Beginning Female Therapists' Experiences of Applying Theory into Their Practice

By:

Maria S. Anastasiou

Thesis submitted to the faculty of Virginia Polytechnic Institute and State University
In partial fulfillment of the requirements for

Master's of Science
In
Human Development

Dr. Sandra Stith, Committee Chair
Dr. Eric McCollum, Committee Member
Dr. Angela Huebner, Committee Member

April 17, 2006
Falls Church, Virginia

Key Words: Beginning Therapists, Theory Application, Stages of Learning, Transferring Theory to Practice

Beginning Female Therapists' Experiences of Applying Theory
Into Their Practice.

Maria S. Anastasiou
Dr. Sandra Stith, Committee Chair

Abstract

Although there is an extensive amount of literature on the developmental stages of beginning therapists and the challenges they face, little is known about one of their most difficult challenges; transferring theory learned in the classroom to their practice. This study is a qualitative look at how beginning therapists learn to apply theory to their practice. Ten students who were beginning therapists with at least 75 client contact hours were interviewed from four different universities with accredited marriage and family therapy programs. The study was conducted using a phenomenological perspective to explore how beginning therapists begin to apply theory to their practice. Using the constant comparison method of analysis, five major themes emerged from the interviews as well as a general developmental process that help to describe how beginning therapists apply theory to their practice. The main themes found include before seeing clients, early process, what was helpful, later process and a reflection of that process. Implications for beginning therapists and training programs as well as future research are indicated.

Table of Contents

Chapter One: Introduction

<u>Problem and Setting</u>

Clinical training rests on the assumption that competent clinical practice is grounded in the intentional use of theory. Theory expands the conceptualization of client problems, helps to organize large amounts of complex data and provides direction for interventions (Berder, 2000; Berlin & Marsh 1993). Even though it is commonly accepted that theory plays a central role in competent practice, educational programs have struggled to identify the means to assist students in linking theory taught in the classroom to practice in the field (Bolson & Syers, 2004).

The academic approach for therapists is generally deductive: Theories are taught in the classroom; students are responsible for translating them into functional behaviors in the field (Tolson & Kopp, 1988). Students entering marriage and family therapy programs are immediately exposed to extensive theoretical and empirical information and are then expected to perform adequately in practicum (Ronnestand & Skovholt, 1993). Students become challenged with the difficult task of integrating theory, research and practice into their clinical work. The gap between academic work and the implementation of techniques or the application of theories in clinical sessions can seem huge to the beginning therapist (Patterson, Williams, Grauf-Grounds, & Chamow, 1998).

Because there is often a large theory-practice gap experienced by students in practicum, students are always looking for a way to narrow the gap to be able to perform well and to do this as quickly as possible so they can master the demands of meeting clients (Ronnestad & Skovholt, 1993). Students who begin their clinical work eventually

must declare their own theoretical allegiance and struggle with the application of family therapy theory to their own clinical work (Piercy & Sprenkle, 1988).

Training in family therapy within an academic setting refers to both the theoretical course work as well as clinical supervision during practicum to assist the student in the transfer of theoretical knowledge into therapeutic strategies (Liddle, Breunlin & Shwartz, 1988). Throughout their education and training, students can encounter widely varied supervisory and theoretical influences, each one of which is potentially influential. Research on training novice family therapists has focused more on clearly delineating and defining concepts and theoretical approaches rather than on the integration and application of concepts and therapeutic skills within the therapeutic environment (Avis & Sprenkle, 1990). As family therapy education continues to develop, students are continually being exposed to a variety of family therapy theories, each with its own assumptions and interventions. For students, learning to reconcile these divergent influences is a potentially confusing and difficult task (Greben, 2004).

There are many challenges facing the beginning therapist; preparing for meeting the first clients, the interaction during the session and conceptually organizing the experience into a theoretical framework (Skovholt & Ronnestad, 2003). Even after intense classroom study, students often feel unprepared to address fundamental issues in therapy (Patterson, Williams, Grauf-Grounds, & Chamow, 1998). Today's marriage and family graduate students not only have to choose from a wide variety of theories and techniques; they must also apply these theories and techniques in their clinical work. For beginning therapists, the application of theory into their clinical work can be a daunting task. Beginning therapists often experience confusion and anxiety about their

performance (Stock-Ward, 2003). Beginning family therapists also frequently experience a host of nervous feelings when they begin their clinical work.

Whether emphasis for the integration of theory and practice is placed in methods courses or practicum, the question of how to assist students in mastering the integration of theory and practice still remains (Bolsen & Syers, 2004). Despite this, the experiences of beginning therapists attempting to apply the diverse array of theories and clinical strategies they have learned to their clinical work has not been well documented. Although this study may not answer the question of how to assist students with integrating theory and practice, this study aims to fill some of the gap in literature concerning beginning therapists attempting to apply theory taught in the classroom into their clinical work. In this study I will attempt to explore and understand the experiences of beginning therapists as they begin the task of applying theory into their practice.

Rationale

In a discussion in practicum class, which included seven beginning therapists (myself being one of them), the topic was what advice would we give to next years' beginning therapists. As the conversation came alive, I remembered that one of my concerns before I entered the clinic was if I was going to be able to apply the theories I had learned into my practice and how I would do that. I brought this up in our discussion and almost all of my classmates said that they too had very similar worries before starting clinic. I found myself fascinated by how many of us had the exact same concern. I wanted to know more about how this affected everyone and how he or she began to apply the many different theories they had learned into their practice. I wanted to understand

the entire experience of applying theory into practice for beginning clinicians and how each one of them perceived the experience and what it meant to each of them.

Educators seem to assume that classroom knowledge is transferred to the field, although this assumption rarely has been subjected to empirical investigation (Tolson & Kopp, 1988). To date, the focus of the research regarding therapist cognitive functioning has been on exploring the role of some aspect of therapist cognition in relation to effective counseling (Fong, Borders, Ethington & Pitts, 1997). An early part of this research was to develop ways to identify and classify therapist thoughts, therapist intentions and to link these with sequences of client and therapist responses. Another approach to examining therapist cognitive functioning has been to consider the conceptual level or cognitive complexity of the therapist and potential effects on the counseling process (Fong, Borders, Ethington & Pitts, 1997). Research has also evaluated the effectiveness of family therapy but has not reliably described the experiences that make up the process of family therapy (Pinsof, 1981). Empirical and conceptual work has also contributed to expanding the knowledge of the structure, process, and goals of supervision (Skovholt & Ronnestad, 1992).

Family therapy theory and research needs to go beyond the study of skill acquisition and examine how acquired skills and conceptualizations interact in the novice family therapist's development (Friendlander, Wildman, Heatherington & Skowron, 1994). Very little research in the family therapy literature has addressed first-year clinical struggles or the problems of the novice therapists (Polson & Nida, 1998). Research is also lacking on the cognitive development of therapists as they progress through a program. According to Breunlin (1989) the field of family therapy training

must answer questions such as: What types of trainees, what types of training experiences, with what types of therapy, produce therapists who produce the best therapy outcomes.

The marriage and family therapy field continues to struggle to identify key ingredients for the practice of successful family therapy and the training needed for it (Figley & Nelson, 1990). The least examined dimension of therapist cognitive functioning has been the cognitive process of the therapist (Fong, Borders, Ethington & Pitts, 1997). The development of beginning family therapists in terms of the application of conceptual, perceptual and therapeutic skills as they participate in the therapy process has been suggested as an area which has potential for investigation (Liddle & Saba, 1982). This study will specifically focus on the beginning family therapist's experience of applying and integrating theory taught in the classroom to their clinical work in practicum.

Significance

There is strong evidence for the efficacy of marriage and family therapy interventions ranging from drug abuse and child hood disorders to marital problems (Sprenkle, 2003). Therapy has taken on greater and greater importance as it holds a central place in the solution of many of the complex and important concerns people face (Skovholt & Ronnestad, 1992). Training effective family therapists is essential to this growing and advancing field. Even though there are many challenges a beginning therapist experiences, accessing theory, integrating it, then blending information is particularly exhausting (Skovholt & Ronnestad, 2003). In a study by Barsky and his

colleagues (1997), students indicated in focus group interviews a desire for more guidance in linking theory and practice (as cited in Bolsen & Syers, 2004).

For beginning therapists, anxiety has been studied as a factor that may interfere with the learning or demonstration of behavior related to therapist effectiveness (Bowman, Roberts, & Giesen, 1978). Therapist anxiety impacts the quality of their work because attention cannot be directed toward relating to the client; instead it is directed at reducing the visible effects of anxiety. Anxiety and fear about the unknowns of therapy can seriously heighten the stress level of the beginning therapist (Skovholt & Ronnestad, 2003). Exploring and understanding the process of integrating the many theories learned in the classroom and how the beginning therapist begins to apply these theories in their practice may help to relieve some of this anxiety students may feel. Providing a rich description of the beginning therapist struggles may help to ease this difficult novice voyage (Skovholt & Ronnestad, 2003).

