development of initial confidence and competence in the earlier training stage, but in this stage requires the work experience of actually working in an autonomous situation. It should be noted that the level of support received in the workforce was dependent on individual situations with students aware that this could vary by observation of organisations they had experienced or via comparison with others. While some organisations did have a good level of support (via workplace supervision from senior clinicians and cohesive collegial teams which provided debrief and advisory functions) there was a distinct change in expectation that the new worker should be predominantly independently capable.

Professional.

The experience gained following entry into the workforce and the resulting increases in confidence to practice autonomously results in a sense of being a professional with a recognised level of competence and confidence. At this stage the practitioner learns to *practice confidently* and participants expressed less concern about competencies as they relate to client contact (although ongoing development and learning continues to be acknowledged and highly valued) and more concern about and focus on day to day life as a working practitioner. For example, organisational concerns such as organisational structure, workload, access to collegial supports, isolation, leave entitlements and other such matters and irritations or hassles (such as case notes or

Medicare forms) become more prominent aspects of people's accounts of their experience than were clinical interventions.

Only two participants had reached or were entering this stage of clinical practice and as a result the findings should be regarded as tentative. Both participants reflected a sense of mastery of their profession, not in the sense that they no longer had anything to learn, but in the sense that they were now comfortable in their role and position and the tasks that the job provided them. Rather than seeing themselves as novices, or just starting out, they would describe themselves as being "good" or "professional" psychologists with an understanding of their role and how they fit within the career.

Their attention was now less with learning the profession than with *creating their own career* by implementing their planned career path, which most often related to gaining experience in areas of interest in order to develop sufficient competencies to work in private practice – the ultimate in autonomous practice.

Experienced.

Though none of the participants in the student cohort had moved into the experienced phase, one participant, P#13, felt they were at a point of transition to something beyond being a good psychologist, but was unsure what that would be or how their career would progress past this point. The presence of this sense of transition indicates the presence of a level beyond the professional, though the influencing factors or changes that may be experienced are unable to be clarified in this study which was limited to people who were less than 5 years post registration.

The sense of transition into something beyond professional was not defined as a "crossroads" at which a career decision had to be made, but more an increased

awareness of the future and potentials that existed for movement into other areas or further training. As such, for this particular participant, this was a position at which choice and *longer term career planning* where the potential existed to navigate one's own path. By comparison, plans and career choices of participants early in the career were driven toward developing competency and experience in a range of roles in order to achieve experience and there was more of a sense of being on a defined (if not pre-determined) track toward experience.

From the minimal information achieved at this point, it is likely that this stage represents the most experienced practitioners engaged in planning the later stages of their career. At this point the practitioner has begun to embody the professional style and persona that they have been developing and have truly taken on the career as a role that they fill easily, and are assured of their own competency, (though recognise and value ongoing growth).

Discussion

Before discussing the results at length, it is prudent to make some reflexive notes about the data collection and analytic processes. While I have described above the care taken to reduce the impact of personal ideas, there were points at which I found my pre-existing views challenged prompting particular care with analysis. Throughout the interviews, I was aware of the potential for my responses to engage, encourage or discourage certain topics and attempted to keep my engagement with participants uniform. This was somewhat difficult at times, with issues such as telephone interviews creating difficulty. I also found it difficult to interview with genuine interest those participants who were less ‘like me’ in their attitudes and interests – that is, those who reported less identification with psychology as a part of them. This provided me some insight into those topics I was likely to favour and I ensured to deliberately search out conflicting information and critically review those I had a tendency to favour. I was pleased that any personal bias in this regard was not identified by my supervisory team. I also found myself surprised by a participant noting that the quality of classes was less important than experience. At the time there had been some angst in the University of Tasmania’s psychology department with regard to course quality and the general feel was that course quality was of great importance. On consulting my data iteratively this was supported.

I personally found the data analysis process a challenging one and engaged well with my data over time, having begun afresh on thematic categorisation multiple times due to having constructed category trees that had become cumbersome and no longer fit the data. Each time, I was forced to re-consult the data, re-examine the codes and consider how they fit. In particular, concepts of confidence, competence, supervision

and support proved difficult to fit into a program that required them to be “put” somewhere. Though I effectively linked the concepts, the decision to locate these codes within areas was a fraught one, and one which required extensive “playing” with the data until a satisfactory arrangement was found. The decisions I have made with where to locate these codes has been based on both an examination of the types of things participants spoke about them in relation to (the type of “thing” they are) as well as a general feel about the ease with which they could be explained in the respective code tree.

Coding also changed with input from other sources and as additional information or knowledge of the use of NVIVO was garnered, further analysis was available which then allowed a return to the data to interrogate other ideas. In one case a category (chance) was abandoned entirely since it proved impossible to pin down and seemed entirely divorced from the overall process until reading of a literature body provided a framework in which to view these discussions.

Overall, the development of the theoretical model from the data collected has felt like completing a Rubik’s cube: it has been frustrating, time consuming, required multiple restarts, involved false turns and mistakes. However once the correct pattern is located, the pieces fell into place.

What has this study contributed?

The current study contributes to current knowledge of psychologist development in three ways: contribution of a model for psychologist development; the integration of existing theory into the explanation of observed processes; supporting evidence for pre-existing theory.

The results of this project illustrate processes that are present in the development of psychologists with a focus on change over time and on factors which either enhance or hinder these changes. While previous works have developed useful descriptions of the types of changes that occur, this study adds an examination of the *processes* through which these changes occur. In particular, the present study clearly indicates the presence of temporal, social and organisational factors within this process.

Where previous research has tended to focus on the individual training process, by attending to contextual and change factors, the current research is able to integrate this process into an amalgamated model with links between varying applicable literatures. A model depicting key elements of these links and which provides a representation of the training processes for psychologists is presented in Figure 5 (see p. 177). While this model is presented as tentative and is based on qualitative data (and therefore requires caution with generalisation), using such a model allows a broader understanding of the processes operating in the specific development of psychologists and how various bodies of literature can interrelate.

It should also be noted that although this model has been developed in reference to psychologists specifically, it hypothesised that the findings would have applicability to professionals in similar helping professions (for example, doctors, social workers, police and other helping professionals). Professionals of this type could reasonably be expected to share similar challenges in their training and desires to help others, though this link requires explicit testing. Should future works confirm this, the current model has the potential to enhance understanding of general career development processes and the impact of these processes both on the personal and professional level.

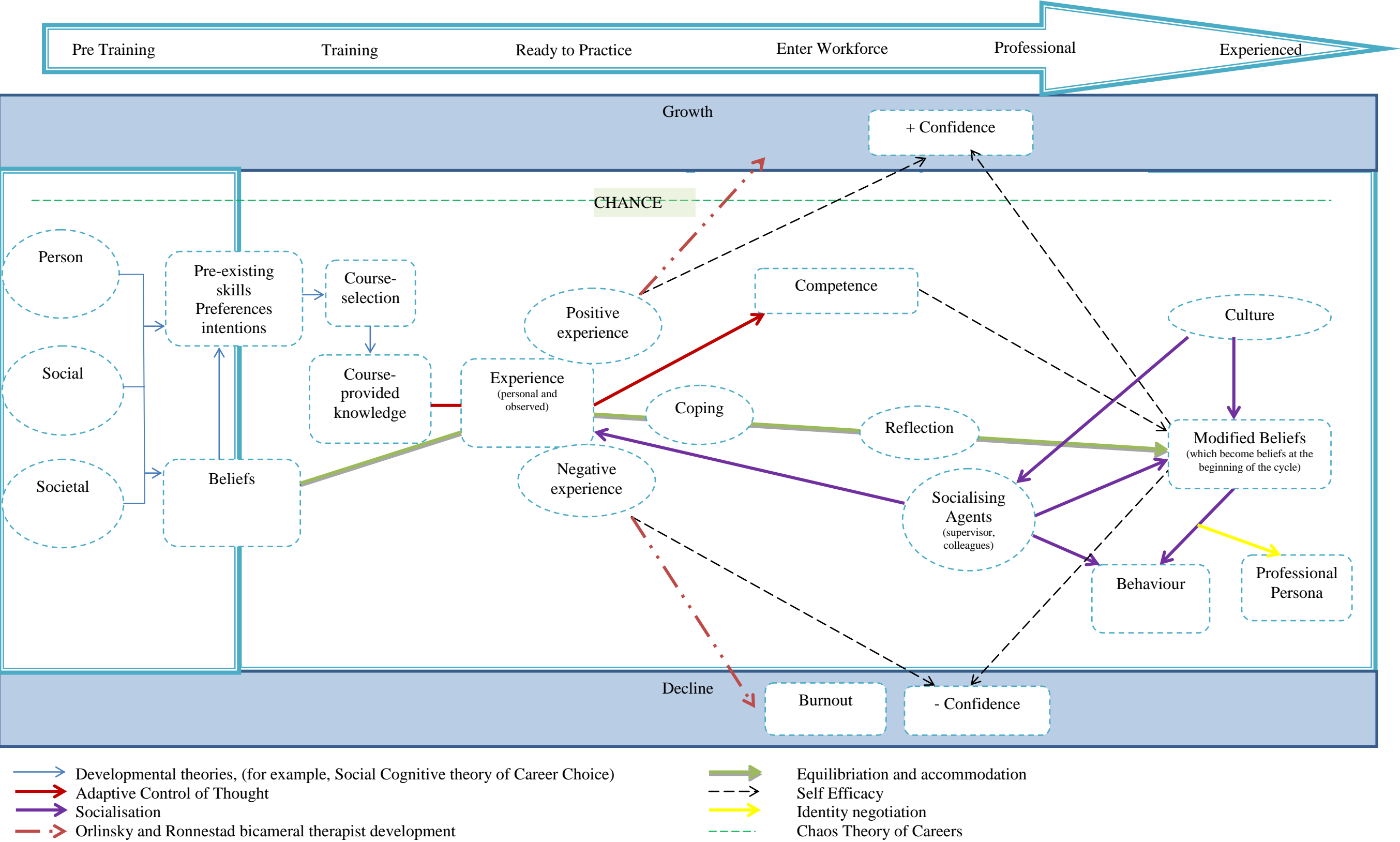


Figure 5. Overall theory integration model

Integration with and support for previous works

Theoretical approaches to understanding the current results were contributed to by pre-existing theoretical orientations and support and build on existing theory. The results of the present study builds on previous works (for example, Bischoff, 1997; Paris, et al., 2006; Ronnestad & Skovholt, 2001, 2003; Skovholt & Ronnestad, 1992) that suggested a developmental process. The current study also adds contextual factors in the developmental process and locates these within broader literatures. Parallels between the present work and earlier studies indicates the existence of a generic process at least for psychologists and other closely related professions such as counselling.

In particular, working through the themes generated within the data, recurrent themes became apparent and presented opportunities to both support and integrate existing theory in order to create a more cohesive theoretical model as presented in Figure 5.

1. There is an overall theme of change relating to the development of training psychologists. This can be demonstrated in a stage or phase model with developmental cycles between stages in which there is a brief return to earlier stage tasks within later stages.
2. There is a career choice factor present with indications that there are specific reasons that individuals chose a psychology career. These reasons are primarily philosophical in nature, being socially oriented, but also encompass certain personal experiences which generated interest in the field as well as more pragmatic, or intellectual aspects.

3. There are changes in personal beliefs and behaviour reported by participants as a result of their training. These occur through the training process and professional expectations, experience with others that contradicted existing beliefs and through greater understanding of self and others.
4. Confidence development is a major task. Its development is unstable and variable in early stages and develops as a function of experience (particularly observation and “hands on” experience) and is helped or hindered by social support experiences from supervisor, colleagues, and to a lesser degree friends and family and related to the perceived supportiveness and encouragement of those interactions. Competence by comparison developed more steadily and was a function of experience and feedback from supervisors and client outcomes.
5. A professional persona in which individuals adopt and personalise their role as a psychologist also develops through this process. This included making certain changes to the way in which they conducted and thought of themselves, for example changing social behaviours and thinking of themselves as a professional.

The following sections will review theories and models from the broader literature that assist in the explanation and conceptualisation of these factors.

Psychologist training as a developmental process.

Results were interpreted as indicating an overall model of change which appears to occur as a stage or phase model and that has indicators of potential developmental cycles in which there is a brief return to earlier stage tasks within later stages. The responses provided in the present study reflected similar developmental stages as those

seen in pre-existing studies of psychologists and related professionals supporting a stage model of psychologist development. However, whereas other models tended to describe four stages (for example: Ard, 1973; Grater, 1985; Hess, 1987; Hill, et al., 1981; Hogan, 1964; Stoltenberg & Delworth, 1987), this study identified six distinct stages or phases, some of which match with other phase or stage models. In addition, the current study focussed on the processes of the changes as opposed to the content of the change.

Though differing in the number of stages, the current study shares common themes of progression from very concrete basic direction through to exploration and expansion or integration of knowledge and skills under the guiding influence of a supervisor before finally reaching independence. Such a progression is also seen in earlier four stage models. These progressions are reflected by the current participants who began with high expectations (even demands) of what should be taught to them to render them competent, and had distinct worries about performance. Students then progressed through an exploration of error and the complexity of the job they are entering, and finally entered into independence and a professional identity. While the overall pattern of progression described by the current and previous studies are similar, the current research also identified a period immediately following graduation which was recognised as reintroducing many of the earlier fears indicating that the progression was not as linear as may be implied by more simplistic models and that some of the developmental tasks (such as confidence development) fluctuate throughout training.

