

Perceptions of Integration in Counselling Psychology Training, a Pilot Study.

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Abstract.

Background: Many professional training courses in counselling psychology are now presenting a number of therapeutic models, with the expectation that trainees will demonstrate a way of working with clients that incorporates features of each.

Aims: This pilot study sets out to find out the perceptions of trainees around the process of learning a number of therapeutic approaches.

Method: Six trainees were interviewed in depth about their training, in relation to the therapeutic models presented and expectations of practice. Three course directors and three experienced counselling psychologists were also interviewed. The interviews were transcribed and subjected to thematic analysis.

Results: A key theme was that trainees often find developing an integrative stance quite a challenge. They tend to feel that courses could approach this aspect of their learning in a more explicit and systematic manner. On the other hand, conflicts in the training constellation between course, supervisor and practice context were seen as stressful, but very growth promoting.

Conclusions: Counselling psychology trainees often experience the requirement to integrate a number of approaches to be quite challenging. Understanding and facilitating this process is worthy of further exploration. Finally it is suggested that trainees are often limited in the extent to which they articulate psychology as a foundation for their practice and identity as a counselling psychologist. It is suggested that there is scope for further development in this area. In particular, psychology can serve as a more explicit framework for integration, which potentially makes counselling psychologists unique within the therapeutic market place.

Key words: integration counselling psychology training

Introduction

Courses in the United Kingdom seeking to prepare trainees for registration as counselling psychologists have to demonstrate that their students will be able to meet the competencies laid down by the Health Professions Council (Health Professions Council (HPC, 2010). The HPC competencies are mirrored in the requirements laid down for the accreditation of courses by the British Psychological Society (BPS, 2010).

In terms of the therapeutic knowledge and practical competence to be provided, both the HPC and BPS guidelines state that courses should provide advanced training in one therapeutic model, and a working knowledge of a second. In addition, trainees are expected to have a critical awareness of a variety of approaches to therapy.

Given these requirements, it is clear that counselling psychology in the UK is not a “purist” tradition. Training courses that espouse only one therapeutic model, e.g. psychoanalytic, would be unlikely to be approved (though exactly how models are defined and delineated is not exactly clear, for example a training course might argue that its core training was based on Klein, and its second model was based on Kohut).

Exactly how courses should deliver the main model and the additional working knowledge of a second is not specified. For example, courses could choose to deliver sessions on the two approaches completely independently, with little attempt to draw the two together. Alternatively, they could attempt to make links between the two approaches covered, inviting students to compare and contrast them, and consider how the two approaches can be used together coherently in practice.

The endeavour to consider how several therapeutic approaches can be used

side by side, or synthesised into a coherent stance, has a long tradition within counselling and psychotherapy. Such endeavours are typically discussed under the labels of “eclecticism” and “integration” (Hollanders, 2003). Hollanders (2003) and McLeod (2009) both give succinct accounts of the various ways in which practitioners and trainers have attempted to achieve eclectic and integrative positions. According to Hollanders (2003), the most common strategy of achieving integration is to learn a single core therapeutic model well, and then assimilate other approaches to this stance. This description seems to be consistent with the HPC and BPS specifications, assuming that courses do make some kind of effort to encourage students towards some rapprochement between the different models they are exposed to. An independent presentation of two models on the other hand might be more likely to leave trainees with an eclectic position, that is to say choosing between the models at their disposal, perhaps based on characteristics of the presenting case.

Surveying different training courses in the UK reveals that in fact few conform to the minimum HPC/BPS configuration. There are a few courses that present a single core model with a working knowledge of at least one other. However, other courses seek to develop in trainees full practitioner competence in both models presented. Still others seek to present more than two models, again expecting trainees to incorporate principals from each into their work (for example some courses specify that trainees should undertake specific placements in each core model).

Given that increasing numbers of courses are requiring students to demonstrate competent practice in at least two and often three therapeutic models, it seems that counselling psychology in the UK is becoming increasingly eclectic/integrative in orientation. There are a number of questions one might ask about this trend. Given that prominent voices such as Wheeler (1993) have argued against the wisdom of this approach to training over a core model and subsequent assimilative integration, what are the perceived advantages amongst

the training community of moving away from a single core model? Secondly, given the increased complications and difficulties in delivering eclectic/integrationist approaches in training (Gold, 2005), to what extent have courses evolved their stances to fit this task?