Understanding the process of applying theory into practice can also be helpful for supervisors. Supervision can be most effective when it takes the therapist's level of development into account and is tailored to her or his individual needs (Stock-Ward & Javoreck, 2003). Experts in this field suggest that schools of clinical therapy have failed to develop and apply procedures that maximize integration of field and school. One of the top three priorities identified for supervisors and instructors was furthering the students' ability to integrate theory and practice (Bolsen & Syers, 2004). Exploring and understanding the beginning therapists' experience of applying theory to their practice may have the potential to improve the training of therapists. A clearer understanding of

the developmental process of therapists may also improve the quality of supervision (Ronnestad & Skovholt, 2003).

Understanding the process of applying theory into practice can also be helpful for programs and professors alike according to Fong (1997) who suggests that a first step is to consider a curriculum to prepare therapists that would incorporate their own knowledge of functioning. Two of the most prevalent questions related to the integration of theory and practice are where to locate the primary responsibility of integration in the curriculum and how to discern which strategies are most effective in enhancing students' abilities to integrate theory and practice (Bolsen & Syers, 2004). According to Piercy and Sprenkle (1988), there is much more that educators can do to facilitate the process of personal theory integration. The ultimate goal is to challenge students to challenge themselves to link theory and practice (Piercy & Sprenkle, 1988). Just how to do this may come from understanding the experience of beginning therapists and how they begin to apply theory into their practice.

Theoretical Framework

To get a clear and deeper understanding of this experience, this study will use phenomenology as the theoretical framework. Phenomenology assumes that knowledge is socially constructed, researchers are not separate from the phenomenon they study, knowledge can be gained from art as well as science, bias is inherent in all research regardless of the method used, common everyday knowledge about family worlds is epistemologically important, language and meaning of everyday life are important, and that objects, events or situations can mean a variety of things to a variety of people in the family (Sprenkle & Moon, 1996). The goal of phenomenological inquiry is to produce a

deep, clear and accurate understanding of the experiences of the participants and of the meaning found in or assigned to those experiences (Sprenkle & Moon, 1996).

Researchers operating in the phenomenological mode attempt to understand the meaning of naturally occurring complex events, actions and interactions in context, from the point of view of the participants involved (Moon, Dillon & Sprenkle, 1990). Guided by this theory, my concern was the holistic understanding of the experience of beginning therapist's applying theory to their practice, by allowing the participants to describe the phenomena for themselves. As Sprenkle & Moon (1996) stated, my goal in this study was to accurately reflect the experience so that it will be understood and not "solved" and put away.

Because one of the philosophical assumptions of phenomenology is that researchers are not separate from the phenomena they study. In fact, the researcher themselves becomes part of the research set and that bias is inherent in all research regardless of the method used (Sprenkle & Moon, 1996), I too became part of the study. In this case, I am also a beginning therapist who has had the experience of applying theory to practice. While this might have colored how I saw and interpreted the phenomena, it also gave me greater insight and ability to make connections between concepts because I am a part of the experience. I was also able to focus, expand and explore concepts more closely and with greater awareness and understanding of the experience of the beginning clinician applying theory to their practice.

Researchers in the phenomenological tradition are primarily concerned with questions of belief and the structure of consciousness (Hoshmand, 1989). The primary data-gathering procedure in phenomenological research is the qualitative interview

(Moon, Dillon & Sprenkle, 1990). In seeking to understand this phenomenon in depth and detail, I used a qualitative research method that will yield descriptive and rich data of the participant's experience. I focused on each participant's definition of the phenomena, her views, and feelings in order to capture the participants lived experience of applying theory to their practice.

<u>Statement of Purpose</u>

The purpose of this study was to understand the beginning therapists' experience of applying theory into their practice. I was interested in how beginning therapists start to think about theory and then begin to link it to their practice. I wanted to understand how beginning therapists begin to draw from the many theories they have learned and integrate those theories into their clinical work. I was also interested in the associations participants made between theory and clinical techniques or if there are any. I wanted to understand how beginning therapists felt about applying theory into practice, what their thoughts were and how they experienced the task of connecting theory and then linking it to their clinical work. I also wanted to understand their beliefs and views on what it means to apply theory into clinical practice from their personal perspectives. I hoped this would yield a holistic understanding of a beginning therapists' experiences of applying theory into their practice.

This study aims to fill some of the gap in literature about the least examined dimension of therapy, which is the therapist's cognitive functioning (Fong, et al., 1997). It aims to answer the questions: (1) How do beginning therapists first begin to use theories or treatment models in their clinical work? (2) Is there a certain process beginning therapists go through when applying theories or treatment models to their

clinical work? (3) How do beginning therapists perceive this experience? (4) What was most helpful in the process and what needs to be changed?

Through these questions this study aims to understand the development of the novice family therapist in terms of the application of theoretical, perceptual and therapeutic skills as they begin therapy. It also aims to comprehensively examine beginning therapists' experiences, particularly, as they go through this stressful stage of starting clinical work. Furthermore, unlike many studies conducted about novice therapists' development, using a qualitative method, this study aims to give rich and descriptive detail about the process of beginning clinicians' application of theory to practice

Chapter Two: Literature Review

Introduction to the Literature Review

When it comes to the beginning or novice therapist, most of the literature in this area focuses on the developmental stages of the novice therapist during their training programs and the experiences or struggles of the beginning therapist. Research has also focused on the challenges beginning therapists face, especially concerning the anxiety level of the therapist. In reviewing the literature on beginning therapist, most of the studies are based on counselors and almost none of the studies are specific to marriage and family therapists. Although a few of the studies reviewed recognize that applying theory to practice is a concern for beginning therapists, there are no research studies on how beginning therapists actually apply theory to their practice.

In this chapter, I will examine the literature on the developmental models that outline the stages a therapist goes through (with focus on the beginning therapist) as well as the research studies on this topic. I will focus on the experiences, challenges and struggles a beginning therapist faces. I will also discuss therapist development and how applying theory to practice is a part of that. In addition, I will briefly review the scientist-practitioner model as well as Donald Schon's reflection-in-action epistemology of learning and practice. Finally, I will discuss one research study that looks at how classroom knowledge is transferred to the field and one article that introduces an integrative case analysis model for linking theory and practice.

Developmental Models

In recent years, several models of counselor training and supervision based on human developmental theories have come to dominate the literature (Sawatzky, Jevne & Clark, 1994). These stage models share a number of common features. They propose anywhere between three and eight stages of counselor development. The stages themselves are regarded as relatively discreet and movement through the stages is generally characterized as linear, beginning with an initial state of anxiety and dependence (Sawatzky et al., 1994)

In the family therapy literature, two models developed by Everett (1981) and Friedman and Kaslow (1986) describe the stages of development that trainees go through before identifying themselves as family therapists. Everett (1981) suggested four stages of development in which growth can be identified. The stages can be characterized by the interplay of differentiation with dependency in the student therapist's relationship with the supervisor.

According to Everett, stage 1 involves preoccupation with the narcissistic self. Here, the student therapist is anxious and hesitant to risk offering an opinion to the supervisor. In stage 2, there is ambivalence for the student therapist expressed through the struggle between self-protection, engagement with clients, and the issue of control in relationship to the supervisor. In stage 3, the student therapist identifies with the supervisor and engages in open discussions with the supervisor. Stage 4 is characterized by separation from the supervisor and the establishment of personal identity. This final stage results in personal individualization, clinical autonomy and professional individuality.

Friedman and Kaslow (1986) suggest that family therapists experience a number of developmental stages before establishing a competent sense of professional identity as family therapists. The authors also suggest that the supervisory process is very important in the development of a competent sense of professional identity. They believe it is the supervisor's task to assess the professional developmental level of the trainee and provide learning conditions appropriate to that stage of development. They proposed a six-stage developmental model.

Stage 1 is the excitement and anticipatory anxiety stage that starts when beginning therapists learn they will be working with clients and ending with their first meeting with their supervisor. The supervisor's job at this stage is to provide security and empathy regarding the trainee's anxieties and vulnerabilities. Stage 2 begins as soon as the trainee is assigned a case. This is the dependency stage, when beginning therapists depend on their supervisors for answers because of their lack of confidence, skill and knowledge about psychotherapeutic work. Supervisors in this stage should convey a sense of warmth and acceptance and demonstrate that there are ways of organizing and anticipating experiences with clients.

Stage 3 is characterized by continued dependency for beginning therapists with movement towards independent activity. According to Friedman and Kaslow, the trainee at this stage wavers between being a reactor to both the client and the supervisor and being a more active participant in both relationships. As a consequence of the trainee's increased activity level, there is an elevation in his or her sense of professional responsibility for therapeutic actions and decisions. The most helpful stance the supervisor can take at this stage is to acknowledge the difficulty and weightiness of the

beginning therapist's responsibilities without overstating the case and escalating the

trainee's anxiety level (Friedman & Kaslow, 1986).

It is at this stage that trainees begin to make efforts to learn about and integrate

psychotherapy theory as it relates to practice. The authors suggest that the intensity of the

student's search for understanding is rarely matched by the student's ability to integrate

the answers. Discussions involving theory during supervision primarily provide the

beginning therapist with an opportunity to practice the psychotherapeutic language.

These new words and ideas have little impact on the trainees' psychotherapeutic work.