A notable exception to the four stage approach adopted by many authors is the Ronnestad and Skovholt (2003) and Orlinsky and Ronnestad (2005) models which propose six phases and notably examined later professional life more closely than earlier models which focussed specifically on the training period. While there was minimal

information in the current study from individuals later in their careers, there were indications of at least one stage beyond the professional stage which was the maximum stage reached by this study's participants. In addition, the Orlinsky and Ronnestad and Ronnestad and Skovholt models are much more complex than earlier models in terms of the extent of their description, modelling and, as mentioned, their extension into later stages of careers beyond the end of training (for example, the expert therapist).

While the stage progressions in the current study were relatively clearly demarcated, thus supporting the notion of progress through stages, there were also some indications of cycles that are reflected in a transitory decrease in confidence as each new challenge (such as a new placement or a new career stage) is encountered and with each change of job or placement, the roles and expectations must be redefined and relearned. In particular, there was an acknowledgement that the period immediately following graduation (when formal supports were removed) was a particularly common point of return to earlier stages of uncertainty. This ongoing process of learning, cycling through developing confidence and competence each time a new environment or experience is encountered was valued by participants at all levels as being part of ongoing professional and personal learning.

In order to assist in explaining this beyond modelling that has been achieved to date, the current work applies knowledge from other fields to reach an explanation. The cycling through previous levels as described above appears reminiscent of the Social Cognitive Theory of Career Development (Lent et al., 1994, 2002) in which events can prompt re-evaluation of career self-efficacy and outcome expectancy and of Super's (1984) minicycling within developmental stages. From examination of these similarities a conclusion can be drawn that the development of psychologists fits with an iterative,

cyclical developmental process and can be included under this broad theoretical umbrella. This cyclical returning to previous stages is also reflective of Ronnestad and Skovholt's (2003) sixth theme of development which states that development can be erratic and characterised by "repeated cycles of enthusiasm/experienced hardship, self-doubt, anxiety, dejection, exploration/processing (new learning), and integration (mastery)" (Ronnestad & Skovholt, 2003, p. 32).

In addition to cycling through the stages, certain experiences, such as the experience of negative client outcomes during therapeutic work or conflict with supervisors, had either negative or positive impacts on students at various points, supporting the cycles of growth and depletion as posited by Orlinsky and Ronnestad's (2005) bicameral cyclical model (included in Figure 5, p. 177). Although this model is generally supported, there is a caveat that was generated in the current research: while "stressful involvements" (such as poor client outcomes) were certainly seen to create a sense of stress or *depletion* as defined by Orlinsky and Ronnestad, this was not necessarily a permanent effect. Participants of the current study recounted times when negative experiences initially created a sense of depletion, but later became a source of growth following reflection and modification of beliefs (included under the equilibration and accommodation pathway in Figure 5, see p. 177). For example, experiencing failure or negative feedback which initially led to doubts about capacity or desire to do the job, could be later re-interpreted as valuable learning experiences. This re-interpretation occurred via personal reflection but was assisted by various social supports including supervisors, colleagues and friends. Also, experiences which modified beliefs, such as expectations for client change, or a "rose coloured" view of the world, initially led to a sense of something akin to cynicism, but simultaneously were interpreted as allowing

the therapist to more “realistically” approach problems and reduce the frequency of experiencing disappointment when “unrealistic” expectations went unmet. Conversely it could be expected that while some experiences could produce an immediate sense of growth, they may later be re-interpreted as being depletive. While this was not discussed explicitly there were some indications of this in the expectation of being able to help others which initially brought a sense of pride and excitement in entering training, but which later became a source of frustration when the reality of often slow and small client change became apparent. In addition, one supervisor commented on a small section of students who were over rather than under confident and in these cases, the supervisor’s role was to attempt to induce a more accurate, lower confidence level. It is possible (though not directly stated by participants) that these students would initially experience their client interactions as successful and confidence building, but with further supervision and feedback identifying their overestimation of skill levels may come to re-view those experiences as being less satisfactory. Such re-interpretations appear to be prompted by additional experience which changes the way previous events are viewed, and also through the effects of supervision which encourages and augments this self-reflective process. As a result, it appears that various external, internal and temporal/developmental factors influence the effect of any given experience on either depletion or growth at any one time, rather than a particular experience having a set value as either growth or depletion producing.

The current results, which indicate the existence of an ongoing but occasionally recursive process of change and development, supports the inclusion of career developmental theories which envisage careers as being dynamic rather than a simple process of job selection and basic skills training into the conceptualisation of the

developmental trajectory of psychologists. At least for psychologists, there appears to be a distinct process by which individuals develop interests in a particular field,

- select the career,
- navigate their training,
- develop a professional identity and career path and
- navigate identities as a beginning practitioner through to becoming a self-reliant practitioner.

Because of this, the current research can be located within career development theory alongside works by researchers such as Ginzberg (1984) Lofquist and Dawis (1969) Super (1957, 1984) and Patton and McMahon (1999, 2006).

It should also be noted however that at least four participants referred to career choice changes which resulted in their pursuit of psychology. In addition there was a degree of attribution of the ‘discovery’ of psychology to chance, though it was clear that there were certain aspects of psychology which were highly appealing. It is important, then to acknowledge that the model of development of psychologists is located within a context of change and is one which is subject to changes and dynamism and therefore may hold for various extents of time and may be exited at any time as situations change for individuals.

Career selection.

There were specific reasons that individuals chose a psychology career. These reasons are primarily philosophical in nature, being socially oriented, but also encompass certain experiences which generated interest in the field as well as more pragmatic, or intellectual aspects. The motivations to pursue a career in psychology

given by participants are consistent with those found in previous research on helping professions. Murphy (1995) identified four key motivations for becoming a psychotherapist or social psychologist: professional altruism; vocational achievement and opportunity; personal growth and inquisitiveness; and personal problem resolution, and three influential past experiences: experiences of personal problems; troubled family experiences; and experiences of strong interpersonal alliances. These fit well with the accounts provided by current participants who primarily chose the career because of its helping orientation or because it was scientific or intellectually stimulating, but noted other benefits such as understanding themselves or others, gaining respect, desirable pay or flexibility. This degree of homogeneity can be interpreted as an indication that there is a broad group of interests that are common to people who select a career in psychology – or at least common to those considered suitable to be admitted into the degree. Even where participants had changed their original career choice, the original career tended to have similar values (for example, teaching, counselling or social work professions, medicine, or natural/physical sciences). The identification of a discrete subgroup of interest areas (such as helping others or intellectual stimulation) is consistent with the concept that there are types of interests and people that can be matched, seen in theories by researchers such as Holland (1985).

Given the indications that choice of career in psychology fits with a developmental focus, it is pertinent to ask how these interests occur and develop. If these interest similarities are taken as an indication of a shared personality type this implies an underlying stable and relatively fixed “nature” based explanation. However it is equally plausible that the interests have developed as a result of common experiences, or a combination of both.

The extract from Figure 5 (for full model see p. 177) shown in Figure 6 illustrates the role of early personal, social and societal contributions to the development of the types of attitudes and skills which inform the choice to pursue a course (and subsequently career) in psychology. The development of this section of the model was informed by a number of pre-existing theories as well as responses from participants in the current study who had reflected on their early experiences and how these had shaped them (such as family relationships or observing early role models in similar careers).

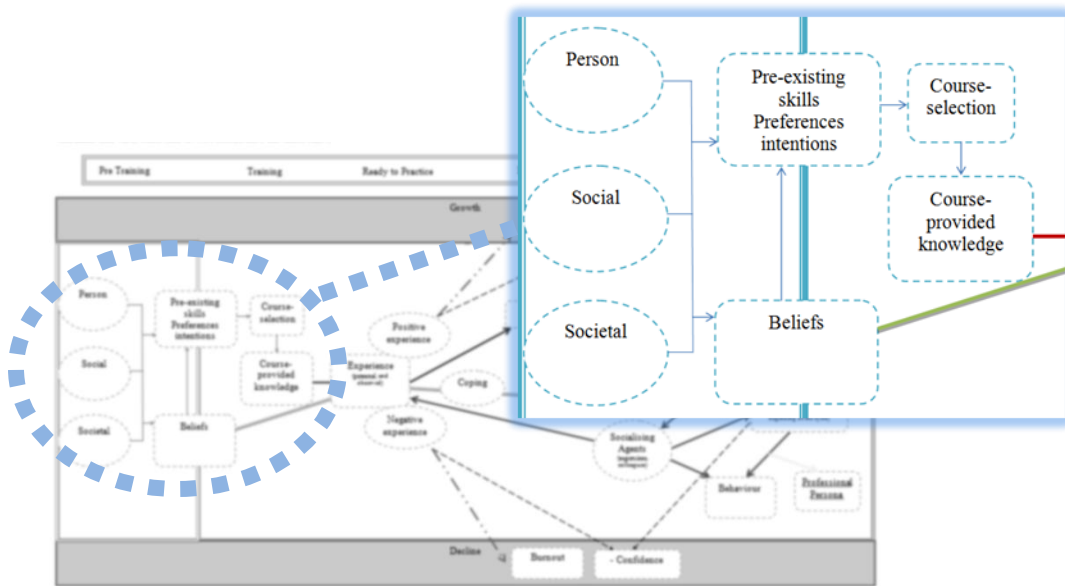


Figure 6. Extract from Figure 5 (see p. 177).

Influences on choice.

It is beyond the scope of this work to debate the contributions of genetics versus environmental influences on the development of vocational choice patterns, however the results presented do reflect the notion of triadic reciprocity which encompasses

personal factors (including genetic predispositions), the individual's own behaviour and environmental/social factors in the development process (Bandura, 1986). Given their proximity to the student during large amounts of time in childhood, parents and family friends constitute early and likely salient influences.

Some participants identified times in their history when the influences of their peers and family had affected the development of their interests either through encouragement to pursue goals, modelling of similar careers, or through behaviour that the participant was intrigued by or wanted to understand. For example, some participants spoke of interpersonal difficulties with parents, peers experience of mental illness or suicide among family and friends, and family members or friends receiving therapy. These experiences were not spoken of as being a key deciding factor in their decisions to become psychologists, rather, they were background factors (distal factors) shaping the way in which the individual viewed their situations, influencing the development of interests that later helped drive the selection of matching careers. These results also fit with the derivative Social Cognitive Theory of Career Choice (Lent et al., 1994) the Systems Theory of Career Development (Patton & McMahon, 1999, 2006), and Super (1984) which view the selection of careers as being the result of many years of formational experiences which contribute to the development of personal interests, skills and competencies and (ultimately) career choice. Similarly, Paton, Violanti, Burke and Gherke (2009) discuss how, in addition to be motivated by family connections with policing, being victimised (e.g., experiencing assault, serious road traffic accidents) motivated the decision to enter the police profession which could be reasonably expected to share links with psychology as a helping profession.

The effect of chance on career choice is one that sits better with the CTC literatures than it does with theories relating to fit (Bright & Pryor, 2005; Bright et al, 2005, 2009; Pryor & Bright, 2011). And as Pryor and Bright illustrate, even developmental theories and more postmodernist theorists (such as Savickas, 2010) who acknowledge the dynamic nature of careers nevertheless operate from a position of changing situations driving *choice*.

The current results point to a balance between structured choice and decision making in seeking out or continuing an education in psychology, based on interest and aptitude, and chance related factors which both contribute to background factors promoting these interests and aptitudes as well as in some cases prompting the discovery of the discipline at all.

Job, career or calling?

A selection of participants reported feeling strongly that they were “born for” the job and had either harboured an interest in this type of area since their youth, or felt it was perfect for them when they discovered it. While this can be interpreted as evidence for a certain “type” of person, the notion that the job was “meant for” the individual is also reminiscent of Wrzesniewski, McCauley, Rozin and Schwartz’s (1997) distinction between an occupation being a job, a career, or a calling. Those for whom their occupation is a job are employed for the material benefit that a job gives (such as an income, but also any other associated “perks” that help fulfil the more meaningful areas of their life outside their occupation). Those for whom their occupation is a career are more focussed on the potential for achievement that is present in their occupation and invest meaning in advancement to higher levels and increasing status and power within a

profession. Those whose employment is a calling “find that their work is inseparable from their life. A person with a calling works not for financial gain or career advancement, but instead for the fulfilment that doing the work brings to the individual” (Wrzesniewski et al., 1997, p. 22).

Essentially this question for participants came down to the Intelligent careers Approach (Arthur, 2010; DeFillippi et al., 2006) question of knowing why we work, self knowledge of the motivations, identities and interests of the students which prompted the choice. For the most part, participants in this study clearly did not relate to psychology as a job. Even P#15, for whom one key reason for entering the degree was the flexible nature of the job, also enjoyed and felt fulfilled by the variety and helping nature of the work and had experience in other helping fields suggesting that although psychology was selected for some practical reasons, it was one of a number of helping professions which would have been acceptable. The concept that pay might be a primary factor in the selection of psychology as a career was strenuously objected to by at least one participant, and one supervisor noted that they could make much more money if they did not teach students but they continued to teach because of the enjoyment of being involved with student development. When material benefit was mentioned it was generally in passing or as an added perk on top of the generally considered more important motivation of helping people. There were some indications of career aspirations in comments regarding the status and respectability of the career as opposed to material reasons.

Multiple participants discussed their career progressions and their plans for their career and how they plan to achieve this, for example, working in various clinics until enough experience is gathered to start a private practice, or considering the next career

move after a good degree of proficiency has been gained. However these were not generally the sole reason for entering the profession. There were more frequent indicators of the profession operating as a calling with multiple individuals indicating their choice was based on interests, skills and passions in the area and an apparently innate drive to be, or sense of being “born to be” a psychologist.