In relation to the first issue, it has long been the case that commentators have argued that there is little difference in terms of outcome between different therapeutic approaches (Rozensweig, 1936, Luborsky, 1975, 2002). Recent reviews in counselling psychology suggest that the Dodo birds pronouncement is just as valid in our field too (Ahn and Wampold, 2001). If all therapeutic models are equally effective, then one could justify courses based on a single model. Presumably there are other factors driving the eclectic/integrationist stance.

Rozensweig (1936) pointed out that whilst all therapies might be equally effective, they are not equally accepted by all clients. Different therapeutic models use different languages and clients may prefer one particular style for working through their narrative. This suggestion has resonance within the “client-led” integration movement (Hollanders, 2003). Client-led integrationists emphasise the collaborative nature of the therapeutic relationship, asking the client frequently how the therapy is progressing, and being willing to change rapidly if a particular approach is not working (Hubble, Duncan & Miller, 1979, Duncan, Miller & Sparks, 2004, Duncan, Sparks and Miller, 2006, Gold, 2006, Cooper and McLeod, 2007). Thus trainees that are exposed to multiple models have a variety of narratives at their disposal and can respond rapidly if a particular approach is not working for a client.

Another rationale for exposing trainees to a variety of therapeutic models is the view that whilst generally most therapies are approximately equivalent in effectiveness, an eclectic/integrative approach can provide additional benefits. For example, recent evidence suggests that cognitive behaviour therapy, as practiced in the Improving Access to Psychological Therapies (IAPT) initiative,

achieves about 55% effectiveness (Clark, Layard, Smithies, Richards, Suckling & Wright, 2009). Constantino, Marnell, & Haile *et al.* (2008) on the other hand suggest that the effectiveness of cognitive therapy for depression can be enhanced by the addition of other methods (see Castonguay, Schut & Aiken *et al.* 2004, for an almost identical study). Thus in these examples, cognitive therapy is seen as more effective when therapists also pay attention to the therapeutic alliance (Piper, Azim, Joyce & McCallum, 1991). Integrative use of techniques from a wide variety of models seems to be the norm amongst mature practitioners (Thoma and Cecero, 2009).

If trainees are to be exposed to multiple models, and expected to demonstrate therapeutic competence in each, what might the particular issues be? Gold (2005) discusses at length the difficulties of learning an integrative stance from the start of training. More recently, Lowndes and Hanley (2010) have explored the issues from the perspective of counselling trainees. Unless learning a specific integrative theory (e.g. Lazarus's (1981) multi-modal therapy or Ryle's (1990) cognitive analytic therapy), the trainee may be left without a coherent sense of identity, and unable to access a supportive therapeutic community. Despite these difficulties there are strong proponents of integrative training (Feltham, 1997). One might also argue that in the case of counselling psychology, there is a strong body of practitioners for trainees to identify with, whose therapeutic stance is diverse and pluralistic.

Many authors have discussed the specific difficulties of eclectic/integrative training and how these might be overcome (Halgin, 1985, Norcross and Grencavage, 2004, Norcross and Halgin, 2005, Castonguay, 2005, Gold, 2005). Some authors refer to the personal journey involved in becoming integrative (Garfield, 2000, Castonguay, 2006). In these accounts, a great deal of responsibility is placed upon trainees for working with, synthesising and eventually arriving at a satisfactory therapeutic stance based on the range of models presented in training or followed up through subsequent professional

development. However, many other accounts seek to find a way of presenting models to trainees in a way that helps them to make sense of the huge diversity of techniques and theories available. Consoli and Jester (2005) for example propose a taxonomy of therapeutic models, to help trainees establish an overview of the 400+ approaches in the literature.

A key part of the Consoli and Jester (2005) framework is the distinction between the specifics of particular models, as summarised in the taxonomy, and a separate view of the common factors which apply across all therapies. The notion of common factors runs at least as far back as Rozenzweig (1936). As Hollanders (2003) notes, the common factors framework is now a major strategy for underpinning an integrative stance (see also Castonguay, 2000 and 2005, Castonguay & Beutler, 2006). There are several strands to the common factors literature. The notion that the therapeutic relationship is important to all therapies is quite central (Clarkson, 1995, Wampold, 2001). There is also the notion that all therapies allow clients to achieve particular goals in terms of personal change (Prochaska and DiClemente, 1982 and 1992, Higginson and Mansell, 2008).