Friedman and Kaslow suggest that Stage 4 is described by therapists taking

charge of the therapy. In this stage therapists show feelings of excitement about the

effects of their work as family therapists. Everything that the beginning therapist has

experienced is starting to gel together at this point. As a consequence, beginning

therapists are now able to substantively grasp connections between theory and practice.

The authors postulate that when multiple theories and techniques are presented to trainees

in earlier phases of their education, they lack the organization and experience into which

to fit the diverse array of ideas. Beginning therapists at this stage prefer supervisors who

are intelligent and knowledgeable about literature and practice rather than warm and

empathetic, which is desirable but insufficient for supervision at this stage. In the later

stages, therapists move towards competency. Stage 5 is when therapists begin to develop

a sense of identity and independence. In the final stage, Stage 6, therapists experience a

sense of calm and collegiality.

Stoltenberg (1981) also proposed a developmental model of counselor

development. He suggested that supervisees progressed through a sequence of

identifiable stages during their training. According to Stoltenberg, there are four stages a trainee goes through and in order to go to the next stage, the trainee must advance in his or her conceptual development. The model views trainees as progressing from relative dependence on their supervisors for direction in counseling processes to professional autonomy. This model also describes the optimal supervisory environment for trainees during each stage of development.

In the first stage of development, the counselor operates at a low conceptual level. At this stage, trainees lack confidence and are very dependent on their supervisors for advice and direction. Trainees in stage one are also preoccupied with rules and the right way to do things. They are also insecure and have little insight regarding the impact he or she has on clients in session. In the stages two to four, trainees develop greater conceptual abilities with greater needs for autonomy. According to Stoltenberg, the appropriate supervision environment should match the advancing conceptual level of the therapist and support the greater need for autonomy.

These models all propose a number of developmental stages that therapist/counselors progress through in order to achieve a competent sense of professional identity. Many of the models also suggest that supervisors play an important part in therapists' development. The models suggest that supervision should match the professional developmental level of therapists so that beginning therapists can move towards autonomy.

Research Studies on the Developmental Stages of Therapists/Counselors

Along with the models of developmental stages a therapist/counselor experiences, there are also research studies that explore these stages of development and provide

empirical support for their existence. Kral and Hines (1999) explored the stages of development that family therapists experienced in coming to a competent sense of professional identity as family therapists. The purpose of this study was to survey family therapists regarding characteristics involved in the developmental stages postulated in the model Friedman and Kaslow (1986) developed. The study included 182 participants, which included 162 licensed family therapists (LMFTs) and 20 graduate students from an accredited family therapy masters program.

The LMFTs had a minimum of 2 years of postgraduate experience, which included 1,000 hours of direct client contact and an additional 200 hours of supervised clinical work. A questionnaire was developed based on the model of therapist development by Friedman and Kaslow (1986). Items in the survey were written using wording taken directly from the descriptions of each stage.

The results of the study provide the empirical support for the existence of the developmental stages described by Kaslow and Friedman (1986) for family therapists' process of coming to a competent sense of professional identity. The study also provided some evidence that the development of the competent sense of self as a family therapist did not take place solely within the individual but that other factors within a larger system were involved in the development. Achieving this involved a systemic development including family therapist's relationship to his or her supervisor, other professionals and the local community (Kral & Hines, 1999).

In a similar study by Fong, Borders, Ethington and Pitts (1997) the cognitive development of counseling students during their training program was also investigated. They studied 48 students enrolled in an accredited counseling practicum program. The

students were assessed at the start of the program, at the completion of the first semester, at the end of practicum and at the end of their internship program to understand the cognitive development of the counseling students.

The researchers selected variables to reflect aspects of counseling students' cognitive development from two perspectives: indicators of cognitive functioning and indicators of actual counseling performance. The study found that small incremental gains in counselor cognitive functioning occur over the course of a master's counselor training program. Their results showed that beginning students focused on skill development (what to do) rather than on conceptualization (how to think about a client). They also found that beginning therapist reported feeling inexperienced, insecure and anxious. They typically felt uncomfortable, inadequate and unsure of themselves and distracted and unengaged. In one case a beginning therapist was particularly concerned about not having adequate therapeutic skills. This beginning therapist struggled with issues such as having problems with silences, knowing what to say in sessions, problem solving prematurely and being overwhelmed by her own feelings

In another study focusing on therapist development by Skovholt and Ronnestad (1992), 100 therapists and counselors ranging from the first year of graduate school to 40 years beyond graduate school were interviewed. The goal of this study was to generate knowledge pertaining to issues of therapist development such as challenges, emotional reactions, attitudes towards work, influential factors in development, learning method, perceptions of role and working style, conceptual ideas used and measures of success and satisfaction.

One hundred therapists and counselors were divided by education and experience into five groups. Among the five groups was a first year graduate student group from two different universities. Skovholt and Ronnestad (1992) used a 23-item questionnaire based on their written work and previous research on the topic, their own experience as supervisors and teachers in graduate programs and the literature on professional development. The researchers extracted several themes from their data about therapist and counselor development. Some of the themes extracted were about beginning therapists.

The authors found that beginning students typically find the start of professional training to be exciting but very challenging. Theories/research, clients, professional elders such as professors and supervisors, peers/colleagues, social/cultural environment all impact students and sometimes overwhelm them. One theme that was found is that there are three distinct periods of professional individuation. The period that focuses on the beginning therapist is called the *training phase*, which is labeled the *external and rigid mode*. This phase begins at the start of professional training in graduate school. In this phase students face a lot of external regulation in the form of difficult exams, intense professional socialization, structured internships and licensing requirements. During this phase the student goes through a long period of learning and demonstrating expertise in meeting the approval of the profession's gatekeepers: professors, supervisors and licensing board members (Skovholt & Ronnestad, 1992).

The authors found that this beginning phase is an exhaustive process that commands much of the individual's life energy. Perfectionistic behavior, obsessiveness and preoccupation characterize many students in this stage. One female student at this

stage said, "At times I was so busy thinking about instructions given in class and textbooks, I barely heard the client." As a direct result of this enormous professional pressure, students develop externally imposed rigidity in many areas of professional functioning, such as role or working style, conceptualization of issues and measurement of success.

Another theme extracted from their research about beginning clinicians was that students rely on external expertise. At this stage the students use theory learned and their own unarticulated, preconceptual ideology as a basis of professional functioning (Skovholt & Ronnestad, 1992). Beginning clinicians at this stage look for external expertise early in their development from their professors and supervisors. The researchers also found that modeling or imitating is a powerful and preferred learning method for beginning clinicians. The students at this stage are eager to learn by watching experts work and hearing them talk about their work.

There was only one theme extracted from this study that involved theory and it focused on all therapists and not just those who are beginning. The researchers asked the participants about the impact of theories and research. The authors thought that theory and research would be perceived as the most important part of development. However, in the interviews most participants talked about the impact of people who were significant for their development (clients, peers, supervisors, professors, experts, mentors and therapists). Even so, the researchers found that theory and research is often mediated through these individuals, concluding that both people and theories are important.

In a continuation of the same study by Skovholt and Ronnestad (1992), a closer look at beginning therapists using a qualitative method as a way to understand what is

going on at this stage of development is taken. Using the same group of 100 therapists

and counselors, they used group A, which consisted of 20 individuals who were

interviewed during the first year of their graduate program to describe this stage of

development. The group consisted of 16 females and 4 males ranging in ages from 24-47.

Using a combination of questionnaires, interviews and reinterview forms after the data

had been collected, researchers extracted themes from the data.

The transition *to professional training stage* is defined by the time limit from the

individual's formal decision to enter a graduate training program through the first year of

a training program in a counseling or psychotherapy field. The researchers found that the

central task at this stage is the assimilation of an extensive amount of new information,

which the individual is acquiring primarily from graduate classes and then using this

information in practicum. At this stage the students are trying to master theory and apply

it in practice, which the researchers say is difficult. They found that anxiety about

academic performance and performance in practicum usually makes this central task

stressful. Here, the authors found that students are trying as quickly as possible to fill the

"unknown" by learning a series of discrete pragmatic therapy/counseling techniques.

The beginning therapist feels excited about learning how to help others but at the same

time very insecure about his/her own knowledge of therapy. The beginning therapist

begins to see that the work is difficult and that there is much information available.

Trying to make sense of all the data can make the student become easily overwhelmed in

this stage.

The authors found that often a theory-practice gap is experienced by the

beginning therapist at this time. Usually the difficulty is in translating theory into

practice. Making sense of all the information is overwhelming for the beginning therapist. One participant said, " At times I was so busy thinking about the instructions given in class and textbooks, I barely heard the client." Another participant said, "There was too much data, too many conflicting ideas, and the techniques learned in class seemed kind of wooden and sometimes made things worse."

At this point the beginning therapist gradually and then more intensively begins searching for conceptual systems that will make sense out of all the data and help the individual to find the right direction. Some therapists absorb a variety of ideas-memorizing them and starting to try them out, without any reflection or ordering the ideas. The results of the study showed that the beginning student feels very vulnerable concerning his/her ability to help people and there is a great deal of anxiety about performance and competence at this phase.