Having a sense of calling to psychology can be expected to increase the sense of meaning and satisfaction with the work as well as the level of correspondence between the job and individual. Indeed, some researchers have focussed on increasing the sense of calling in order to improve these outcomes (Dik, Duffy, & Eldridge, 2009). Part of the approach to increase a sense of calling involved identifying ways in which the work assists others (something which psychology is inherently geared toward) and identifying ways in which the individual’s desires are being met by the work (something that should be readily achievable for students who have pursued the career for some time and are nearing the end of their training).

The calling concept also intersects with Super’s (1984) conceptualisation of the career as a form of self-concept implementation and the identity construction theory of career development (Savickas 2005, 2009, 2010; Savickas et al., 2009). These theoretical orientations would propose that in selecting and making decisions about career progression, an individual expresses his or her self. The more meaningful it is personally, and the closer a decision fits with the concept of self and understanding of the environment, the greater the sense of having some purpose in that role and establishing a sense of wellbeing. Many participants commented on the ability of their chosen career to make a difference, or contribute something worthwhile. In addition the identity construction theory of career development in particular reflects well the

changing notions of what the role is as individuals come to experience the job, as well as the variety of approaches to the career. This would reflect reworking of the narrative of each individual's career as their understanding of themselves and the role of a psychologist changes over time. The decisions they make accordingly then develop their career trajectory as was seen in changes in interests of specialisation and participants looking forward to medium-longer term career plans.

Finding a sense of meaningfulness and coherence in events that are challenging also increases the likelihood of resilience and growth (Antonovsky, 1990; Carver & Antoni, 2004; Park & Folkman, 1997; Paton & Burke, 2007; Paton et al., 2008). Resilience and growth are both considered to be potential positive outcomes from challenging, sometimes traumatic situations. Where resilience indicates continued functioning at the same level despite a challenge (i.e. maintenance of status quo), growth indicates a level of adaptive change following challenge (i.e. improvement in functioning, though not necessarily without distress). A diagrammatic representation of the potential outcomes from a challenging event is presented in Figure 7 and is adapted from the organismic valuing theory of growth (Joseph & Linley, 2005).

According to this theory, an event (which may or may not be classified as traumatic) has the potential to disrupt pre-existing schema (or beliefs about the world, self and others) by virtue of the level of discrepancy between the expectations based on those schema and the observed reality of the event. If there is a large discrepancy, growth may occur if attempts to make meaning of the event results in adaptive changes to schema which serve the individual better in making sense of the world around them. Maladaptive changes may result in pathology (such as depression or anxiety). If,

however, the schema can easily accommodate the event, there is minimal disruption and resilience is demonstrated.

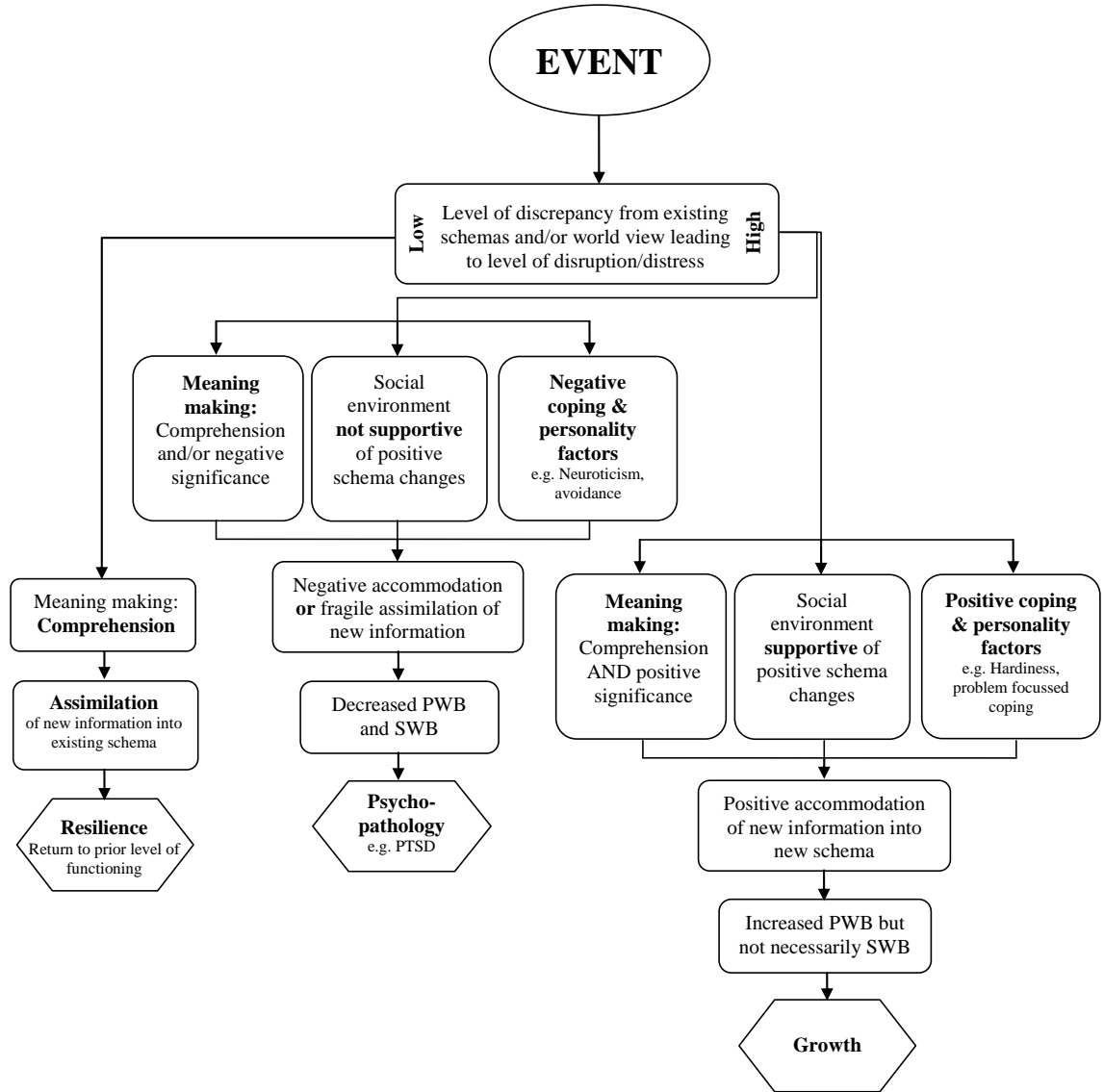


Figure 7. Organismic valuing and growth Model, adapted from Joseph and Linley (2005)

The effect of finding applicable meaning after encountering a challenging situation was demonstrated by participants who were able to reduce the negative impact of difficult client interactions by later interpreting them as learning experiences. However despite the experience of meaningfulness, there remained a degree of anxiety and stress, particularly for participants who were closely invested in their career. This stress appeared to relate to a perceived threat to the sense that they were in the right career as they began to learn formal therapy skills: finding out that one's skills are acceptable was seen as a relief and validation that one's own assessment of interest and skill orientation was in fact correct. For these participants it was not enough to be working toward a job one felt called to, it was important to know that they could actually fulfil the calling.

This level of anxiety may be partially explained using career-choice self-efficacy theory proposed under Holland's (1985) RIASEC model which also predicted that career choice self-efficacy and career choice certainty should be higher if there is congruence between the chosen occupation and the individual's RIASEC orientation. Many of the participants in the current study had expressed values and skills that ostensibly matched the psychology profession well and should therefore be expected to feel more certain about their choice. The presence of ongoing anxiety in the face of this apparent congruence may be because although participants report *believing* they have suitable characteristics (for example, having been a typically helpful person with friends) they are not yet convinced that this belief is accurate as evidenced by worries about performance. Assistance in matching and selecting careers (such as provision of external feedback about suitability and matching) has been shown to increase both career choice self-efficacy and career certainty – i.e. a better sense of “this is the right

job for me” (Tracey, 2008). The clinical training program as a whole can be seen as providing a suitability assessment function in that successfully progressing through the program provides feedback about suitability to perform clinical skills. Until students receive feedback of suitability (via positive experiences on placement, passing units and graduating) students have limited external information on which to base their choice certainty, resulting in the reported worries.

However, the results are not as simple as experience creating confidence in career choice. Earl and Bright (2004) found placement experience *quality* rather than quantity helped determine computer science and engineering students’ career decision statuses (their “level of decidedness and comfort with their career decisions” p. 15) . Further, research by Earl and Bright (2007) and Earl, Minbashian, Sukijjakhamin and Bright (2011) suggests that work experience does not necessarily result in being more decided and that being decided does not lead to better work outcomes. For the participants in this study, experiences on placement sits somewhere between these two opposing viewpoints, providing both practical teaching opportunities to develop competence as well as creating an opportunity to assure themselves that they had made the right decision.

Career choice and development may also be seen through the lens of the intelligent careers approach (Arthur, 2010; DeFillippi et al., 2006) of the three ways of knowing (knowing why, knowing how and knowing who). Students come to the psychology career with values, interests and experiences (knowing why) as well as pre-existing lay-skills in helping friends or clients in other contexts (knowing how). Through entering the course, further development of skills (knowing how) are developed through experiences with clients and supervisors (knowing who) which help shape and

change the interests of the individual (knowing why) which continues to drive engagement in certain specialties (knowing how). The knowing why reasons match well with the reasons for doing psychology espoused by the participants. These reasons match with values and goals the individuals hold dear and are seeking in a career. The reasons given by participants also dovetail with the rewards of psychotherapy work that are listed by Norcross and Guy (2007): Satisfaction of helping, membership in the client's world, freedom and independence, variety of experiences, intellectual stimulation, emotional growth and reinforcement for personality qualities. In a similar fashion to the way participants described the impact on their own personal lives, Norcross and Guy also list benefits away from the office of: better interpersonal relationships, better personal effectiveness, having life meaning, public recognition, employment and opportunities. These contrast with this study's identification of intrinsic interest (intellectually stimulating, challenging, interesting work), altruism (helping others, hearing other's stories, giving back to clients), some concrete benefits (good pay, recognition, flexibility and good job prospects) and the crossover between the individual and the profession with skills being used in day to day life. This theory is supported by the results of the current study from participants reporting a sense of increased understanding of themselves and increasing comfort with their own skill levels (or lack thereof) and developmental/learning process. These results also echo those found by Earl and Bright (2007) who found that career decidedness was less predictive of positive work outcomes than was comfort with career decisions and knowledge of self (which they also refer to as self insight). Together, these results indicate an importance of experience in contributing to a comfort in the 'fit' of psychology to the individual, but

also highlight that this is not the only driver of career outcomes, with a number of other factors (competence and the social environment also contributing).

Confidence.

Confidence development was found to be a primary developmental factor which was found to be unstable and occur as a function of both experience and time and was helped or hindered by certain social support experiences. Developing confidence was a major undertaking for participants in this study during their training. The identified pervasiveness of this task was supportive of findings of Bischoff (1997) who also identified confidence in clinical ability, effectiveness and boundaries as being a key developmental task.

Initially, many participants found they lacked confidence in their ability and felt anxious about their performances. Increasing experience with clients (particularly positive experience), supportive supervision and acceptance of mistakes dramatically helped participants develop their early confidence levels. This early confidence translated into a greater capacity to develop competence via engagement with supervision and learning from errors which, in turn, improved confidence over the longer term.

The extract from Figure 5 (for full model see p. 177) shown in Figure 8 illustrates the role of the relationship between experience, personal beliefs and supports on the development or reduction in confidence. The identified factors which assisted or conversely impaired the development of confidence integrated well with a number of theories which were able to be integrated in this model.

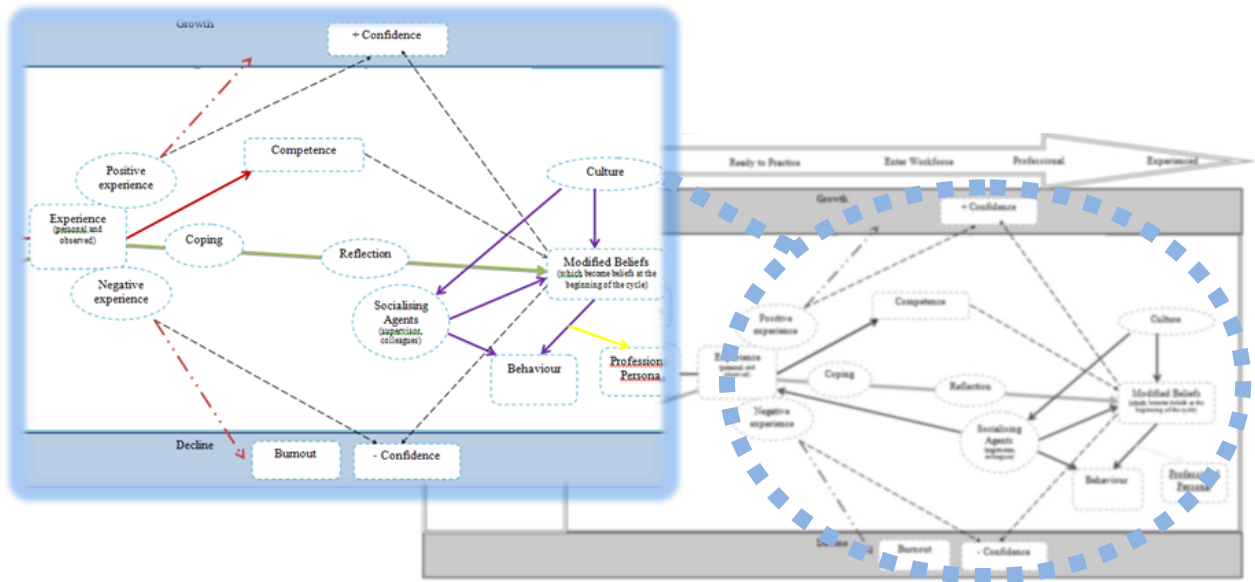


Figure 8. Extract from Figure 5 (see p. 177).