Related to the “trans-theoretical” attempt of Prochaska and DiClemente (1982) to construct a meta-theory of therapy is the “common language” approach (McLeod, 2003), in which there is an attempt to capture the purposes of different models within a common language. Given that Counselling Psychologists have the huge resource of the discipline of Psychology to call upon, it is perhaps surprising that there are few attempts in the literature to demonstrate how this could be achieved, although anecdotally, trainees often recount how they have made sense of different theories through a common psychological language. There are some examples in the literature of psychologists within particular therapeutic traditions translating those traditions into psychology. For example Lemma (2003) relates psychoanalytic ideas about the unconscious to modern ideas about memory in mainstream psychology. For example she states “the very early events that may exert a profound influence on the development of the

psyche are most probably encoded in procedural memory” (p80). Similarly Huprich (2009) lists a number of psychoanalytic terms and maps them onto the equivalent concepts in modern mainstream psychology, again mainly coming from the memory and cognition literature (for example object representation is likened to person schema). Similarly, Mcleod (2003) has pointed out how trends within humanistic therapies often have a leaning towards cognitive ideas. However, to date there has been no systematic attempt to demonstrate an integrationist stance founded in a psychological common language (though Lapworth and Sills (2010) probably come close, without articulating it, for example suggesting that therapy needs to be based on a holistic model of the person, and using terminology such as cognition, behaviour and the past in their conceptual framework).

To summarise, many professional courses in counselling psychology are adopting an eclectic/integrative stance. For example trainees may be exposed to multiple models and these are then expected to inform their practice. Training in such a pluralistic way can be a challenge, and clearly there are different views about how to go about meeting this challenge. This study therefore seeks to examine the experiences of trainees on a number of courses, as well as asking course directors about their goals for trainees and the kinds of strategies they employed. We also asked a number of mature practitioners for their views on how they had come to their current therapeutic stance. Finally, as noted above, we are aware that several authors from different traditions seek to translate model specific terms into a common psychological language. Given that counselling psychology trainees come from this common background, we wanted to explore the extent to which trainees use psychology as a common language in developing their understanding of integration.

Methodology

Analysis

A qualitative methodology was chosen to generate rich interview data. Unstructured interviews were used which were then analysed using thematic analysis following grounded theory principles (McLeod, 2003, Strauss and Corbin, 1990). In other words, we were careful not to set out with prior hypotheses or conjectures about the data. The actual analysis followed the principles of thematic analysis set out by Braun and Clarke (2006).

The analysis started with the twelve transcripts of the interviews. These were produced from digital audio recordings. These were broken down into meaning units, and the meaning units were each coded. The resulting codes were then examined and compared in an iterative process across all the interviews, to arrive at a succinct set of codes capturing the distinct first order points made by the participants. These were then clustered into higher order themes. This process was completed independently by each of the three researchers, who then met to discuss the thematic structure, and arrive at a single agreed version. The thematic structures were remarkably consistent between the authors and relatively little adjustment was required to arrive at the final agreed version. This was then sent out for comments to the participants, who were asked to say if they thought any of their points were misrepresented or if there were additional points they wished to make. All the participants replied that the thematic analysis captured their points well, and there were no additional points raised.

Participants

There were twelve participants in the study. Six were trainee counselling psychologists, three were course directors and three were qualified and experienced counselling psychologists. The participants were recruited following

an announcement in the British Psychological Society's Division of Counselling Psychology electronic newsletter.

Ethics

Ethical approval for this study was obtained from the Ethics Committee of Newman University College. Information about the study was provided in advance of the interviews and participants were given the opportunity to ask any questions they had. Consent was confirmed verbally from all participants at the beginning of the recorded interviews.

The Researchers

Tony Ward is a counselling and health psychologist with an interest in how trainees perceive integration. Kevin Hogan is a lecturer in counselling, whilst Rebecca Menns was a psychology undergraduate at the time of the study. The motivation was to explore perceptions of integration, mainly from a trainee perspective but also looking at the views of course directors and experienced counselling psychologists.

Procedure

Participants were sent an invite to take part in the study via email, along with details of the study. A date was arranged when they could be interviewed and they were then phoned at the agreed time. During the call, participants were reminded that calls were being recorded for transcription, and they were asked to verbally confirm that they were happy to take part in the study.