Research studies on the developmental stages of therapists show an overall emerging pattern that therapists/counselors progress through. Beginning therapist/counselors typically begin with a low conceptual level, with an overall focus on what to do and what techniques to use rather than thinking about a situation conceptually. These studies also indicate that there is a larger system that includes different elements involved in the development of therapists/counselors. These elements include clients, peers, supervisors, mentors, theories and research. In all the studies, beginning therapists/counselors become autonomous, confident and competent by learning how to look at situations conceptually or theoretically. Many of the studies show that learning how to apply theory is an important part of development for beginning therapists.

<u>Experiences/Struggles/Challenges Beginning Therapists' Face</u>

The developmental stages a beginning therapist goes through can be very challenging. Research has shown that beginning therapists often feel anxious, pressured and overwhelmed at these beginning stages. Research and literature has also looked at these stages by focusing on the experiences, challenges and struggles the beginning therapist faces.

Skovholt and Ronnestad (2003) describe the struggles novice counselors and therapists face in an article that draws from empirical and conceptual literature on counselor and therapist development. The authors state that the ambiguity of professional work is the major catalyst for novice stress and describe seven stressors of the novice therapist. The seven stressors are: acute performance anxiety, the illuminated scrutiny of professional gatekeepers, porous or rigid emotional boundaries, the fragile and incomplete practitioner-self, inadequate conceptual maps, glamorized expectations, and an acute need for positive mentors.

According to Skovholt and Ronnestad, *acute performance anxiety and fear* are stressors that many beginning therapists face early in their careers. There is a feeling of being overwhelmed and a lack of professional confidence, which causes anxiety for beginning therapists when difficulties are encountered. The anxiety of self-consciousness leads to focusing on oneself and then makes it more difficult to attend to complex work tasks. Similar to other studies, the authors found that the therapist's anxiety impacts the quality of their work because full attention cannot be directed toward relating to the client. Rather, the therapist's attention is directed toward reducing the external visible effects of anxiety such as trembling or an unsteady voice and lowering the internal

anxiety so that he or she can think effectively. The beginning therapist may also experience specific fears such as having no idea what to say in reaction to a client's problem. Anxiety and fear can seriously heighten the stress level of a beginning therapist (Skovholt & Ronnestad, 2003).

Illuminated scrutiny by professional gatekeepers is also a stressor for beginning therapists. The authors suggest that the high evaluation stress in the counseling and therapy fields is because of a lack of clarity and difficulty in defining expertise (Skovholt, Ronnestad & Jennings, 1997). Consequently, beginning therapists must try to meet ambiguous standards while living under the scrutiny of supervisors. This is difficult for beginning therapists because supervisors are not only admired teachers but "feared judges who have real power" (Doehrman, 1976, as cited in Skovholt & Ronnestad, 2003).

Porous or rigid emotional boundaries are also a cause of stress for beginning therapists according to the authors. How therapists regulate their emotions when relating to a client is often a core challenge. When encountering challenges and emotional or cognitive overload, there are three styles of reacting to the intense data in an attempt to try and process it: premature closure, insufficient closure, and functional closure. The beginning therapist is flooded with impressions, images, feelings, ideas, worries, and hopes. Learning how to regulate these emotional boundaries is a major challenge for a beginning therapist because it takes time to develop flexible and adaptive boundaries.

According to the authors, beginning therapists have a fragile perception of self. This *fragile and incomplete practitioner-self* leads beginning therapists to shift through a series of moods: enthusiasm, insecurity, elation, fear, relief, frustration, delight, despair,

pride, and shame. The beginning therapist is fragile and therefore, highly reactive to negative feedback and this becomes a stressor for the beginning therapist.

Inadequate conceptual maps are another stressor for the beginning therapist. Conceptual maps guide therapists at every level of experience. Skovholt and Ronnestad (2003) postulate that the beginning therapist's most accessible map is that of the lay helper, which is drawn from personal formulations of helping as a family member or friend. The beginning therapist knows that the conventional map needs to be replaced by a professional map but this task is very difficult. What one has learned through the years is suddenly irrelevant for practice. Also, conceptual maps of the profession are developed as broad guides to cover a variety of problems but it may not cover the particular situation the beginning therapist is facing now. Many beginning therapist experience disillusionment when they realize that there are many unique situations that are different from that portrayed by academic models. The authors suggest that the problem is that there is too much to know and that one does not know what will be needed at what point. Until experience gives way to an internal cognitive map, the beginning therapist experiences the elevated stress of inexperience.

A beginning therapist may also have *glamorized expectations.* The beginning therapist is often more hopeful about the impact of his or her efforts than is warranted and their professional self worth closely coexists with client improvement. The therapist may reason that if he or she is skilled enough, warm enough, intelligent enough, etc., then the client will improve. For the beginning therapist, the problem with glamorized expectations is that they add more pressure and stress to an already existing amount.

The struggles and stressors of professional work often combine to form a sense of bewilderment and confusion for the novice and so they seek the support and guidance of professional adults- supervisors, teachers, or a mentor. The *acute need for positive mentors* is strong for beginning therapists. They want mentors to be available, strong, supportive, positive and helpful in specific ways. The absence of a mentor leaves the beginning therapist distressed.

In a research study by Nutt-Williams, Judge, Hill and Hoffman (1997), the experiences of novice therapist were explored. The purpose was to fully understand the types of reactions in which beginning therapists struggle with during counseling sessions as well as the awareness of their reactions. Specifically, changes in anxiety, self-efficacy, counter transference management and therapeutic skills were investigated over the course of a semester. Seven trainees in a doctoral counseling psychology program served as participants in the study.

The trainees reported feeling comfortable, empathetic and caring in their counseling sessions, although they also had feelings of anxiety, frustration, inadequacy and distraction. Specifically, the trainees noted that at times they struggled with anxiety around silences, termination, cultural differences, and their own skills. According to the authors, the trainees feelings and reactions did, at times, interfere with their ability to provide maximally effective counseling (Nutt-Williams et al., 1997). This interference often appeared in the form of negative or incongruent behaviors such as displaying anger or annoyance, becoming very directive, talking a lot or shutting down. Studies by Bandura (1956), Bergin and Solomon (1970), Brams (1961), Watkins (1985), and Gelso

et al., (1995), also describe how anxiety may be a factor that may interfere with learning or counseling effectiveness.

In an in depth qualitative study, Dermer (1998) looked at marriage and family therapists in training in order to identify and describe the fears and concerns novice therapists associate with doing therapy and to develop a theory about how and why fears and concerns emerge. Twenty-six volunteers from accredited Marriage and Family Therapy master's programs participated in the study. The students had anywhere from 3 months to one year of clinical experience. The students were asked open-ended questions in a 45-65 minute interview.

Beginning therapists identified fears and concerns relating to competency and credibility. Among these concerns were worrying about how others will judge them, worrying about doing things right and worrying about being evaluated. Students also mentioned higher-level skills as a source of anxiety. These skills pertained to being able to form questions according to their model of therapy, paying attention to clients/concentrating, and processing information at a meta-level. The study also found many concerns revolving around integrating theory and practice.

According to the author, the majority of the fears and concerns surrounded converting theory into action—transferring knowledge from the classroom to the therapy room. Students reflected concerns about integrating theory into questions and making the right assessments. One participant commented on anxiety around transferring book knowledge to decisions in therapy:

> "I really felt like in terms of myself as a therapist, that I have been trained a lot in theory. What I really felt a breakdown in is bringing that down into actually, here's what you do, you know, in a therapy session."

Dermer suggests that many beginning therapist doubt their ability to transfer their academic learning experience to therapeutic action. The author also suggests that beginning therapists may feel like they know theory but not how to translate that into terms of what to do in therapy.

In a research study by Furr and Carroll (2003), critical incidents that had influenced students' development as counselors were studied. The purpose of the study was to identify commonalities counseling students experienced that could be related to their classroom and field experience and to gain access to students' perceptions of their experiences during counselor education. The interest was in learning about the impact of these experiences on the participants' development as counselors. In this study there were also issues relating to linking theory and practice.

The participants included 84 masters-level counseling students from a 60 semester-hour accredited counselor education program. All of the students were in practicum and internship levels of clinical experience. The critical incident was defined as a positive or negative experience recognized by the counseling student as significant. Participants were then asked to describe any critical incidents that happened in their graduate training or outside of it that the students' thought had influenced his or her development as a counselor. They were asked to describe both the nature of the critical incident and the significance it had for them. The results were classified into the following categories: (a) existential issues/value conflicts; (b) cognitive development; (c) beliefs about competency; (d) professional development; (e) perceived support; (f) perceived obstacles; (g) personal growth in the counseling program; (h) personal growth

outside the counseling program; and (i) skill development. The categories were then grouped into four larger clusters.

The results showed that there were a variety of different events, both positive and negative that students had thought influenced their development as counselors and lead to growth. One of the clusters identified was the *Behavioral Cluster*. This category primarily reflected incidents related to classroom activities. Learning to apply theories, develop counseling skills, and apply skills in the field were recognized by the students as influencing counselor behavior. The authors suggest there may be a need to strengthen the link between theory and application by using abstract conceptualization, proceeded by concrete experience and reflective observation.