Self-efficacy.

Self-efficacy (Bandura, 1994) can be seen as the confidence that one has “what it takes” to do the job – in this case perform as a psychologist. Participants in the current study spoke about many of the theorised sources of self-efficacy. Experience (mastery experiences) was important not only for the development of clinical skills/competencies, but for development of confidence/self-efficacy. Participants felt more confident following perceived successes, and less confident following perceived failures, particularly early on (when it can be presumed there have been fewer chances to experience success and therefore likely lower self-efficacy).

There was also a sense that, as predicted by self-efficacy theory, continuing through episodes of failure eventually led to increased or more stable confidence, a sense that “I can cope if things do go wrong”. Further in accordance with this theory, participants spoke of vicarious experience where observations of colleagues and supervisors provided a sense that other practitioners felt a similar way and that there was some hope that the student themselves would, in turn, achieve more competency.

Persuasion was also important with feedback and encouragement being highly appreciated, particularly where it was realistic and reframed negative experiences as being acceptable (thereby reducing the dissonance between the statements of belief in the student’s ability and the student’s experiences of failure). There was also a clear effect for negative persuasion (seen here as criticism) which can be conceptualised as a form of feedback but which was detrimental to confidence and was extremely difficult to work against as would be suggested by this theory.

There was minimal indication of participants using internal references. It is possible that the participants simply weren’t aware of this or, as it was not specifically requested, may not have been considered relevant. Certainly students were aware of their own physical reactions to stress and many commented on the effects of the stress they were under and the ways in which they manage this stress. Despite this awareness, there were minimal links between this and interpretations of capability and confidence explicitly expressed. Only one participant directly related their own internal state to their sense of self-efficacy specifically relating to their therapeutic skills, commenting that when they felt good about themselves generally, they were more confident in their practice. It is possible that as students progress in their training, changes in self-awareness may result in this factor becoming more apparent. Certainly awareness of

countertransference (which involves a therapist having an awareness of one's own reactions and how they impact on therapy) is encouraged in practitioners and could theoretically influence one's confidence in dealing with clients who evoke more or less personal reactions, though this was not shown in this study. Given the lack of explicit reference to these factors it is likely that any presence of these factors is likely to be an implicit, almost unconscious process involving evaluation and meaning making of experiences, both internal and external. These interpretations help construct understanding of the events and hence development and can be seen, for example, in shifting understandings of the meaning of errors from failure to learning experiences.

Self-efficacy can also be seen as a way of conceptualising performance expectations (i.e. expecting to be efficacious). According to self-efficacy theory (Bandura, 1994), favourable outcome expectations (i.e. believing goals can be achieved – in this case, to help others) increase the likelihood of initiating or continuing an activity. The inverse of this situation (expected failure to fulfil these goals) would be likely to reduce engagement in and continuation of an activity. In the current study expectations for failure (often driven by experience of poor outcomes or lack of experience) resulted in a reduced sense of capacity or willingness to engage in experiences offered on placement. Criticism further exacerbated this avoidance of situations of predicted failure which resulted in a reduction in opportunities to experience success and consequent confidence.

This negative cycle is reflective of the depletion cycle presented by Orlinsky and Ronnestad (2005), whereas the opposite effect – the development of self-efficacy through positive experiences – is reflective of the growth cycle. The concept of burnout in helping professionals also theorises causal factors as including unmet expectations

about the effect of interventions on clients and the tendency to avoid expected failure compares to burnout “symptoms” of not wanting to become involved in work more than is necessary and a sense of reduced accomplishment of worthwhile goals (Maslach, 2003).

The confidence development process also intersects with the empowerment construct. While generally participants selected the career based on finding the perceived work meaningful and matching with their values, much of their concern appears to focus on various aspects of empowerment or lack thereof. For example, students felt ineffectual (competence) in providing therapy either because they lacked experience or felt they had not been provided the tools to do so. Some students commented on perceived forced changes in behaviour as well as supervisor or placement imposed restrictions on their selection of therapy (choice). Others were confronted by clients with whom they felt interventions (regardless of competence in delivery) made little difference (impact).

Confidence, then, can be seen as a process whereby experience contributes to self-efficacy, which itself influences opportunities for experience and results in the creation of varying levels of empowerment.

Competence.

By comparison with the development of confidence, competence developed more steadily and was primarily a function of experience over time and feedback.

As can be seen from the previous discussion regarding confidence, part of the construction of confidence involves an estimation of how well one can perform (that is, how much skill one has) or, in the terms of the intelligent careers approach, knowing

how we work (Arthur, 2010; DeFillippi et al., 2006). By extension as competence increases there is a greater capacity to increase in confidence (albeit with varying levels of accuracy). The results of the current study identified key drivers of a sense of competence as being experience, supervision, observation, and feedback. In addition there was a sense of feeling underprepared for placement indicating a contribution from pre-placement education/training.

Here it is important to note that in the current study, indicators of competence were primarily based on self-report which reduces the distinction between confidence in ability and competence itself. However there is also support for the conclusions from the comparable observations of two supervisors.

The extract from Figure 5 (for full model see p. 177) shown in Figure 9 illustrates the role of the relationship between the clinical course, experience and socialising and educating influence of peers and supervisors, personal beliefs and supports on the development of competence.

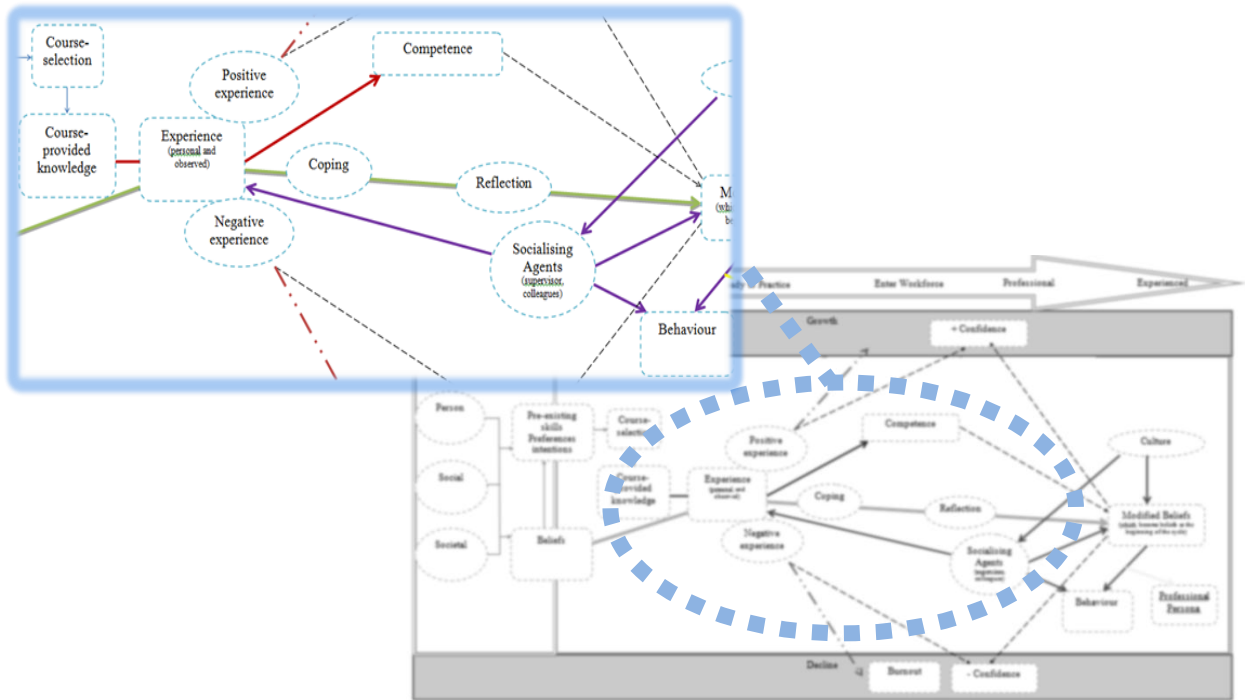


Figure 9. Extract from Figure 5 (see p. 177).

Clinical course.

The first exposure to training as a clinical psychologist is the beginning of the clinical course where students are provided an initial foray into the theories and techniques they will later use. Many of the participants in this study reported feeling underprepared by the course and many were highly critical of what was seen as a failure of the course to adequately equip them with clinical skills. Some participants later acknowledged that the importance of course quality was relatively minor in comparison to subsequent experience with placements and supervisors.

There were lots of things wrong with our course, but I think looking back now, the, what the, how good the course is and how good you know maybe one, one seminar is over another one or one teacher over another one at uni, I think

looking back now, that is less important than how good the placements are.

(P#110)

Some participants identified that their expectations for the course changed or that they became more aware of how the course had laid foundations for their learning in placements.

Like me expecting, “oh well I’ll just roll up and people will teach me how to be a psychologist, I won’t do any work”, you know. And then going, “oh well, you know I need to take responsibility for this”. (P#18)

Now I can probably recognise the base that the undergrad training has provided, um, it’s certainly given you the things to extrapolate from. (P#F19)

Regardless of the reasons for it, the general feeling that the provision of basic information was lacking resulted in increased anxiety about prospective performance based on perceptions about what was taught and how. Despite this, students later identified that this preparation was less important than placement experiences, a view supported by results from Scott, Pachana and Sofronoff (2011) which indicated the best parts of the clinical course were rated as experience, staff, and placement, while coursework was rated much lower with student preference being for more practical, role modelling care example as reviews being preferred as teaching aids.

The clinical course can be seen as the mechanism for delivery of declarative knowledge as described by Anderson (1983). Declarative knowledge theoretically provides the basic “cook-book” clinical and therapeutic information which is later to be proceduralised via practice in placements. Certainly if there was limited declarative information available to participants, it would be difficult to translate this into sound

procedural sets (that is, it is difficult to competently perform skills which have not been introduced).

While the quality of information presented may be one mechanism by which the clinical course may influence competency, the way in which the information is presented may also be a factor in how well or easily declarative information may be converted to procedural sets. Certain comments from participants in this study indicated that concerns existed with the breadth of information covered and with the use of self-directed learning and student presentations. These types of comments seemed to indicate, at least in the early stages of learning, a desire for a more didactic style of teaching. Students appeared to want to be provided specific instruction, rather than to discover it for themselves or focus on broad theoretical contexts. A similar finding was reported by Smits et al. (2003) who found that while Problem Based Learning (PBL) resulted in slightly better educational outcomes for medical students than a mixed but predominately didactic style, students reported being less satisfied with their experience of the PBL style which involved self-directed investigation of concepts in relation to a simulated problem. Given their research design, Smits et al. could only speculate on the reason for this, and suggested that their result may have been the result of a lack of familiarity with this style. However, responses from the present study gave some indication that participants perceived this as a lack of investment in their education and lecturers' inadequate planning and preparation. This attribution is likely to be the result of a range of interpretational factors – for example at this stage in education there is an increase in financial investment which is likely to increase expectations of “value for money”, while self-directed learning requires dealing with uncertainty and using initiative which may create more discomfort. Unfortunately these processes are not

widely spoken about, likely because they are not easily observed by the individuals themselves.

These negative perceptions about experienced teaching styles and desire for didactic teaching would fit with developmental models such as Stoltenberg and Delworth's (1987) concept of autonomy development which involves a progression from heavy reliance of students on teachers and supervisors before becoming self-reliant in later stages, optimally after having learned the skills to manage this transition under tutelage. It could be expected that self-directed learning might be more accepted in these later stages and this was supported by comments from more advanced participants and supervisors who spoke of teaching quality as being less critical with increasing experience and were more comfortable (or even enjoyed) relying on their own self-directed learning as opposed to being given specific direction.

It should also be noted that training delivered in educational settings is not delivered in a cultural vacuum. Rather, students accumulate knowledge in the context of an educational institution with a culture that is taught implicitly alongside the explicitly provided declarative knowledge. These implicit cultural understandings contribute to the social construction of knowledge. It is the schemas that are developed through this training, both via the declarative knowledge taught and the cultural understanding implicitly taught which influence the way in which future events are responded to. The cultural atmosphere in which learning takes place and the effect of this will be further discussed in following sections (see p. 231).

Experience.

The role of experience was central to many of the processes described throughout this work to such an extent that its ubiquity lends it to being overlooked. Despite its location in the competence section, it is also important to note participants' comments on the effect of experience on confidence. Current data suggests that experiences of varying qualities (negative, or positive) could contribute to both competence as well as a sense that the individual had selected the right profession as per career choice certainty. This was somewhat dependent on experience type, with the potential for negative experiences to damage this sense of fit – though this was not fatal to career choice. The impacts of experience can, in addition to discussions on competency, therefore be linked with discussions relating to career selection, and confidence. Experience was particularly critical to the development of competence (hence its inclusion in the current section). Participants identified opportunities for practicing skills and trialling techniques in real life situations (preferably in increasing difficulty/complexity) to find out what works in therapeutic practice (and what doesn't) as being critically important for their development of competence.