The interview began using the general phrase "As you know we are interested in the views and experiences of counselling psychologists in terms of theoretical integration, and we would be interested in anything you would be willing to share with us". For the trainee participants, the interview then followed a semi-structured format, in which reflections were invited around a number of key issues. These were the theories they were exposed to in training, their

understanding of integration, how the different theories play out in the way they work with clients, and finally the extent to which psychology informs their work. Generally, participants were allowed to follow their own direction, with the interviewer reflecting back the material and facilitating the recollection. The final theme was added to explore to what extent psychology is seen as important to the “counselling psychologist” identity, as opposed to therapeutic models, which were the main focus from the previous discussion.

Interviews with the experienced practitioners followed the same format as those for the trainees, but obviously the reflection on training was based on experience from some time in the past.

The interviews with the three course directors followed a different format, as we were specifically interested in their perspectives as course directors. In these interviews, participants were asked which models are taught, the ethos and philosophy of the course, aims and intentions around integration, reflections on the student experience, any issues around which students experienced difficulty, and finally the extent to which psychology was brought into the curriculum and helped shaped the trainees perspective. Thus the issues covered were a bit more targeted for the course directors, to ensure that basic information about course nature and structure was obtained, as well as the more discursive reflective material.

Interviews varied in length from twenty to fifty minutes. They were digitally recorded using an Edirol R09HR recorder.

Results

Table 1 about here.

A summary of the thematic analysis can be found in table 1. Eight overarching

themes were identified with a number of sub themes.

In the following discussion of the themes, example quotes from participants are given in italics. Quotes are from trainees unless otherwise indicated.

The first theme related to the number of theoretical models which participants had been exposed to in their initial training. Three distinct patterns were evident. These three patterns differed in that they either focused on one, two or three theoretical models respectively. Participants were evenly spread across these patterns. So amongst the six trainees, two had been exposed to each pattern, and similarly the three course directors each represented one of the three patterns. Of the experienced qualified participants, one had trained using a single core model and the other two have both been exposed to three core models.

“On my course we started off in the first year learning the person centred approach, and then moved onto the psychodynamic in year two, and then finally cognitive behaviour therapy.....we had to do a placement each year in that area”

A second theme reflected different views about what integration is. These included being principled about how one works with clients, not just picking and choosing between approaches, attempting to bring different approaches together into a harmonious stance, and moving on from an eclectic approach.

“Integration is about having a reason for working in a particular way with a client...its more than eclectic, where you might just move from one thing to another”

Courses differed in the way they went about encouraging trainees to develop an integrated stance, as reflected in theme three. In some cases students were expected to “ assimilate” their own way of making sense of integration. This

seemed to be linked to helping trainees develop their own ideas around common factors and relationship. Thus trainees might be exposed to many different ideas and theoretical models, but without very specific guidance on how to reconcile the different views and come to a satisfactory way of working. Some single model trainings also take the view that their trainees assimilate their stance, but this time the view of other models tends to come through a critique rooted within the core model. Some courses use an explicit integrative framework which is presented to trainees to help think about integration. In particular a pluralistic stance encourages students to value many different ways of working and to work with clients to tailor the intervention in a collaborative fashion.

“The trainees are exposed to each of the different models across the years of the programme. There’s a module in the final year which requires them to reflect on and demonstrate how they have made sense of the models, and how they will practice.” Course director.

In terms of specific teaching strategies the use of specific types of assignment was mentioned several times. For example students are often invited to write essays about integration or to present extended case studies using an integrated framework.

“We introduced an extended case study into the final year, so that there is some practice in the final assessment – this encourages the students to draw their thinking together from across the range of approaches they have encountered” Course director.

There was a general view amongst all of the trainees interviewed that courses should be much more explicit in how they deal with integration. This is linked to the perceived difficulties in learning integration -refer to theme four below.

“It’s like we get all these models across the different years, but there’s nothing

about how to bring it all together, how to make sense of it all...”

The fourth theme was mainly articulated by the trainee participants. They frequently spoke about the confusion caused by the contradictions in the different theoretical models. For example cognitive behaviour therapy can be seen as quite directive whereas person centred therapy is very nondirective. Similarly, cognitive behaviour therapy often emphasises current experience whereas psychodynamic therapy might emphasise early experience. Students described how different theoretical models are often taught by specialists. These specialists may be very enthusiastic about their own models and may sometimes disparage alternative views. Frequently there is little or no attempt to reconcile the different models or suggest how they can be integrated.

“It would be really helpful if courses gave trainees some guidance on how to integrate the different approaches, how to make sense of the conflicts and differences between them”

“Sometimes it seems like each lecturer is out to promote their particular approach, there’s no links made between them...”