Beginning therapists in training have many concerns and fears that result in feeling anxious, pressured and overwhelmed. Many of the concerns beginning therapists have revolve around inexperience, feeling incompetent, poor conceptualization, inadequate skills and the realization that the what they have learned in class is hard to transfer to practice. In research studies on therapist/counselor development, learning to apply theory is an important issue. Students themselves recognize that applying their knowledge to the field is a difficult task and one that influences the development of beginning therapists and counselors.

The Scientist-Practitioner Model VS. The Reflective Practitioner

There are two models that touch on research training and learning. The first one is the scientist-practitioner model. This model assumes that mental health counselors' practice should resemble science in terms of practice being based on cautious and evidence-based judgment working from a scientific attitude of inquiry (Pistole, 2001).

The second model, the reflective-practitioner model assumes that knowledge is in the action and that it is relational instead of based on learned knowledge.

The goal of the scientist-practitioner model is to provide doctoral education where the separate traditions of research and clinical training could be combined in ways to reduce the gap between research and clinical practice (Russel, Wampler, Sprenkle, Sandberg, & Hovestadt, 2002.) The goal of training in this model is to equip graduate students with two sets of skills, those of a clinician and those of a researcher. The scientist-practitioner model is the term used to describe integrating empirically supported research into training. The assumption is that good psychological training includes extensive and rigorous training in empirical research. Those following the scientist-practitioner model value evidence which is used for a skeptical evaluation of methods of practice (Dick, 1996). In essence, those following the scientist-practitioner model follow an empirically validated theory that has its own methodology, guidelines, techniques and interventions.

In contrast to the scientist-practitioner model, Donald Schon's model suggests a more reflective approach to learning he calls the reflective practitioner. When someone reflects-in-action, he or she becomes a researcher in the practice context. He or she is not dependent on the categories of established theory and technique. Instead therapists follow their own mode of knowing that can transcend their own axioms and transform their own practice (Schon, 1983). The reflective practitioner can counterbalance the potential pitfalls of the science-practitioner model that is based on tacit knowledge which is enacted automatically (Campone, 2004). Schon insists that all makers in science must move beyond a purely rational model of understanding to one that is transactional, open-

ended, and inherently social (Schon, 1983). This study will examine the influence of both models as participants begin to apply theory to their practice.

Transfer of Knowledge From the Classroom to the Field

Many of the studies above suggest that there is some kind of gap or weakness between linking theory and practice. In one of the only studies that touch on this area, Tolson and Kopp (1988) assess the transfer of practice evaluation knowledge and skill from the classroom to the field by studying first year graduate social work students' work in practicum. One of the questions raised was whether practice evaluation knowledge transferred to the field when using an articulated model. The articulated model integrates features of both experiential and academic approaches in order to enhance the possibility of knowledge transfer between classroom and field. The model involves field based and classroom instructors jointly designing curricula by delineating and sequencing content so that students are not exposed to two separate content. The model was designed to teach students to evaluate their own practice and to apply their practice evaluation knowledge and skills to their work with clients in the field.

Participants were 85 first-year practicum students that were asked to describe their work with their clients using a modified version of the Structural Clinical Record (SCR). The students were asked to identify activities they engaged in for the purpose of resolving client problems. They were also asked to describe the reason for termination and how satisfied they were with their accomplishments on each case by rating themselves on a four-point scale. Finally, the students were asked to state their reasons for their satisfaction ratings.

The modified SCR elicits data about the following areas: Client demographic characteristics, motivation, voluntary/non-voluntary status, client contacts, client problems, interventions, reasons for terminations, the student's rationale for their satisfaction ratings, orientation of the supervisor, and case recording. Reliability on most items exceeded 85% (Tolson & Kopp, 1988). A total of 49 students submitted 92 SCRs.

With regards to the study's question of whether or not classroom knowledge transferred to the field, Tolson and Kopp suggest that the findings clearly illuminate the problems inherent in building articulated models that articulate integrating class content and practicum. The findings also indicate that educators must prepare students to intervene on a diverse array of problems and that students must be knowledgeable about a wide variety of interventions. The practice evaluation skills taught in the classroom had only a minimal impact on the ways students practiced.

According to the authors, students were not using research skills to evaluate their work. The students also revealed a number of conceptual difficulties that would deter good practice and proper evaluation. The authors propose four possible explanations for their findings. The first explanation is that knowledge does not generalize. The second explanation is that use of classroom assignments, which require application in the field, are inadequate. The third explanation is that practice evaluation is not important enough or unpleasant to students and/or supervisors and the fourth explanation is that the students' basic practice and conceptual skills are inadequate.

Tolson and Kopp suggest that the findings support a belief held by many students as well as faculty members, that the most important influence on the cognitive development of students in practicum is the actual practicum itself. The authors also

suggest that the findings support the importance of investing in the quality of practicum and the association between classroom knowledge and field. The authors state that it is not sufficient to assume that content taught in the classroom will transfer to practice.

The problem associated with linking theory to practice was also discussed in an article by Bolsen and Syers (2004). The authors introduced an integrative case analysis model for linking theory and practice. The model evolved from a realization by the authors that students in their field seminars lacked the ability to identify, understand, and apply theory to their work with clients. As a group, the students lacked a systematic approach to their thinking about client issues, which is considered to be critical to guiding their clinical decision-making. According to the authors, students had difficulty identifying the variety of theories they were applying in a case or presenting an approach with a client that illustrated coherence in thinking, from the first phase of practice to the last. The model is based on the belief that students must be provided with a conceptual framework, structured assignments, and teaching methods that help organize beginning therapists thinking and helps to enhance the integration of theory and practice.

The model rests on the assumption that in order for students to learn to practice effectively, they must be able to consciously apply theory to their work with clients. The authors suggest that without a disciplined use of theory behind a beginning therapist's decision making, the therapist is more likely to base their actions on a large synthesis of personal experiences, which leads to inadequate and ineffective responses to client issues.

To enable beginning therapists to integrate theory with practice, the model prescribes a structured cognitive process that requires students to critically reflect on their practice, link theory learned in the classroom with their practicum work and use this

process to guide subsequent work with clients (Bolsen & Syers, 2004). The model seeks to compel students to reflect from a theoretical perspective. The centerpiece of the model is an understanding of theory therefore students must be convinced of the significance of being able to identify and understand different theoretical approaches.

The authors believe that a beginning therapist's practice should be grounded in theory. They also believe that their model and field seminar format is another step in the quest for effectively responding to the dilemma of integrating theory and practice. The authors suggest that research must continue to answer the question of how to assist students in mastering the integration of theory and practice.

In sum, this chapter examined the developmental stages of beginning therapists and explored the experiences, struggles and challenges beginning therapists face. One of those challenges included learning to apply theories. This chapter also examined two different models of learning how to use theory. Finally, this chapter examined one research study that focused on how classroom knowledge is transferred to the field and one article that introduced an integrative case model for linking theory and practice. In the majority of the research studies and literature explored in this chapter, the topic of linking or applying theory taught in the classroom to clinical practice is one that is agreed to be an issue for beginning therapists that is worth exploring.

Chapter Three: Methods

<u>Introduction and Study Design</u>

This phenomenological research study was designed to collect rich and descriptive data to gain a deeper understanding of the experiences of beginning clinicians when applying theory into their practice. Using a qualitative research design allowed me to be more flexible, exploratory and responsive to data (Sprenkle & Moon, 1996). Because the purpose of using a phenomenological research method was to understand this experience from the point of view of a group of people who have experienced this phenomenon, data was gathered using two different modalities. First, a focus group was used to interview six students at one university. Next, to help understand if the experiences discussed in the focus group were unique to the training site, interviews were conducted with four beginning clinicians from three different universities.

The advantages of using a focus group are that the format allows the moderator to probe for more information, the synergistic group effect stimulates a wide variety of information, the open- response format can create a large amount of rich data and the synergistic group effect allows comment to build on one another to stimulate more creative ideas (Sprenkle & Moon, 1996). The disadvantages of using a focus group are that the researcher has less control than in an individual interview, the participants' responses are not independent, and the moderator may bias data with verbal or non-verbal cues (Sprenkle & Moon, 1996). The advantages of ersonal interviews are that they are effective means for gathering rich data and in-depth information from people about their opinions, beliefs or attitudes and they also ensure data validity because the interviewer

can verify the data. The disadvantage of personal interviews are that they are time consuming relevant to the number of participants (Sprenkle & Moon, 1996).

The focus group was used to produce qualitative data that would provide insights into the attitudes, perceptions and opinions of participants (Krueger, 1994). The open-response format and the synergistic, snowballing effect of the focus group discussion resulted in rich ideas that would be impossible through individual interviews or more quantitative methods (Sprenkle & Moon, 1996). The focus group also presented a more natural environment than that of an individual interview because participants are influencing and influenced by others (Krueger, 1994). Hearing others talk about the experience helped to jog other participant's memories and because some members of the group were in their second year of clinical practicum, this was very helpful.

The hallmark of the focus group is the explicit use of the group interaction to produce data and insights that would be less accessible without the interaction found in a group (Morgan, 1988). The focus group allowed participants in the study to generate ideas and explanations amongst one another to reveal personal accounts and distinct characteristics of the beginning therapists experience.