According to Anderson's (1983) Adaptive Control of Thought (ACT) model, in the cognitive stage rules and instructions are explicitly thought about and while the information/skill may be present, its execution is often lacking in finesse. During the associative stage, the rules are practiced extensively and consistently before reaching the autonomous stage, in which the implementation of these rules is automatic. In the context of the current study, this may be compared to the initial thinking about the components and recommended delivery of a selected therapy, the practicing of

delivering this therapy in a highly structured and often self-conscious manner before finally being able to implement the therapy framework effortlessly into a therapeutic session. The ACT framework lends itself well to the responses provided by current participants (who reported requiring extensive practice and periods of clumsy performance before becoming proficient) and it is therefore incorporated in Figure 5 (see p. 177).

Secondly, the experience process provides an opportunity to observe firsthand what interventions work and which don't in situations that are inevitably more complex and "messy" than simplified classroom examples. Gaining an appreciation for the complexity of real life was seen by the supervisors as being one of the important lessons for students to learn. One way to consider the process by which this occurs is Experiential Learning Theory (ELT) which defines learning as "the process whereby knowledge is created through the transformation of experience. Knowledge results from the combination of grasping experience and transforming it" (Kolb, 1984, p. 41).

According to the ELT theory (Kolb, 1984), the learning process occurs via two dialectically related methods of *understanding* experience and two dialectically related methods of *transforming* experience. Ideally all modes are utilised cyclically in a process of *experiencing* (concrete experience), *thinking* (abstract conceptualisation), *reflecting* (reflective observation) and *acting* (active experimentation). Essentially, concrete experience (such as attempting therapy with a client) provides material from which observations ("this went ok/not ok") and reflections ("perhaps my wording was clumsy, I was nervous") may be made. From these observations and reflections, abstract concepts can be generated ("clarity is needed to convey this concept with a client: I might practice") which are then actively tested in the next session providing more

concrete experience, and so on. In this sense, ELT can be compared to the scientific method of hypothesis testing and thesis/antithesis generation. Both these theoretical approaches explain the way in which experience develops competence (via gathering evidence) and also the means by which both positive experiences and negative experiences may provide competence development (by virtue of any outcome constituting valuable information), even without direct correction provided by supervisors as discussed by participants. This theory explains well the reported loop of experience and reflection developing competence: reflecting on how one performed, either poorly or well, provided a chance to develop further skills.

Experience (or at least types of experience) was also expressed to a certain degree as being a function of luck, or fortune. According to CTC (Bright & Pryor, 2005; Bright et al., 2005, 2009; Pryor & Bright, 2011), factors of chance, or chaos provide an ever changing context within which individuals respond. The current study bore this out to a certain degree with participants commenting on their luck (or lack thereof) in gaining things such as supportive and educative placements and supervision which provided very different experiences and outcomes. The timing of these experiences also appeared to be influenced to a degree by chance resulting in outcomes which varied considerably. Chance, then, played alongside deliberate pursuit of topics of interest and provided variation in the experiences and exposures gained by participants.

Supervision.

Supervision is included in Figure 5 (see p. 177) both as an experience (for example, the experience of supportive supervisors versus the experience of criticism) and also as a socialisation source and was seen as crucial for the development of

competency. Other research supports the finding of supervision and collegial support being of importance to practicing clinicians in related fields. For example, Savic-Jabrow (2010) found counsellors in private practice received support from “a variety of sources, including supervision overwhelmingly), self-reflection, from other colleagues, and from personal therapy” (p. 231). In their review of supervisory best practice for clinical psychology trainees, O’Donovan, Halford and Walters (2011) acknowledge the vitality of quality supervision to the training process, noting that supervisors are responsible for ensuring quality interventions for clients, for supporting and enhancing the student’s wellbeing and for developing clinical competence and self evaluation in the student. The relationship between supervisor and student was concluded to have a critical impact on supervision effectiveness and that “the extent to which the supervisor is perceived by the supervisee as empathetic and supportive is associated with supervisee satisfaction” (O’Donovan et al., 2011, p.106). The importance of support in professional development was also identified in works by researchers such as Carless, Robertson, Willy, Hart and Chea (2012) who found that experience variety as well as task significance predicted professional development with additional variance being predicted by supervisor characteristics.

The supervisors who participated seemed to also view their role with respect, and reflected on their potential impact on students. While supervisors were identified as the key source of advice and observational support, colleagues also perform as role and behavioural models (particularly experienced colleagues). Input from social sources has been acknowledged as being important for general learning and development, for example Social Learning Theory (Bandura, 1977).

According to this theory, modelled behaviour from proximal sources (that is, sources where high levels of contact mean behaviour is observed more frequently), which involve behaviour that is *anticipated* to bring about desired effects (though the effects need not be witnessed) is most likely to be replicated. This appears to resemble most closely the opportunities for observation of supervisors in practice which were valued highly by the current participants. This may also explain the apparent relevance of the supervisor's experience and competence (as perceived by the student) which was identified by students, implying that when supervisors are perceived as knowledgeable and successful there is an increased expectation that their prescribed and observed behaviours are more likely to lead to success, and therefore more likely to be modelled by the observing student.

Supervisors also optimally act as a protector, gatekeeper or guide who would assist and manage cases so that students were (preferably) not given cases that were overwhelmingly complex or difficult. This was perceived as a safety net that helped students overcome anxieties via reassurance that that they will not be given cases that are too difficult and that the supervisor has confidence in their ability to manage that case. In some cases participants expressed this trust in this safety net as something that helped them manage their worries enough to allow them to engage in new tasks.

In this vein Blocher (1983) described a number of developmental dynamics which the supervisor has influence over. First, the supervisor is able to manage and select the (hopefully optimal) amount of challenge the supervisee is exposed to, selecting the number and difficulty of client presentations that will optimally extend the supervisee's skills and coping mechanisms in order for them to learn new skills. Second, the supervisor has a role in monitoring and reflecting to the student their level

of involvement in client outcomes and helping the student understand client outcomes in a clinically meaningful way. Third, the supervisor plays a role of support, providing an environment in which the stresses of learning therapeutic skills may be aired, including potential for group supervision where the experiences of others can increase support. Structure from the supervisor in provision of guidance and in the allocation of particular clients guides and assists the supervisee in ordering their learning and progressing it in a maximally useful way, such as through learning goals. Provision of feedback assists the supervisee to understand and improve on their own performance outcomes which occurs both via reflection of the supervisor's observations, and also by encouraging and assisting the supervisee to develop an ability to self-monitor in this way. The supervisor may also assist with innovation by creating a safe atmosphere in which the supervisee is able to try new skills and approaches and may assist with integration of new information and developing skills into existing skills and theory.

Following a review of supervisory influences and models, Milne (2009) concludes that the essential tasks of supervision are:

Conducting of an educational needs assessment, leading to the collaborative specification of the learning contract; the facilitation of the supervisee's learning, through the application of different educational methods; and finally the use of evaluation in order to monitor and optimally direct this development cycle.

Therefore, it is proposed that supervision is basically a problem-solving cycle, one that pivots around the supervisor and supervisee, nested in the alliance and which occurs within an organisational context (the workplace environment, with the power to influence that interaction profoundly). (pp. 95-96)

According to Milne (2009), “most accounts of what matters in clinical supervision place the quality of the supervisory relationship at its very heart.” (p. 76). This importance is reflected in assessments of supervisory qualities such as those by Palomo, Beinart and Cooper (2010) who identify six components of the supervisory relationship, three of which are facilitative (Safe Base, Commitment, and Structure) with the remaining three being educative (Role Model, Reflective Education and Formative Feedback). It is interesting to note that the responses provided by participants in the current study support these components, in particular the importance of a safe supervisory atmosphere and caution in delivering negative feedback which was seen as educative in general but potentially negative when perceived as criticism. Milne (2009) concluded that, “evidence to support the assumption [that a good supervisory relationship is at the heart of supervisory quality] is surprisingly wanting” (p. 93). Providing some evidence to address this gap, and supporting existing evidence produced by Palomo et al. (2010), the current study’s results indicating that students experiences (and some indication that supervisors’ observations thereof) of supervision and practice competency development within supervision improved when these positive supervisory relationship factors were present provides support for this perspective.

Elements of all these facets of supervision are evident in the responses provided by the current participants as being important. In particular a sense of safety, particularly one free from excess criticism was seen by participants as important for the student to be able to extend themselves and develop new skills and develop their own style. It is of note that development of supervisory competencies have been increasingly regulated and codified. The Psychology Board of Australia regulates both supervisors

and the training of supervisors (Psychology Board of Australia, 2013). The general guidelines for supervisors indicate a required proficiency in

1. knowledge and understanding of the profession
2. knowledge of and skills in effective supervision practices
3. knowledge of and ability to develop and manage the supervisory alliance
4. ability to assess the psychological competencies of the supervisee
5. capacity to evaluate the supervisory process
6. awareness of and attention to the diversity of client groups, and
7. ability to address the legal and ethical considerations related to the professional practice of psychology. (Psychology Board of Australia, 2013, p. 2)

The inclusion of aspects relating to the supervisory alliance, general competencies in the profession and skills in teaching and evaluation of competencies is supported by results of this study which suggest that perceived expertise, the relationship and provision of adequate teaching (by way of observation, feedback and direct instruction amongst others) are important for students' development.

Feedback.

Feedback (which primarily consisted of performance evaluations from supervisors, but which also included self-evaluations, comments from others and client responses) was seen as being helpful by participants particularly where it was positive. Feedback provided information upon which students were able to more accurately estimate the quality of their performance (a cognitive change process discussed further in the section on debiasing, see p. 216). There was a clear distinction between feedback

about poor performance and the experience of criticism. Concerns held by participants about the experience of criticism were not due to the inherent negative performance evaluation: Negative feedback was acknowledged as necessary (though distasteful given the general drive to perform well). In contrast, criticism was seen as being damaging and unnecessary.

Participants' comments about negative feedback and criticism were hard to delineate clearly, particularly because the word "criticism" was used in both contexts. Feedback about poor performance was confronting and therefore unpleasant, but did not necessarily constitute criticism. In comparison, receiving criticism or having interactions which were unpleasant appeared to involve a supervisor who was attacking, or dismissive or otherwise unsupportive in their presentation of negative feedback. For example, there was a clear difference between the overall content of the following descriptions, one of which related to negative feedback which was unpleasant, while the other held connotations of a personal attack.

Although the supervisor did say "I'm really happy with what you've been doing but you've missed this and you've done all this and this and this badly with this client, what happens if he doesn't come back?", I think that was the lowest point, having had a bad session, getting bad feedback. [...] I can see that I needed that feedback otherwise I would have gone in the completely wrong direction and not picked up on things that I should have. Like having that feedback when he came in the next time, I was more focussed on what I needed to do. (P#33)

Got dragged in to supervision afterwards and got absolutely lambasted, um, I almost failed the placement my supervisor ripped shreds off me [...] I got told I wasn't good enough I wasn't a professional, I wasn't professional, I wasn't up to

standard [...] So since then I have absolutely no confidence really in what I'm doing. (P#31)

This distinction was also directly spoken to by one of the supervisors.

You can give critical advice, or critical comment without it being a criticism, you know what I mean? That it's not, it's not, um, designed to bring a person down, the aim is to try and educate them to teach them a different way and why it probably isn't effective to do it this way, but it might be effective to do it that way, it's not the same thing as what some people offer and that's to make people feel small and then they become anxious about it and don't want to do it again, or don't trust their judgement, and, I don't like it, it's not what I consider supervision to be about. (P#42)

Where negative feedback was provided in context of true criticism (where it was felt that personal characteristics of the individual were attacked or that the actual interaction with the supervisor was unpleasant as opposed to simple discomfort of understanding that one had performed poorly) the feedback of poor performance was less likely to be used as a learning point. Rather, criticism tended to result in increasing performance anxiety and reducing performance quality, or in a sense of being restricted. The inverse was true when negative feedback was delivered in a supportive context where, although negative feedback was unpleasant, it was more likely to be utilised. Supervisors also endorsed this view and strove to help their students see errors and negative feedback as normal and beneficial if used as a learning aid.

The negative effect of criticism may be conceptualised as being a result of interactional justice (Leung, Su, & Morris, 2001). On the basis of their research, Leung et al. proposed a model in which perceived interactional fairness influenced the

perception of the supervisor's disposition as well as the likelihood of the evaluation acceptance (which consequently affected effort directed toward improvement).

Similarly, the relationship quality between supervisors and supervisees has been found to predict satisfaction levels (Cheon, Blumer, Shih, Murphy, & Sato, 2009), reflecting reports that feeling safe in supervision and having a good working relationship with the supervisor was critical to participants' ability to use supervision effectively.

Debiasing.

Debiasing is a term used to describe the adjustment of overestimation of skill via the introduction of knowledge about performance and is useful to explain the way student perception of skills were described as variable and initially strongly linked to immediate performance. According to Renner and Renner (2001) debiasing is a process of gaining *realistic* confidence, or confidence that is *well calibrated* – neither too high, nor too low. Interestingly, debiasing or calibrating confidence used by Renner and Renner employs a similar, though reversed, technique to mastery experiences for the development of self-efficacy: where mastery experience provides evidence that knowledge or skills are present, debiasing provides evidence that skills or knowledge are not at the presumed level. It can be argued that both processes are types of calibration and are both comprised of the adjustment of knowledge self-evaluations based on feedback.