Despite these difficulties, trainees were very positive in theme five about the advantages of learning an integrative approach. They talked about how one theoretical model may fill the gaps in another. For example person centred therapy may give a particular understanding of the relationship in therapy which might then inform a cognitive behavioural approach. Similarly, an understanding of transference gained from psychodynamic therapy might complement the lack of such discussion in person centred therapy. Incorporating varying therapeutic approaches into one’s stance gives a wider, more holistic approach.

“I guess the sense I make of it is that each theory has its gaps, which can be filled in by the other, like relationship in CBT”

In theme six trainees talked about how external influences outside of the course team could play a role in developing an integrative stance. For example, the supervisor may have been trained in a different theoretical model, or the practice context may insist on a particular way of practising. In some cases students described a conflicting triad between the course, the setting and the supervisor. Although these conflicts may sound like potential hurdles, they were described by the trainee participants as highly growth promoting. As one of the course directors commented, it is important not to remove all of the challenges involved at arriving at a coherent integrative understanding.

“I had a placement in my second year, in the NHS, and they really expected me to do CBT, but then I had a supervisor who was very psychodynamic....then I had to go back to the course and explain to the course staff why I was working like I was”

“At first it felt really stressful having all these different views around, but in the end I think I came to understand the different approaches more because of having to make sense of it all”

Theme seven follows on from theme six, in that some practice settings make it difficult to practice in an integrated way. In particular many placements insist that students primarily use cognitive behaviour therapy. Trainee participants described the difficulties of finding placements that would allow particular ways of practising. Others talked about the need to “play the game”, in other words to tick the boxes in relation to carrying out the prescribed therapy, whilst also being open to other influences.

“Well in my NHS placement they basically expected you to do CBT, but you

know, you find a way to do it your way, as long as you tick all the boxes”

Very few of the trainee participants were able to give an in-depth reflection on the role of psychology in their training as a counselling psychologist. Having knowledge of research methods and attachment theory were the main ideas contributed by these participants. All of the other suggestions came from the course directors. There was little mention of using the language and theories of psychology as part of an integrated stance, though it was suggested that psychology graduates often bring with them some prior knowledge of theoretical models, especially cognitive behaviour therapy.

“hmm, I’m not sure I’ve used my undergraduate stuff at all – research methods I guess, attachment theory....that’s about it”

Discussion

This preliminary study has illustrated that there is some variety amongst counselling psychology training courses in terms of the number of theoretical models presented to trainees. Some courses present a single core model, others present two or more. It is not uncommon for trainee counselling psychologists to be required to demonstrate on placement that they can use the principles from three different core models in their work with clients.

Courses approach the task of helping their trainees to make sense of all the different models presented in varying ways. What is common across all of the courses according to the trainee participants in this study is the need for a more explicit approach to integration and making sense of the differences between the different theories presented. Thus the situation in counselling psychology training, that integration is a difficult concept which trainees have to grapple with, mirrors that previously found in relation to counselling training in general (e.g.

Halgin, 1985, Norcross and Greencavage, 2004). It would be interesting in further work to explore what are the most effective ways of helping trainees to come to an effective understanding of integration. Is it better to give students clear pointers and help them resolve some of the conflicts? Or, is it better to give them the space to resolve these issues for themselves?

Given the many different patterns of training and theoretical models presented, it is not surprising that trainee counselling psychologists frequently experience conflict between the theoretical allegiances of their course, supervisor and placement context. Whilst it is often assumed that this is likely to be a negative experience, the trainee participants in this study reported that whilst this can be stressful it is also likely to be highly growth promoting. Again the sense of a difficult personal journey is echoed from the general literature on counselling training (Garfield, 2000, Castonguay, 2006). It would be interesting to know from a study with a wider group of participants if these kinds of conflict involving course – supervisor – context triads always resolve positively. Are there circumstances in which the outcome for the trainee is less positive?