The focus group began with a welcome and a re-statement of the purpose of the research study. I introduced the note-taker by name and explained that her function in the focus group was to take notes during the interview. Participants were informed that for accurate transcribing purposes, it would be easier if people refrained from talking over one another. For this purpose, participants were also asked to wear identifying nametags to keep transcription as accurate as possible. The chairs in the focus group were arranged in a circle so that all participants could see each other as well as the moderator during the

discussion. I encouraged participation from everyone; attempted to show sensitivity, and linked group ideas together. The entire focus group interview was recorded and lasted almost 2 hours.

After the focus group, I met with the note-taker to have a de-briefing session about the information gathered and possible emergent themes discovered. This time was used to discuss important information that was not recorded, such as the spirit of the group. This time was also used to clarify perceptions and interpretations and to identify missing information and potential problems. Following this session, all forms (consent forms and demographic surveys) were collected and deposited in an envelop with a date and session location.

The individual interviews were done via telephone for the convenience of the participants and because of the distance involved and lasted between 30 to 40 minutes. The telephone interviews were also recorded. Both the focus group and the individual interview questions were open-ended to encourage discussion. Throughout the process, I actively listened and used minimal encouragement so as not to lead the participant's responses or let the researchers own views of clinical experience get in the way.

The selection criteria for participants were that they must be a student from a Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) accredited marriage and family therapy program, which teaches theoretical courses and offers a clinical practicum. These students had to be in their first or second year of clinical practicum and they had to be beginning therapists with at least 75 hours of actual experience in the clinic in order to have enough experience to reflect on the research

question. The maximum number of hours a student could have to participate was the 500 hours needed before they graduate.

<u>Participants and Recruitment</u>

The focus group was from a university (University A) with an accredited three-year MFT program. The program includes one year of classes before starting clinic and seeing clients. After completing two years of classes and one year of clinic, students can start an off-site internship to acquire their remaining 500 hours needed in order to graduate. The focus group included six female participants with ages ranging from 23-62. Two of the participants were African- American and the remaining four were Caucasian. The number of client contact hours the participants had varied, ranging from 79 to 270 hours. All of the participants in the focus group described themselves as eclectic therapists.

To recruit participants for the focus group I sent an e-mail explaining the purpose and time requirements of the study. Because I am from the same university, I also talked to the students personally and those who agreed to participate and fit the proper criteria were then selected for the focus group. I then corresponded with students who wanted to participate in the focus group and agreed on a date that fit everyone's schedule.

To ensure the trustworthiness of this study by increasing the dependability of the study (Marshall & Rossman, 1989), four more marriage and family therapy students were interviewed individually from three different universities. All students interviewed were also from universities with an accredited MFT program. After gaining permission from the universities, participants were recruited by sending an e-mail to the students in the marriage and family therapy programs. The e-mail explained the purpose of the research

study, the time requirements and the criteria involved and then asked them to respond if they would like to participate in the study. Those who were interested and fit the proper criteria were contacted and a date was set for the interview. Participants were then faxed an informed consent form and a student survey to sign and fill out. Participants faxed the documents back to the researcher before their interviews.

Because researchers must be creative in recruiting and accommodating participants (Sprenkle & Moon, 1996), I gained permission to go to one of the universities and personally speak to MFT students to recruit them for the study. This university was close enough in proximity for the researcher to be able to go to. Meeting the students in person gave the students a chance to ask more detailed questions about the research study. Two students were interested in participating and were interviewed individually because there were not enough participants for a focus group.

Students who participated in the individual interviews were female and ranged in age from 22 to 25. The number of client contact hours the participants had ranged from 240 to 365 hours. All of the participants in the individual interviews also described themselves as eclectic therapists. One of the participants was Hispanic and one was African-American. The remaining two were Caucasian. Two of the students who participated in the individual interviews were from the same university (University B), which has a 2-year MFT program. In this program students are given the opportunity to begin seeing clients in the clinic one month after starting classes.

 Another student interviewed was from a university (University C), which is also a 2-year program. Students in this program are allowed to begin seeing clients about mid-way through their first semester. After a year of clinic, students are then able to begin an

internship to acquire their remaining hours. A student was also interviewed from another university (University D). This university also has a 2-year program. In this program students have to complete one year of classes before they can start clinic. Once they start clinic they can also begin their internship at the same time.

With respect to ethical considerations, I explained to all participants that participation was voluntary and that they could withdraw at any time. At the start of the focus group and before the interviews the participants received an informed consent form that explained the purpose of the study and confidentiality issues such as anonymity and data reporting. Participants were given a chance to ask questions regarding issues of concern at that time.

Prior to the focus group discussion and the individual interviews, each participant was given a demographic survey to fill out. This survey was used to describe the samples. The survey asked a few questions in order to inform the researcher of the participant's demographics as well as any possible discrepancies between the schools, such as the difference in the number of classes the students had before they started to see clients. The survey questions were:

1) What is your age?

2) Are you male or female?

3) What is your ethnicity?

4) How many classes did you take before starting clinic?

5) How many client contact hours do you currently have?

6) List the top three theories or treatment models used in your clinical work.

7) Would you describe your work as eclectic or based on one theory/treatment model?

The research questions that needed to be answered were (1) How do beginning therapists first begin to use theories or treatment models in their clinical work? (2) Is there a certain process beginning therapists go through when trying to apply or use theories or treatment models in their clinical work? (3) How do beginning clinicians perceive this experience? (4) What was most helpful in the process? The first question began with an icebreaker. There were 9 questions with probing questions under each of those for the focus group.

Question #1 Ice Breaker question: I want you guys to remember the first day you started clinic. Tell me what that experience was like for you?

Question #2: Before you started clinic, what did you see as the place of theory or treatment models in therapy?

    a. How do you see them now?

Question #3: How important were theories or treatment models in your preparation for clinic before your very first session?

    a. Had you already had a particular theory in mind to work with?

    b. If so, how did you choose that theory?

    c. How useful were theories or treatment models in your first couple of sessions?

Question # 4: How do you think you first began to apply theory to your practice?

    a. Do you think it was a specific intervention or more of a technique from a theory you had learned?

b. What would get in the way of applying a theory or technique in your

clinical work?

Question #5: What do you think helped in the process of applying theory to your

practice?

Question #6: Tell me about the application of theory to your practice now. Is it

different from when you first started?

Question #7: What advice would you give to other beginning clinicians about

applying theory to practice?

Question #8: What advice would you give to the faculty and supervisors in your

program to help students with these issues?

The questions for the individual interviews differ slightly from the focus group

questions because the researcher was not familiar with their programs. Also, because the

focus group interview was transcribed and coded first, questions for the individual

interviews changed somewhat to look for emergent trends and patterns discovered in the

focus group interview. Questions for the individual interviews were as follows:

Question #1: Can you tell me about your program?

a. How many classes did you take before starting clinic?

b. What theories did you learn before starting clinic?

c. What were the messages you received about theories or the role of theories

in practice?

Question #2: What were some of your concerns/ worries before starting clinic?

Question #3: Do you think your program stressed a certain theory?

a. If it did, which theory was it?

b. Do you think it is helpful for a program to stress a certain theory and why or why not?

Question #4: How do you think you began to apply or integrate theory to your practice?

a. Has theory ever gotten in the way of your clinical work?

Question #5: What do you think helped in the process of applying theory to your practice?

Question #6: Tell me about the application of theory to your practice now. Is it different from when you first started?

Question #7: What advice would you give to beginning clinicians about applying theory to practice?

Question #8: (If their program was different from the focus group's program) What do you think it would have been like if you had several classes on theories before you started clinic?

After all of the interviews were transcribed, compared and coded, I sent an e-mail back out to the first participants; the students in the focus group. The e-mail contained three questions about the emergent trends and themes discovered and coded in the individual interviews. Responses from this e-mail were integrated into the results chapter. The questions were:

Question #1: As a beginning therapist, do you think you started applying theory to your practice by beginning with the theory your program stressed or focused on? Please explain.

Question #2: How helpful do you think it is that students have at least

one theory they know well before they begin to see clients?

Question #3: Were books or videos helpful in applying theory to your

 practice? In particular, was their something about the language that was

used and how it was used?

Data Collection and Analysis

Following the focus-group discussion, I transcribed the audiotapes verbatim right away. This way I was able to make sense of the data and be as acquainted with it as soon as possible (Sprenkle & Moon, 1996). When analyzing the data, I used the transcriptions from the audiotapes, the assistant moderator's notes as well as my own personal log entries and the comments made on the surveys. Because most focus group analyses involve some variation of code mapping, I used an open coding format. This was the process of breaking down, examining, comparing, conceptualizing and categorizing the data (Strauss & Corbin, 1990). I read over the transcripts and notes to identify common, meaningful and emerging themes that were apparent.

 During the initial reading of the focus group interview, overarching categories as well as theoretical concepts were generated. I looked for statements, words and trends that reflected themes. I then read it again and marked the category codes I identified. This was done using ATLAS.ti (Scientific Software, 2004), a qualitative data analysis computer program that allows documents to be coded. Once the coding was finished, the data was sorted into meaningful categories under each of the research questions (Sprenkle & Moon, 1996).