While student participants primarily spoke about the effects of low confidence and the need for development of more confidence in their own ability as they gained feedback endorsing their skills, there were comments from student participants and one supervisor identifying inappropriately high confidence being a problem in a small

selection of students. Bandura (1994) theorised unrealistically high self-efficacy as being necessary since if individuals did not believe they could do more than could be ordinarily expected, the boundaries of what is possible would never be stretched in order to make progress. However, supervisors identified a risk that high confidence could result in individuals pushing the boundaries of their ability too far risking mistakes that put clients at risk and also reducing the student's openness to learning (due to a perception of already sufficient competence).

The conclusion could be drawn that the training experience consists of a process of increasing confidence for the majority, while at the same time addressing unrealistic confidence in the few who are overconfident. This finding supports the position of Renner and Renner (2001) who conducted a series of studies in which school students were provided feedback (termed debiasing) about their originally (objectively-determined) overconfident estimations of their own knowledge in a given subject. Following debiasing, students became under confident but produced greater effort in preparing for evaluations thereby producing better results (which in turn were found to provide further information upon which students were able to re-estimate their knowledge).

The process of calibration (alternately over, then under-estimating confidence in response to calibrating feedback) could also explain the variability seen in the participants' description of their confidence development. Confidence seemed to be erratic early in training and gradually stabilised. In part this may be due to a reduced gap between actual and estimated knowledge however it may also be due to the ongoing calibration of confidence. In early performance where information is minimal, criticism and experience of failure may result in confidence undershooting as seen in Renner and

Renner's (2001) participants (who were originally overconfident but became under confident following feedback). Confidence is then recalibrated upward based on further information of success and positive feedback. By this process with increasing amounts of information eventually these swings would be moderated to a more accurate confidence level (as was reported by participants in the current study).

The concept that there may be benefit in a certain degree of lack of confidence and even anxiety also fits with the Yerkes-Dodson Law which was originally presented by Yerkes and Dodson (1908) relating to the learning patterns of mice. The original findings had indicated that a certain amount of stress increased learning but that learning performance decreased once the level of stress exceeded a maximal threshold. This finding has since become a general psychological "law" reflecting a bell curve pattern of stress versus performance that is represented in Figure 10 below.

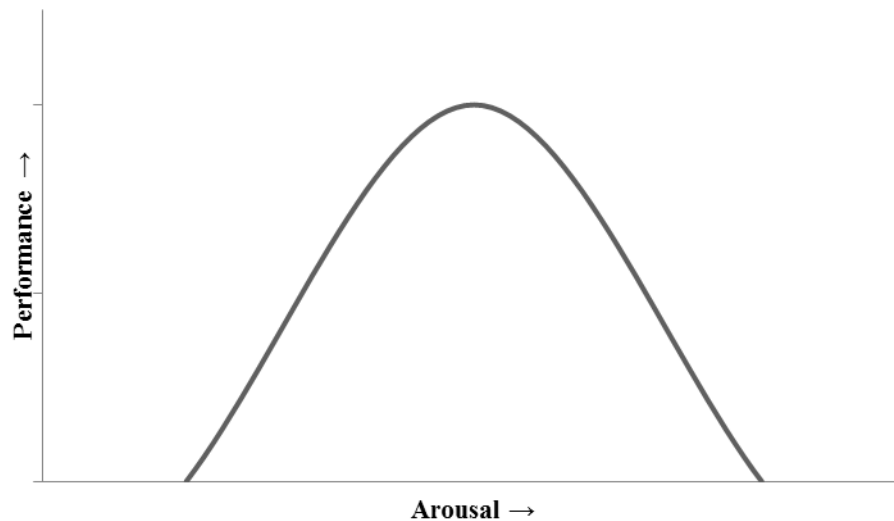


Figure 10. The Yerkes-Dodson curve of performance by arousal.

Essentially, this curve would predict that at low levels of stress (or arousal) learning performance would be low, as in the case of overconfident individuals who have minimal incentive to apply themselves to learning. By comparison those who both recognised their lack of expertise were engaged with the profession and concerned about their performance (that is, were at maximal arousal) were seen by supervisors as learning. Also as predicted, reports from students indicated that feeling over-anxious about their performance tended to produce errors and a reduced ability to engage in learning tasks. The conclusion can be drawn that though it may be unpleasant some anxiety about performance is not only common and understandable but is also necessary in the learning process.

Behavioural and cognitive changes.

Participants provided examples of and commented on their experience of changes in their behaviour and cognitions during their training. Some examples of the types of behavioural changes reported include restricting their behaviour or becoming more responsible in their personal lives, or changes to their professional behaviour or skills (including the development of competence). Cognitive changes reported by participants included altering perceptions of the profession, themselves, or others and was described as occurring via a combination of experience of situations that contradict the individual's expectations, and reflection.

The extract from Figure 5 (for full model see p. 177) shown in Figure 11 illustrates the pathways and influences on behavioural change.

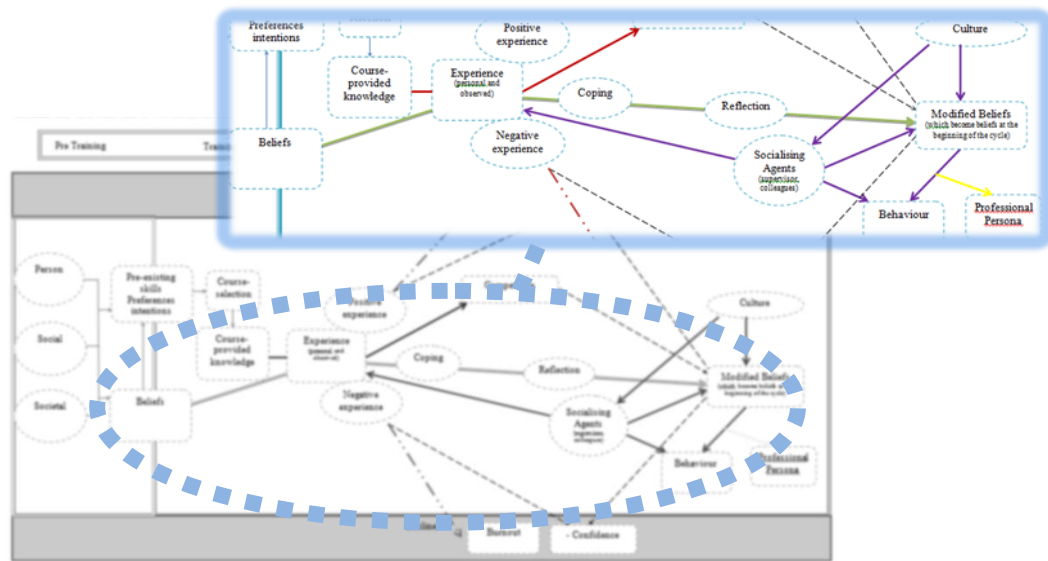


Figure 11. Extract from Figure 5 (see p. 177).

Changes in beliefs.

Participants in the current study reported that the presence of challenges and disruptions resulted in changes which were similar to findings of Gottlieb et al. (2007) and Paton and Burke (2007). Experience of events which contradicted particular beliefs reportedly held prompted these to change. For example, some individuals such as P#14 had their beliefs about certain client groups changed by schema disconfirming experiences with those groups. Similarly, P#17's experience within one placement resulted in a re-evaluation of an assumption that chronic mental health problems could be resolved with more funding to public health services. In these cases participants reported that particular experiences combined with self-reflection resulted in a re-evaluation of prior beliefs.

These types of change fit well with the Piagetian (1985) theory of equilibration via either assimilating content into existing mental models (potentially requiring events to be interpreted in such a way as to make them fit) or accommodation of schemas to reflect increased understanding of complexities. The current results are reflective predominantly of an accommodation process and such an increase in understanding prompted descriptions of previous beliefs as being simplistic, or “rose coloured” and new beliefs as being more realistic (see incorporation in Figure 5). In this way equilibration facilitates greater meaningfulness and coherence (see p. 190 regarding meaningfulness) which, in turn are likely to increase satisfaction with the psychology career and a greater sense of competency.

Given that the responses analysed in this study are self-report there is also the potential to explain these changes as being downward temporal self-comparison: the denigration of one’s previous self in order to feel better about one’s current self (McFarland & Alvaro, 2000; Wilson & Ross, 2001). Though opportunities to test this theoretical argument are limited in this study, there are some indications that genuine changes were present. Across experience groups there were noted differences in expressed beliefs, particularly regarding the extent of impact the student would have as a clinician and by extension what any failures would mean: more experienced participants were much more accepting of the realities of poor client progress. For example, P#34, who had had no placement experience anticipated positive outcomes would be the norm:

I don’t know if it would happen very often, but dealing with the client, when you think you’re doing, doing good work with them but you’ve missed something and then so the therapy that you’ve kind of planned for them isn’t working for

them [...] That would be hard because it's kind of like I would feel I had done something wrong. (P#34, emphasis added)

By comparison P#32 found through experience on placement that this wasn't going to be the case and P#15, who was advanced in their placements, reflected on the impact of experience on expectations about what would happen in therapy: "You can't really solve everything, you can't fix everyone, and just to expect a bit of that so you don't feel so downhearted" (P#32); "[Having clients challenging me] forced me to become a little bit tougher I think. I can't just sail through and expect that everyone will respond the way I think they will." (P#15).

In addition, the participants who agreed to be re-interviewed not only reported these changes retrospectively, but these changes were also noticeable in the *way* they spoke about their views of the profession (as demonstrated by the results of Study 2, the follow up study) providing some evidence for the presence of real change.

For other beliefs, such as the meaning of error, change appears to be more difficult to make, possibly because they are more deeply held, and as a result are more prone to assimilation efforts. Many of the participants in this study had difficulty coming to terms with their own errors, and even when these were accepted to some degree, it was with a caveat that errors should be minimised and used as teaching aids to move toward better practice. Similar tendencies to avoid acknowledging error in order to maintain competency beliefs have been seen in clinicians attributing lack of client progress to client factors such as lack of motivation rather than to their own inadequacies, errors or practice faults (Waller, 2009).

Parallels can be drawn between the cognitive changes discussed by participants and the changes associated with burnout as they occur in professional helping work

described by Maslach (2003). There are hints of these types of interactions occurring with participants: P#19 had to correct a tendency to expect the worst of clients based on previous involvement with a particular clinical population, while P#17 and P#31 both described becoming more cynical about potential for helping in certain circumstances. These are reminiscent of burnout symptoms of depersonalisation in which cynicism and expectations for the worst become the norm. It should be noted that participants themselves did not see these changes as necessarily problematic at the time of interview.

In addition, there was a tendency to become somewhat numbed to the distress of clients. In some senses this reflects changes discussed by therapist development theorists such as Hill et al. (1981) and Stoltenberg and Delworth (1987) as a movement away from the early pressing desire to help with a heightened identification with the client's distress toward that of a more mature therapist with an integrated sense of therapeutic approaches with less investment in client distress. Participants in this study variously interpreted this detachment as: detached concern which is helpful for the client; as a threat to their ability to empathise with others; a natural consequence of routine exposure to difficult situations until that they no longer had an impact, or; as a way of limiting emotional drain by others. Maslach (2003) discusses this detached concern as being a balance that is well worth striving for as it provides the right amount of caring with the right amount of objectivity, however it is also a difficult balance to maintain. This may be particularly so when combined with elements of burnout in which a negative view of the other arises from a sense that one's concern for others has been abused or used up and this occurs in situations where exposure to negativity on a routine basis results in an emotional withdrawal to reduce the emotional burden. Despite this, the detachment that was discussed by participants did not appear to be

accompanied by diminished drive to work in the profession, though for some participants there was a clear reduction in the joyful optimism they had expected whilst training. It is possible that at present these changes are not indicative of burnout but that they may have the potential to develop in to burnout at a later time. Edelwich and Brodsky (1980) present a cycle of burnout that may illuminate this potential.

Edelwich and Brodsky (1980) envisage a five stage cycle: enthusiasm, stagnation, frustration, apathy and intervention. In the beginning, individuals are generally very enthusiastic about their career. As the realities of the work become apparent, it becomes less “thrilling”. Frustrations with perceived lack of efficacy begin to develop, the individual begins to lose interest in the job and invest minimal effort before finally taking some action to address these concerns.

It is possible that some of the participants are reflecting the beginning stages of this cycle (included in Figure 5, p. 177), originating in a highly enthusiastic, idealised view of psychology and at the time of interview are in various stages of realising some of the realities and limitations of psychological work resulting in some development of cynicism. However while these are present, positive factors and processes are also present, such as discovering what is enjoyable and receiving positive feedback about successes. The co-existence of these negative and positive processes supports, again, a dual process model such as that presented by Orlinsky and Ronnestad (2005) and is included in Figure 5 (see p. 177).

Coping.

While challenges were associated with reports of change via internal cognitive processes, there were various factors which affected participants’ responses to challenge

or difficulty (such as conflict with supervisors, major obstacles or problems on placement, feeling under confident, or difficulty with the research component). For many participants, social support was critically important. Social support may also be seen as a form of coping, or as presented by Lazarus and Folkman (1984), a resource for coping (that is, a tool by which individuals achieve either problem focussed or emotional coping).

Coping can be defined as: “constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person” (Lazarus & Folkman, 1984, p. 141). As such, coping efforts represented one of the ways in which the effects of experiences on any belief or behavioural changes may be moderated (see Figure 5, p. 177).

According to Thoits (1995), coping research can be separated into investigations of coping strategies (actions taken to manage stressor) and coping resources (resources upon which an individual can draw in their coping strategy application) and there have been multiple approaches to the construction and delineation of coping strategies or types (Amirkhan, 1990; Endler & Parker, 1999; Lazarus & Folkman, 1984; Perrez & Reicherts, 1992). While this variety clearly indicates at least some degree of disagreement over how coping behaviours should best be categorised, they do share a focus on behaviours or approaches to coping with stress and improving adjustment and adaptation to that stress.