Finally it is evident that trainee counselling psychologists are unable to articulate how psychology benefits and influences their developing identities as counselling psychologists, other than through the emphasis on research and empirical methods and attachment theory. We were surprised and disappointed that counselling psychology trainees could not articulate in more depth how their identity is unique given their extensive foundations in the discipline of psychology. Some course directors fared considerably better, but this awareness does not seem to be communicated. Given the increasingly crowded therapeutic marketplace in which new counselling psychologists have to sell their services, this seems a shame. It could be argued that most if not all of the therapeutic models presented in counselling psychology training are rooted in the discipline of psychology, and that the language of psychology can function as a meta-theory to help students develop their integrative stance. For example, as

mentioned in the introduction a number of psychodynamic writers draw parallels between psychodynamic concepts and current psychological theories (Lemma, 2003, Huprich, 2009). Indeed social experimental psychologists have endeavoured to study transference processes in the psychology laboratory (Miranda and Anderson, 2007). Similarly, Rogers' (1951) conceptualisation of the person in terms of self-development has much in common with current social and cognitive perspectives (Hogg and Vaughan, 2002). It therefore seems to the current authors that there is much scope for further development of the unique identity of counselling psychologists with an emphasis on their psychological foundations.

Clearly this pilot study is limited given the small sample size. It would be beneficial to extend the research in the future to include participants from a wide range of courses. Another approach would be to study particular courses in depth. This would allow an appreciation of the challenges faced by trainees going through a particular training regime, alongside the aims and aspirations of the staff delivering that course.

In conclusion, it seems to the current authors that counselling psychology in the United Kingdom has evolved considerably since it was first mooted as a new area of practice for psychologists back in 1979 (Nelson-Jones, 1999). The minimum competency of being proficient in one model of therapy and cognizant of another (BPS, 2010, HPC, 2010) seems consistent with Wheeler's (1993) view that initial training in therapy should be fairly purist. However, many counselling psychology courses have come to reflect the integrative imperative (Feltham, 1997) and now expect trainees to be competent in two or more approaches. This presents challenges for both courses and trainees. A further challenge for the discipline, in our view, is to work out how to ensure that trainees explicitly use and build on their foundation of psychology to construct their professional identity. In our view, such positioning may be essential in future in terms of allowing psychologists to position themselves in the therapeutic market place. It

allows counselling psychologists on the one hand to distinguish themselves from other psychological therapists, whilst at the same time highlighting their unique holistic, comprehensive and flexible understanding of what it is to be human.

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Table 1. Thematic analysis.

1) Numbers of therapeutic models covered.

- a) One main model, with some coverage of a variety of others.
- b) Two main models e.g. Client centred plus CBT.
- c) Three main models e.g. PCT, Psychodynamic, CBT.

2) The nature of integration.

- a) Not just picking and choosing between approaches
- b) Being principled about the way one works with clients
- c) Bringing all the different approaches together.
- d) Different to eclecticism, which is moving from one approach to the other, trying something else if first approach does not work.

3) Ways of teaching integration.

- a) Assimilation, i.e. student comes to their own way of making sense of integration, implicit emphasis on common factors, relationship.
- b) Assimilation through the lens of the single core model, with critical evaluation of other approaches, to sift out what is compatible and useful (trainees were quite negative about this).
- c) Pluralism - being open to a variety of approaches, and collaborating with client to arrive at best intervention tailored to that client.
- d) Use of specific assignments, e.g. essays, extended case studies, on integration.
- e) General trainee view that there should be more explicit treatment of integration.

4) Difficulties in learning integration.

- a) Conflicts between models,
E.g. directive vs. non directive in CBT vs. PCT
CBT emphasis on current exp vs. PD emphasis on early exp
- b) Models often taught by specialists, who don't emphasise integration

5) Advantages of learning integration

- a) One approach fills the gap in the others
E.g. PCT emphasis on relationship adds to CBT
- b) PD emphasis on transference complements PCT
- c) Gives a wider, more holistic perspective.

6) Role of outside influences

- a) Supervision if not from current training model
- b) Setting, which may prefer a different model.
- c) Can have a conflicting triad
Course <-> Setting <-> Supervisor
- d) Conflicts between course, setting and supervisor were often seen as growth promoting

7) Setting constraints

- a) Many settings require CBT
- b) Need evidence for other approaches
- c) Variety difficult in some settings
- d) Need to “play the game”
- e) Difficulty if few placements available for a particular model

8) Where does psychology come in to training?

- a) By accident
- b) Less reflective
- c) Challenge of PCT
- d) Daunting training
- e) Through previous knowledge of PCT, CBT
- f) Knowledge of testing
- g) Knowledge of development / attachment theory
- h) Knowledge of research methods
- i) (could be better grounded in some recent relevant theory e.g. around self determination).
- j) Less model focused (e.g. compared to other trainings)