Once I had transcribed and coded the focus group interview, I conducted my second interview and then transcribed it. Again, I used an open coding format to label and categorize concepts and then ran it through the qualitative data analysis computer program ATLAS.ti. As I read through the documents a couple of times, I began to record memos in order to reflect on my thoughts as I began to generate theoretical ideas. To cross check and compare concepts, I discussed these theoretical notions with my committee chair who also read through the interviews and had her own ideas and knowledge on the data.

Once we agreed that we saw certain patterns and similarities in the data, I used the emergent themes and patterns discovered to help formulate questions for the remaining individual interviews. This helped me to search for further consistent patterns, trends and themes. I then transcribed each individual interview immediately after the interview took place. I read and reviewed the data and wrote memos in order to code representing key themes once again. They were then coded using ATLAS.ti. As themes and patterns surfaced from the data, they were looped back into the data and analyzed for further coherent and consistent relationships and meanings.

This strategy involves taking one piece of data (an interview) and comparing it with all the others in order to develop conceptualizations of the possible relations between the data. Coding data for a category, comparing it with the previous data coded in the same category and developing a theory as different categories and their properties become integrated through constant comparison is called constant comparative analysis (Glaser, 1965) and this is the strategy I used. Since the purpose of this study was to generate knowledge about common patterns and themes within the human experience, the

process continued with the comparison of each new interview or account until all had been compared with each other (Thorne, 2000).

In seeking to uncover, describe and understand the essential experience of the beginning therapist applying theory to their practice using phenomenological theory, after looking and reading through the data several times I compared the data categories and patterns that emerged in the data by using the grounded theory method of constant comparison analysis. This analysis allowed me to confirm, refine and modify categories in order to generate clearer ideas on the emerging theories. Thus, allowing theory to develop as different categories became integrated through constant comparison in order to make theoretical sense.

I e-mailed the participants the transcripts to make sure that they had a chance to clarify any thoughts or misunderstandings so that I could be as true to the data as possible and to increase credibility (Marshall & Rossman, 1989), Because I am a beginning clinician as well, I was aware that I might have some biases or assumptions going into the study. I tried to be aware of my own thoughts and feelings while coding the data by keeping track of my reactions through a personal log during the coding process. I also cross-coded with a faculty member on my committee throughout the entire process. With these safety measures, I hoped to accurately depict the beginning clinicians' experience of applying theory to their practice.

Chapter Four: Results

The goal of this study was to understand beginning therapists' experiences of applying theory to their practice. In an effort to understand this experience, a focus group interview with six beginning therapists was conducted. To increase the reliability of the study and to understand if the experience of the participants was unique to the training site, four more beginning therapists were interviewed from three different universities.

<u>Participants and Their Programs</u>

Because this study focuses on understanding how beginning marriage and family therapists apply theory to their practice, it is important to understand the differences in the participants' programs. Participants were interviewed from four different universities with accredited MFT programs. These universities have different programs with a different number of academic classes students must have before they begin to see clients. The table below describes the program each participant is in. The participants were given pseudo names to protect their anonymity.

University	Participants and Their Age Ranges	When Students Begin to see Clients.
University A (6 Participants)	Andrea, Alexia, Alicia, Amanda, Ally, Allison (23- 67)	After one year of classes
University B (2 Participants)	Brenda, Bonnie (22-23)	One month after starting classes
University C (1 Participant)	Cathy (25)	Mid-way through their first semester.
University D (1 Participant)	Denise (25)	After one year of classes

Despite the differences in the programs, as the interviews from the participants were reviewed and compared, several patterns and themes emerged that were quite similar. I developed five major categories that help to describe how beginning therapists apply theory to their practice. Differences among participants are also highlighted. I arranged these categories in the chronological order that participants experienced them while learning to apply theory to their practice. In essence, the themes under each category highlight a general developmental process that beginning therapists went through starting before they began to see clients and ending where they were in their process when they were interviewed.

The categories presented are 1) Before Seeing Clients; 2) Early Process of Theory Application; 3) What was Helpful; 4) Later Process of Theory Application; and finally 5) Reflecting. Each of these categories has key themes under them that reflect participants' experiences. Using their own words, under each category quotations from the beginning therapists are used to help capture their ideas, thoughts and the general process they went through as they began to apply theory to their practice.

Before Seeing Clients

This category describes the first part of the beginning therapist's process; the beginning therapist's thoughts before she began to see clients. There are three major themes that describe what the participants were thinking about and/or experiencing prior to actually seeing clients: 1) *the role of theory,* 2) *worries*, and 3) *overwhelmed*.

The role of theory. I asked participants what they thought the role of theory was before they began to see clients. More precisely, I asked them to address how important they thought theory was or what role they expected it to play in therapy. Every participant

from each university viewed theory as important in some way. Through their quotes, it is evident just how much their programs influenced their views of theory. Alicia and Allison who had one year of theoretical classes before starting clinic believed that theory would structure treatment.

> Alicia: I thought it [theory] was important because it helped you structure like goals and treatment and everything but as a beginning therapist it was like OK this is all about theory.

Allison not only felt that theory was important to have but that it was necessary.

> Allison: I felt like it [theory] was something you had to have and that it was going to shape how therapy went…theories shape like not what therapy you're doing but how you word things and the language that you use.

Brenda also thought theory was central to therapy. She described how her professor stressed the importance of theory.

> Brenda: Our professor really stressed that you know, you follow the model. That's what's going to tell you how the family changes and what you need to do. So really stick to that as best as you can. So it was definitely told that it [theory] was central.

Cathy had a slightly different thought about the role of theory. She explained that theory was important to have but she felt like the relationship she has with clients is the most important.

> Cathy: But yeah I think theory…what they say is that it's important to use theory because its going to help you figure out what kind of therapy a person needs but that it's not going to make your practice basically because the biggest thing is the

relationship between you and your clients and to try and focus on that.

Denise also had a slightly different view on theory. She explained how she thought theory was important, just not any particular theory.

> Denise: I remember in one of our classes talking about it [theory] and that it was important for beginning therapist to have a theory but not necessarily any particular theory and so I did have the impression that it was important to have some structure and kind of logic to your work.

Worries. This theme describes the worries students had about being a therapist. I asked students to remember what some of their thoughts or worries were before they began seeing clients. Many of the participants described worrying about the application of theory to practice. They described worrying about how to take the theories they learned in class and apply them to their practice. Amanda stated that she was nervous about her ability to apply theories.

> Amanda: I was worried that I wasn't going to be able to apply the theory or apply what I had learned and that I would be too nervous.

Denise had similar worries. She described her anxiety after realizing that there was a difference between learning theories in class and actually applying them to practice.

> Denise: I think it was a lot of anxiety about like I was beginning to be convinced that therapy worked but beginning to understand how it works in theory and then also worried can I put this into practice. You know when you're ten steps removed from it, it's really easy to learn and talk about it but when you're

actually in the room and trying to guide these conversations or lead to some sort of change it's a different story.

Although applying theory wasn't a major worry for Brenda, she did feel a little uncomfortable when she thought about using theories.

Brenda: I felt comfortable kind of in a textbook way I think. You know, kind of knowing what the theory was and the techniques but as far as using them I felt a little less comfortable.

Allison describes how stressful it was for her when she thought about choosing a theory to use and then actually having to remember it.

Allison: That was part of my stress I think when I first started was so many theories which one? Is it you know, cognitive behavioral, solution focused, or is it going to be structural and am I going to ask the right questions and do I remember really what those theories are?

In addition to worrying about how to apply theory to their practice, all of the participants expressed many different worries about starting to see clients such as worrying about saying the right things, being able to help clients, and having sufficient therapeutic skills. For Cathy, her worries were about how she was going to help clients. She also worried about what clients were going to think about her as someone who is younger and does not have much life experience.

Cathy: I thought that I wouldn't know the right answer or that I wouldn't

know how to help them the way they needed to be helped. I guess also feeling like

they were going to judge me because if they had kids and I didn't, then how could

I help them?

Denise worried about being able to help clients as well, but she also worried about her skills in comparison to other beginning therapists.

Denise: I think I was most worried about whether I, in particular, like as

compared to my classmates and definitely as compared to therapists who are more

experienced, whether I was actually going to be able to do people any good.

When Bonnie thought about seeing clients, she worried about saying the right things and hoped that she wouldn't look foolish.

Bonnie: I'm not sure if anything I had to say was worthwhile. So I was

kind of worried about making a fool of myself.

Overwhelmed. The third theme in this category describes the feeling students had of being overwhelmed by too much information. This theme was particular to students from University A where they had one year of classes before they began to see clients. Allison describes how overwhelmed she felt with all the information she had learned during her first year.

Allison: I think that I felt like I had been bombarded by so much information

during the first year...I just felt very overwhelmed and I was kind of frustrated.

Alicia describes how scared she was because of all the information she had in her head.

Alicia: …it was scary at the same time because I had so much going on in my head and I wasn't sure if I was going to use it [theory] right and be present with the client because it was so much about theory, theory, theory and not just being present and hearing their story.

The 'Beginning Thoughts' category described beginning therapists' thoughts before they began to see clients. Through their descriptions of the importance of theory, their programs' influence were apparent. It was also apparent for students from University A, who described a feeling of being overwhelmed by all of the information they had learned from a year of classes. Despite this difference and the differences in the participant's programs, there were more similarities than differences among beginning therapists' thoughts; their worries about applying theory to their practice, saying the right things, picking a theory, and worry about their skill level and being able to help clients.