Psychoeducation about available coping strategies is known to be beneficial, including for stress reduction (Kagan, Kagan-Klein, & Watson, 1995). Indeed psychoeducation about coping and stress is a basic component used in many psychological therapies so it is not surprising that participants reported an awareness and

utilisation of multiple types of coping strategies, including social support and debriefing/venting with colleagues. Multiple other types of coping were also listed including physical stress reduction strategies, cognitive strategies, some forms of avoidance, problem focussed coping, and spiritual/religious coping many of which appeared to be selected consciously or semi-consciously according to the type of stressor that was present.

Thoits (1995) cites social support (and in particular perceived social support) as a key area of research with regard to coping resources and this was particularly pertinent with current participants. Social support fulfils a variety of functions to aid in coping with stress (for example, see Schwarzer and Knoll, 2007, for a review). These supports have been theorised to have a direct and independent relationship on strain (the perceived effect of stressors), or a moderating effect on the stressor strain relationship. Participants in the current study reported that their social supports provided multiple functions, the most basic being a perceived level of baseline support or sense that one is believed in and has support available which appeared to reduce strains independent of specific stressors (supporting a direct model).

In addition to this, however, there was also a selective mobilisation of supports in relation to specific incidents (for example, advice seeking and debriefing from key supports) that appeared to be moderating the direct effects of those specific incidents. On the basis of these results, it seems likely that social support contributes both directly and via moderation to the effect of stress and strain. That is, perceived general support seems likely to increase capacity to manage general stressors and reduce strain without specific mobilisation of support, while mobilisation of specific available supports also moderates the effects of specific stressors on perceived strain.

Coping is also broader than purely managing negative situations. Coping strategies, and social support in particular, have been shown to also promote positive affect which has its own impact on negative outcomes (Greenglass & Fiskensbaum, 2009). Coping can also be theorised to be involved in developmental processes via resilience development since in encountering a difficulty and engaging coping resources to overcome the difficulty, the individual develops (Leipold & Greve, 2009). By this process, theories of career development which posit changes and adjustment to encountered discord (Lent et al., 1994; Lofquist & Dawis, 1969; Orlinsky & Ronnestad, 2005; Patton & McMahon, 1999, 2006; Savickas & Porfeli, 2012) could be paralleled with stress and coping. In this sense, participants were continuing to encounter and overcome various obstacles and impediments (often in the form of a difficult client interaction or supervision experience, or in practical terms relating to workload). In doing so, they utilised various coping strategies to develop those skills further.

Development of a professional persona.

Part of the cognitive and behavioural changes reported by participants reflected the changes they experienced in their development of a professional self. In particular these related to behavioural changes in line with professional expectations and changes to understandings about what the profession is and what roles they will play as professionals. This aspect of changes is a specific element of the developmental process and is therefore allocated a separate section below.

Professional Persona.

For participants, developing a professional identity comprised discovering how they could become a competent practitioner, what their professional skills would consist of and how their professional identity would fit with their personal identity. Some of the personal changes that occurred for participants related to the development of the professional persona indicating that part of the training process involved developing a symbiotic relationship between pre-existing self-concept and the professional domain and methods of accommodating both. Research in the development of professional identity in other potentially comparable professions yields interesting and comparable findings to the current research. Beijaard, Meijer and Verloop (2004) reviewed literature regarding teacher's professional identity, concluding that professional identity:

- Constituted an ongoing process based on the interpretation of experiences which facilitate the evolution of the individual from who they were, who they are now, and to who they become;
- Was constructed from the expectations of given roles and the individual's unique reactions to these expectations;
- Is composed of a number of sub-identities; and
- That the individual is active in their professional identity development.

There was also a similar process in medical residents by which a process of learning about their role and developing competence, encountering identity violations from their role, (i.e. challenges to their desired identity as medical practitioner) and social feedback promoted changes and developments of their professional identity (Pratt, Rockmann, & Kaufmann, 2006). Both these studies have similarities with the current study in that

professional identities consisted of finding a medium between the personal and the professional requirements and discovering through experience in the role how this fit would be made.

The extract from Figure 5 (for full model see p. 177) shown in Figure 12 illustrates development of a professional persona and the contributions of developing competence (which shapes professional behaviour), cultural and socialising influences and reflections on experiences which shape beliefs about the role and the professional identity.

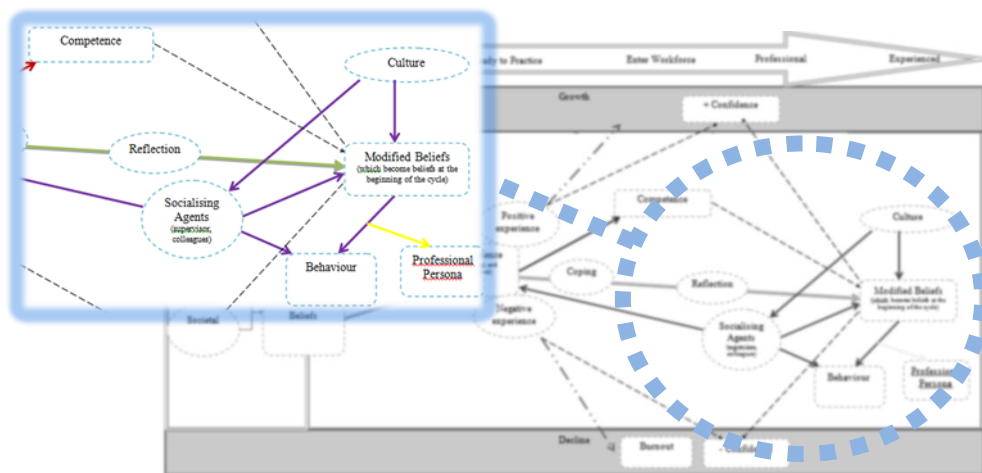


Figure 12. Extract from Figure 5 (see p. 177).

Identity construction.

There are competing and related concepts of self, identity, and role that are often used almost interchangeably but which have been delineated by Dermody and Lee (2000) in the following manner. *Self* can be defined as a person's internal knowledge of

themselves, their thoughts and feelings about themselves. Self consists of self-efficacy (beliefs about what one can do), self-presentation (how one controls and presents behaviour to others) and self-protection (cognitive mechanisms of attribution, coping styles and defensive mechanisms). *Roles* are situational or societal constraints on individuals. *Identity* is the nexus between these two factors and is the “negotiation space in which the self and role requirements are worked out to the satisfaction of their contributors” (Dermody & Lee, 2000, p. 195). This identity negotiation appears to be the crux of the professional identity development seen in the current results and is therefore incorporated as the link between personal beliefs about the self (included under the banner of modified beliefs) and the professional behaviours and competencies depicted in Figure 5 (see p. 177).

According to this definition, it is possible to conceptualise the process described by participants as a process by which individuals attempt to merge their understandings of themselves with the roles of a psychologist with the goal of finding their professional identity. This also fits well with the theory of work adjustment proposed by Lofquist and Dawis (1969) in which discordance (reduction in match between the individual and the environment) has the potential to result in the individual attempting to make changes either to themselves or the work environment in order to re-instate correspondence.

Bridging the gap between identity development and career literature is that of life design and career constructionism as proposed by Savickas (2005, 2009, 2010) and Savickas et al. (2009). According to this theory, career and career construction is a process of making choices and decisions about the career based on an evolving understanding of the self and how one fits into the social world. On this basis the

concept of an evolving knowledge of what psychology is, the individual's role, desires and interests and the choices they make for their career accordingly, would be expected to develop over time as increasing information is gained about the self and the job.

Similarly, Fitzpatrick et al.'s (2010) Process Model of Tentative Identification places the student at the centre of a process in which an interactive process of experiential learning and interaction with theory through reading and exposure to a professional network allows the development of a professional theoretical identity. This developing sense of establishing negotiating a comfortable fit within the profession is reflected in participants comments regarding trying out different approaches, observing others and working out what best works for them and their clients and sits at the nexus between the professional and the personal identity of the individual.

Social contributions.

Given that individuals are not learning their professional skills in a social vacuum, teachers and supervisors are not immune to social influence and these individuals are also influenced by their historical experiences (for example, their own training experiences) and interactions with others and their social environment (for example, their organisational context, workloads and levels of support) which in turn influences the students under tutelage. This social interaction is the knowing whom part of the intelligent careers approach (Arthur, 2010; DeFillippi et al., 2006), which interacts with the other knowledge types – knowing why and knowing how. The demonstrations of competency that supervisors impart can be referred to as being part of the broader professional culture of psychology. Schein (2003) defined culture as:

A pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaption and internal integration, that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems. (p. 17)

Schein (2003) proposes that culture is composed of three levels. Artefacts are the observable productions arising from the culture and include the behaviours, language, style, clothing and the like. Espoused beliefs and values are the expressed form of a culture's values and intentions, however they may or may not reflect the actual underlying assumptions of the culture. Underlying assumptions are the taken-for-granted hypotheses about the nature of the surrounding environment and behaviour that has become accepted as fact through regular use and acceptance. These three levels interact in an iterative way, with underlying assumptions influencing espoused beliefs and values which predict cultural artefacts which influence/enforce values which influence/enforce underlying assumptions. Importantly, because they are so ingrained and implicit, these underlying assumptions influence behaviour at an almost instinctive, subconscious level and can be passed on to students by virtue of the influence of these assumptions on the manner and content of teaching.

One of the ways in which this can occur is through the supervisor acting as a role model in addition to behavioural modelling. Role models assist individuals to construct (or reconstruct) their sense of self in a professional role by acting out the behaviours and expectations of the given role as well as the skills used (Gibson, 2003). Participants in the current study reported supervisors as particularly beneficial when, in addition to direct advice, they assisted the student to develop a personal style and find their "way of being" within the profession and to fulfil the requirements of the role. This would fit

with a role model framework and while there was also a degree of imitation of skills, this slowly reduced or was found to be inappropriate for the individual and was later dropped in favour of exploring individual styles which is reminiscent of a “trying out” of roles that is involved in role modelling. This also fits with the model proposed by Fitzpatrick et al. (2010) in the influence of supervisors and lecturers in the identification and adoption of theoretical orientation of their students.

By comparison, mentors provide advice, interaction, and involvement with a protégé to develop their career and psychosocial functions. Although they are considered an informal learning source (in comparison to formal tuition), they play a role that is instructional as well as being encouraging. Interestingly, although mentors are often thought of as a single key figure, some researchers have borrowed from social networking theories suggesting that mentors are better conceptualised as networks of individuals, termed *developmental networks*, who provide varying support to the protégé either personally, or professionally (Higgins & Kram, 2001; Higgins & Thomas, 2001) . Under this conceptualisation, not only is the official supervisor considered a mentor, but other important persons (such as experienced workers on a placement, other students, or friends and family) may play a mentoring role in providing assistance, guidance and encouragement in managing their training experiences and expectations. This fits with information provided by participants regarding their utilisation of varying types of support from multiple sources: friends, family, colleagues and supervisors.

While the transmission of expectations can be explained through role modelling, socialisation and culture can provide an explanation for their origins. In general, socialisation refers to the process by which broader social rules and ways of doing things are internalised and accepted by an individual as their own. Organisational socialisation

reflects this process within the context of an organisation or profession and can be defined as “the process by which newcomers make the transition from being organisational outsiders to being insiders” (Bauer, Bodner, Berrin, Truxillo, & Tucker, 2007, p. 707). According to Bauer et al. (2007), indicators of socialisation include self-efficacy, role clarity and social acceptance – that is, the degree to which an individual understands their role in the profession, feels able to fulfil that role and the tasks it entails and is accepted as a member of the profession by their prospective peers.

Schein (2003) defines culture as being:

A pattern of shared basic assumptions that was learned by a group as it solved its problems of external adaptation and internal integration that has worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think and feel in relation to those problems. (p. 17)

In the case of undergraduate psychology students, the “problem” to be solved may be entrance into postgraduate studies. How any particular year group of students go about this is influenced by their particular group’s approach (for example, highly competitive versus collaborative relationships), and general socialisation into the broader university and global academic cultures.

When the undergraduate student enters the postgraduate environment, a process of redevelopment of culture emerges with the new group (influenced by assumptions carried from previous group culture memberships) and by interaction with the culture in the training context. There is a possibility for a new (sub)culture to be formed within the year group, but also for the year group to be merged with the broader psychology culture via a process of socialisation. In the results provided by participants, colleagues

provided participants with information about “how it is done here” and provided an unspoken rule book.

Socialisation tactics (Saks & Ashforth, 1997) can be considered present in a number of professional bodies which provide formal definition of what the shared rules or norms are within the psychology profession. For example, formal bodies such as the university in which academic training is provided, the Australian Psychological Society and the Australian Health Professional Regulation Agency (who are responsible for certifying, monitoring and administering formal requirements such as engagement in ongoing professional development, and the completion of accredited training under legislative frameworks) provide formal rules and guidelines about what is expected in training programs and provide guidelines and sanctions for working therapists. These systems ensure that shared understandings about what is appropriate for psychologists in general are enforced among group members. By comparison, workplace socialisation involves orienting new members to the particular organisation’s goals and approach to the service they provide. In this environment there may be more or less emphasis on collaborative work, more or less flexibility or behavioural lee-way, with an emphasis on developing an employee who fits into the socio-political environment in the workplace.

Social systems such as teachers/lecturers, supervisors, colleagues and other workers within placements provide a social context within which students learn their role and provide an expectation about appropriate behaviour. The inclusion of a supervisor and other colleagues also provides models upon which the student may base further understandings of their role, and experience to inform their level of self-efficacy. These informal systems also provide a mechanism by which unwritten norms about the way things are done (for example, preference for a particular style of work) are provided

to the new student including shared assumptions that underlie expressed values and actions. The influences of these social and cultural factors are also included in Figure 5 (see p. 177).

An example of the influence of socialisation on the current study's participants is the tendency expressed by some participants not to share their experiences resulting in a sense of isolation. Participants, particularly those new to training, expressed relief when they discovered that they were not the only one having difficulties indicating an apparently central belief of beginning therapists about not sharing personal difficulty and presenting a competent face to others. Such beliefs can be construed as being part of the student culture, likely to have arisen from the competitive nature of undergraduate programs leading up to entry into postgraduate courses where any weaknesses may be construed as counting against the candidate. Comments by participants in later placements regarding the acceptance of error as promoted by their supervisors and colleagues indicated the transference of a new understanding of error.

Self-concept.

As well as socialisation into a particular group, defining a professional identity requires a concept of who one is (general self-concept) in order to understand how one's professional life fits. The self-concept field was originally synthesised from disparate origins by Shavelson, Hubner and Stanton (1976) who provided the field with a cohesive definition and a general model of the concept to tie together what was, at the time, a number of separate and competing threads of research.

In very broad terms, self-concept is a person's perception of himself. These perceptions are formed through his experience with his environment, [...] and

are influenced especially by environmental reinforcements and significant others.

We do not claim an entity within a person called "self-concept." Rather, we claim that the construct is potentially important and useful in explaining and predicting how one acts. One's perceptions of himself are thought to influence the ways in which he acts, and his acts in turn influence the ways in which he perceives himself. (p. 411)

Shavelson et al. (1976) proposed a model in which general self-concept was constructed of multiple sites of information from varying domains. Academic self-concept (itself constructed of multiple sub-areas within the academic domain, such as maths, English, history etc.), social, emotional and physical self-concept, each of which is made up of specific sub-areas. Self-concept then, is a set of beliefs a person holds about who they are in varying situations and beliefs about how they should behave which consequently translates into enacted behaviour which aims to fulfil these beliefs. The participants in this study had various perceptions of themselves in various domains with their professional self-concept being under particularly active formation by virtue of their location in a professional training program.

Some participants considered themselves particularly strong academically and were "high achievers". Others considered themselves poor students. Most considered themselves other oriented and aimed to contribute to society. Individuals were also aware of their own characteristic methods of managing difficulty. This gave a sense of participants having an internal knowledge of themselves, particularly with reference to their developing professional competencies, and that this could be different from how they presented themselves to others.

This concept of self was also contrasted with expected roles as part of the professional identity negotiation and in some cases this led to some conflict. For example, a self-concept involving being a “helper” being compromised by the requirement to engage in activities seen as unhelpful. Alternatively, a self-concept which included being non-judgemental conflicts with an individual perception that the psychologist role requires a degree of judgement of others.

The distress experienced when individuals who understood themselves as being a helper found they had difficulty with certain tasks, or when they were criticised could also be construed as arising from a self/role mismatch (in the terms of Lofquist and Dawis, 1969, a sense of discordance), thereby threatening the professional identity that these individuals were seeking: i.e. to “be” a psychologist. The development of professional self-concept through a successful negotiation of these two dimensions of self may be critical to the continuation of the chosen career, perhaps over and above the level of other indexes such as job satisfaction. Such a result has also been seen in a study of nurses in which general nurse self-concept (that is, the degree to which nurses perceived themselves to be a competent nurse) was more strongly related to retention intentions than was job satisfaction (Cowin, Johnson, Craven, & Marsh, 2008).

Practical Implications

The findings of this study and the broader understanding and integration of psychologist development into existing theoretical models has practical implications for the training of psychologists in the future.

1) Make explicit the change from academic culture to traineeship culture

In particular, of key importance is the developmental and iterative nature of psychologist training which does not finish at the end of the training period. Rather, the psychology career is one of ongoing learning, professional and personal change that goes beyond traditional skill learning and encompasses behavioural and cognitive spheres that revolve primarily around engaging in experiences, reflecting on these experiences and learning from poor performances. Despite this, the initial expectations of incoming students appeared to reflect a more didactic learning expectation, consistent with their experiences in undergraduate years in which didactic learning was the culturally expected norm. In addition, there was a very low tolerance for error and a high level of wanting to get things right which was tempered later in their training. While a drive to succeed is necessary and desirable, this may also be reflective of an academic culture in which success is measured in comparison to one's peers. This compares with the traineeship type culture of placements in which acceptance of error and being open to learning from this was seen as one of the primary ways in which professional development occurred.

Despite this shift, very few individuals commented on having been alerted to this or even spoke about this shift explicitly, indicating that this subtle cultural shift (from academic learning to a more traineeship type) may not have been expressed explicitly. Certainly part of this shift constitutes some of the changes that are identified in this study, and there would no doubt continue to be difficulty making this shift even were the differences to be made explicit, however it would appear from comments that at least some of the stress experienced by students arises from a lack of awareness of this cultural change and the consequent attempt to apply underlying academic values to what is a more traineeship based learning structure.

On this basis, recommendations may be made that this shift should be more explicitly stated by training organisations, and likely require reiterating at various points given the iterative nature of student developments.

2) Ensure supervisors have a good understanding and approach to student training.

The recruitment of supervisors for students poses a significant challenge to training institutions Australia wide. On the basis of the results of this study this is unfortunate since the impact of supervisors appears to be particularly strong, having the potential to have either a detrimental or positive effect via their roles as models and the feedback they provide. In particular the experience of damaging criticism (as opposed to negative feedback) appeared to have a negative effect on students, especially those who are early in their placement experience and have not had the opportunity to experience some successes. Within the past 12 months, methods of training supervisors in Australia have been criticised for a lack of training provided to supervising psychologists and the Psychology Board of Australia proposed guidelines for supervisor training in May 2010 (Psychology Board of Australia, 2010) which was supported by the Australian College of Clinical Psychologists in the same month (The Australian College of Clinical Psychologists, 2010). These guidelines were incorporated into the Australian Psychological Society generic rules for colleges in October 2010 (Australian Psychological Society, 2010), in which an Approved Supervisor includes the requirement to have “completed a training program in psychology supervision approved by the Society” (p. 5). While the success of such a program would likely be dependent on the training quality and evidence base for its training methods, the results of the present study would certainly support the introduction of training that would maximise positive supervision interventions. In particular approaches to guiding student

performance should be attended to, with a need to balance supportiveness with providing feedback about performance that requires improvement. In addition, support to supervisors in order to assist them manage their own stress levels may alleviate some of the perceptions by students of uncaring or unavailable supervisors.

3) *Encourage and utilise student collegial relationships*

As well as social support from supervisors, encouragement of utilisation of peer supports (particularly across peer year groups) would also assist students in normalising the difficulties they encounter, as well as providing models for developmental progression. As well as indications from the current participants, existing theories of interactive processes would support the importance of collegial relationships. For example, both the intelligent careers approach (Arthur, 2010; DeFillippi et al., 2006) and the social cognitive theory of career choice (Lent et al., 1994, 2000, 2002) integrate social interactions into career interests and development over time.

Discussions around coping and resilience building also support the role of nurturing relationships which include both supervisors, colleagues, and friends and family (Norcross & Guy, 2007, chapter 5; Mullenbach & Skovholt, 2011, pp. 237-241). Social contact and support is also a coping strategy which can enable students to function better and is associated with lower negative outcomes such as depression (Bouteyre, Maurel, & Bernaud, 2007; Schwarzer & Knoll, 2007)

4) *Manage placement experiences for maximal development*

The progression of placement experiences may also be maximised by careful selection of experiences which build on and extend competency gradually, but also allow an iterative return to previously covered material as subsequent experiences allow further insights. Here, carefully selected/approved placements by placement co-

ordinators, and careful assessment of student developmental stages and selection of appropriate client interactions by supervisors is crucial.

Given that the developmental process appears to be influenced by many individual, social and environmental factors and therefore proceeds at varying rates, it remains difficult for an assessment of student readiness to be assumed on the basis of completing a set number of hours. While this is supported by supervisor's decisions to pass or not pass a student's placement experience, there have been arguments put forward to engage a structured clinical examination to assess for competency prior to graduation, for example Von Treuer, Sturre, Keele and Feenstra (2011) and Yap, Bearman, Thomas and Hay (2012). The current results would support such a move, and would support this type of examination being commenced on the recommendation of practicum supervisors regarding the student's readiness. While this move is supported, there is a caveat that supervisors would require good training and support in being able to identify indicators of readiness so as to avoid over or under estimation of competency in their student.

Limitations and Suggestions for Further Research

Limitations inherent in this study include the sample size which is small (as is common in qualitative research of this nature) and limited to one University and its affiliated supervisors. While this does result in the results being indicative of this university to some extent, this university is nevertheless accredited as a clinical teaching facility and therefore at least meets accreditation guidelines shared by other universities. Qualitative research is also, as has been noted, less reliant on sample size than on quality of data collection and analysis. It was not the intention of this research to directly test a

hypothesis that there was a link, but rather to investigate the experienced process and to develop, inductively, a model of that process. While it is the thesis of this body of work that such links may be made, and that the nature of these links and the model this appears to progress by have been fleshed out within this study, quantitative testing of this model may provide an avenue for further exploration.

There was also a reliance on cross-sectional information with which to draw conclusions about changes over time. Though the selection of this methodology was necessary to be conducted within the span of a PhD candidature, this does leave room for argument that while changes were reported, these rely mostly on retrospective self-report which is inherently subjective and vulnerable to effects of downward self-comparison. Some measures to address these concerns were used, including the use of supervisors to comment on their observations of changes over time, and the re-interview of three of the original participants. This provided support for the changes reported, however longitudinal studies are more suited to test these conclusions.

Given that the current research provides evidence for the relationships between certain other constructs, future research in the comparative value of these relationships is possible. It could tentatively be hypothesised by extrapolation from the current results that a sense of coherence would predict growth, experience and satisfaction with supervision would predict self-efficacy and competence as evaluated by others. In addition, the level and number of challenging experiences could also be hypothesised to predict personal change, potentially mediated by support. In this way, conclusions drawn from qualitative studies may be quantitatively tested, though careful consideration would need to be given as to how this would be done given the limited size of the potential participant pool.

It should be noted that there are a number of caveats to be placed on any conclusions drawn from a comparison of student and supervisor interviews. These caveats should be borne in mind when analysing this data and as such, any conclusions drawn are better assessed as queries rather than more stable conclusions. Firstly it was not possible due to confidentiality of participants to ascertain students opinions of the supervisors interviewed: it is possible that these supervisors were considered either “good” or “bad”. While they shared a number of opinions with students about what helps students, it is not clear whether the views they espoused did translate into the types of supervision that students appreciated. For example, both supervisors clearly articulated a need for supervision to be a safe and encouraging and this sentiment was echoed by students, however it can not be established whether the supervisors’ actual interactions with students achieved these goals.

Secondly, if these supervisors are taken as an example of good supervisors then there is an entire range of supervisory opinion that has not been sampled. This data set is therefore not saturated and it is not known what supervisors who do work in a highly critical framework think of their methods or why they use them. As a result, the aims of these supervisors and their reasons for their approach can only be inferred from the experience of students and other supervisors. Certainly students beliefs about why these supervisors are experienced negatively relate to personality factors (they don’t mean to be unkind, it’s just the way they interact with others), the supervisor’s own internal state (burnt out, unappreciated, stressed), the supervisor/student relationship (for example: we just didn’t get along, I contributed to the problem, they didn’t understand where I was coming from) or inexperience. The two supervisors also speculated that this may result from a lack of supervisor confidence in their own work and acceptance of error

(preventing them from allowing a safe exploration of difficulties) and a belief that more criticism will inspire better work.

Conclusion

The current work has examined the experiences of clinical psychology students as they progress through their training and into the workforce as registered clinical psychologists. A new model has been presented, drawing on current and previously underutilised general theories in order to contribute a more comprehensive understanding of the developmental process of psychologists. This model emphasises the dynamic and developmental nature of psychologist training, incorporating a temporal component to the training process. By incorporating temporal changes in the focus of training and the processes involved, the truly developmental nature of psychologist training becomes more apparent.

In addition to presenting a new model, the results supported a range of pre-existing theory across a broad spectrum of research fields. In particular, a developmental model was supported for training psychologists along with theories of self-efficacy, social learning theory, career selection and development, and cognitive development. Critically, the results provide support for the notion that the development of psychologists is a gradual and individual process that occurs by a combination of both skills based practicum and a degree of professional and personal development.

While the exploration of psychologists' experiences and the processes they experience in order to reach a degree of clinical expertise has been relatively ignored in favour of focus on the efficacy of various treatments, this research adds to evidence demonstrating that developing clinicians' experiences can shape how competency to

deliver those interventions develops. In addition, this research also demonstrates that these experiences are not so dissimilar from other processes researched in other fields, helping to bring together fields of enquiry that may otherwise remain separate.

Although the current research has focussed on psychologists, it is likely that the current conclusions could be applied to other fields which have similar helping orientations, such as social work, police, medicine and counselling. As such it is hoped that the current research will guide further examination of how to best shape training experiences to maximise outcomes for both practitioners and the clients they serve.

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