Early Process of Theory Application

The second category describes the beginning therapist's early process as she began to see clients and attempted to apply theory to her work. There are three major themes that surfaced during this early phase; 1) *guided by the theory the program stressed,* 2) *theory gets in the way* and 3) *married to a theory.*

Guided by the Theory the Program Stressed. This theme illustrates the pattern that emerged as participants told their stories about applying theory to their practice. This theme describes how participants typically began attempting to apply theory to their practice by starting out with the theory their program stressed, or in other words, the theory their program seemed to focus on or spend more time teaching about.

There were three different theories that participants identified as the theory that their university stressed; cognitive behavioral, solution focused and feminist theory. One participant reported that her school did not stress any particular theory. Instead, students have to pick a theory to focus on. This participant chose to focus on narrative theory. Because theory is identifiable with the programs, in order to keep the participants anonymous, the theory they described will also be kept anonymous in the quotations.

When participants were asked how they began to apply theory to their practice, through the stories they shared, a pattern began to emerge. It was clear that the participants thought that their school stressed or focused on a certain theory. I then noticed that students began applying theory to their practice by using the theory that their program stressed the most. Cathy explains that her program stresses a certain theory and why she was able to go into the therapy room and use that theory first.

> Cathy: [Blank] theory made a lot of sense because I have learned the language for it, so it kind of gave me the words to use and go in and do therapy…I think our program really emphasizes [blank] theory and accepting your clients. There is really a strong emphasis on that, so I feel that that's helped me in my own process with clients. I really emphasize those things as well.

Bonnie explains that her first inclination was to apply a certain theory. This particular theory is also the theory that her program stresses. She wondered if it was the proper theory to use or just a reaction to her program.

> Bonnie: I think that kind of in the beginning I was rigid into the model [theory her program stressed] and I sort of did the textbook piece…Well my first inclination was always [blank] theory and sometimes I think it is most appropriate to go with

it, but I really try to decide if its my knee jerk reaction or it's what's really most

appropriate.

Although Allison was not asked if her program stressed a certain theory, it was quite

obvious through her story that it did. She talked about the effects that had on her thought

process.

Allison: Its kind of like here [blank] theory is kind of like the number one thing

here at this school and at this clinic and so I think all of us are kind of… because

we have that background were kind of [blank] theory thinking people but that

doesn't mean that I consider myself a [blank] therapist. I just feel like I

always have that thought process.

When Allison was asked to reflect on her process as a beginning therapist trying to apply

theory to her practice, she talked about how having more information on a particular

theory influenced her comfort level with that theory as a beginning therapist.

Allison: I definitely feel that [blank] theory is stressed in this program more than

other theories and I think that this directly influenced my tendency to use this

theory when I was a beginning clinician. I am not sure if this is because I was

more familiar with the theory or because I felt that this theory was somewhat

simpler than the others but it was the one I was most comfortable with…maybe

because I had more information and education about it.

When Alicia was asked to explain why she began applying theory with the theory her

program stressed, she thought it was because of the amount of exposure she had to that

theory.

Alicia: The theory that is stressed is the theory that you are most exposed to. From

this exposure, you feel more comfortable using it all the time. You pick that one

to use first in any case because you have seen it being worked before. You are

scared to use any other theory you might have glossed over because you are not

knowledgeable or exposed to it as much.

Ally (who was the oldest participant), found it easy to apply the theory that her program

stressed because she could remember it.

Ally: I applied [blank] theory the earliest because that seemed the most clear-cut

and easy to remember, especially when I was nervous about focusing on the client

so I would notice wording, gesture, congruence, all the same time while thinking

about what I should say or do next to try to be helpful to the person. Add another

client or two in the room, and yikes, the I-don't-have-to-think-about-it-because-I-

know-it-so-well theory is blessedly handy while I mentally juggle the rest.

Even though Denise said that her school did not stress any particular theory, she began

applying theory to her practice with the theory that she chose to focus on.

Denise: I definitely started out expecting to understand people in terms of [blank]

theory. I think I made attempts here and there to for example, access unique

outcomes. I recall with some clients doing some externalizing of the problem.

Theory gets in the way. This theme describes how theory got in the way for many

of the participants during the early phase of their clinical work. Many participants

described different scenarios where theory interfered with their clinical work in the

beginning. Some participants felt forced to use a theory, others felt like they didn't

believe in the theory or didn't feel connected to the theory they were trying to use and

others like Alicia were so worried about applying theory that they weren't really being present in the room.

> Alicia: It wasn't like being present in the room and listening…Well I would ask this question because it was this theory and I wasn't like hearing what they were talking about and what they were going through. It [theory] was kind of clouding my head.

Andrea thought that theory got in the way of therapy if that was all she had, especially if she did not establish a connection with her clients first.

> Andrea: It makes you feel kind of stranded in the room if theory is all you have. You need something besides that if you're gonna not sit in a room and flounder when something that's theory driven doesn't work….If you go in with theory without that connection first, they're [the client] going to feel even more disconnected to you.

When Alexia was asked if theory ever got in her way, she explained that it did if she did not believe in the theory.

> Alexia: I don't think it was easy for me, and I speak for myself, to take that message and that theory and go and try and do it with a client because like if I don't believe it, how can I sell it to somebody else and hope to have progress with it.

Theory would get in the way for Cathy when she forced herself to apply it to a session. Instead, she had to learn to let her clients take the lead.

> Cathy: I kind of learned to follow my clients more because if I tried too hard to apply a theory to a session, then it felt fake or it felt like that's not what they

needed.

Although Denise said that she could see how theory would get in the way because of the discussions she had with her classmates, she felt somewhat differently than the other participants.

> Denise: I could see how it might [get in the way] with some therapists but for me particularly, I feel like theory positively channels what's already going on. I think it would enhance rather than deter from.

> *Married to a theory.* This theme describes the participants' feeling as if they had to pick or choose one theory and stick with that theory for the rest of their lives. As Alexia explains, she spent her second semester trying to pick one theory that she was going to use forever.

> Alexia: I think I really spent my second semester going, "how do I pick the theory that I want to be married to for the rest of my life," because that's how I felt. I felt like if I pick a theory, that's it and me and this theory and we are going to have to tough it out from now until the time that I die and I didn't like that.

While Brenda was giving advice to upcoming therapists, it was obvious that Brenda felt the same way in the beginning.

> Brenda: Really think about what is going to be most helpful or the most appropriate but to be aware that first of all, it [theory] can be changed later so you're not married to the one that you start off with.

Through the participants' descriptions of how they began to apply theory to their practice, a pattern emerged that described this early process. This pattern illustrates the inclination that beginning therapists have to apply the theory that their program stresses the most first because they were comfortable with the theory they knew so well. During this early process, the focus students had on theory could sometimes get in the way. Soon enough, the students realized that they are not married to a theory, usually through experience and some help.

What was Helpful

The third category is titled 'What was Helpful.' This category describes what helped beginning therapists in their process of learning to apply theory to practice. There were a variety of things that participants said were helpful. Three themes emerged from hearing what was the most helpful for the participants; 1) *receiving good supervision*, 2) *learning the language of a theory*, and 3) *starting with one theory*.

Receiving good supervision. This theme was an essential part of the process for beginning therapists learning to apply theory to their practice. Many of the participants described how their supervisor helped them to apply theory to their practice by helping them conceptualize a case, look at process, set goals, stay grounded within a theory, and encouraging them to try different theories. Supervisors also helped students choose the appropriate theory to work from, change the direction they were going in therapy and they even helped students recognize what theory they were using. Brenda explained that her supervisor was helpful by keeping her grounded within the model/theory she was using.

Brenda : Well my supervisors helped me look at the next step within that model

that I was using and then maybe an intervention I could use to help me get to

where I needed to go. They always kept me thinking within the model I was

using…I would think about our discussions to help guide me in the next session…

that helped me to stay grounded in that model and integrate it into a session.

Bonnie thought that supervision really helped her get past the content that her clients

would bring in and instead helped her to look at the process.

Bonnie: My supervisors would guide me and help me look at what was going on

in the room at the time, how things were being said, their reactions and things like

that. They kind of forced me to get past the content and look at the bigger

picture.

Bonnie also thought that feedback from supervision was helpful and it sometimes

changed the direction she was going in therapy.

Bonnie:…I think sometimes I am not really sure where to go and that's what I

think my supervision is for. Also a lot of times hearing the feedback is also really

helpful. I can take those ideas and apply them to my case. It also helps me think

about the case totally differently sometimes and may even change the direction

I was going in.

Cathy's supervisor would help her conceptualize a case.

Cathy: My supervisor would have me talk about how I was conceptualizing a

case and then I talked to them about the model I was thinking about and they

would kind of tell us what they were thinking about and what would be a good fit

for each client that we saw.

Alicia's supervisor encouraged her to incorporate different theories into her work, which

helped her realize that she did not have to stick to one theory.

> Alicia: I had a supervisor the first semester and we would do stuff with
>
> [blank] theory but it was interesting when he would call in, or during case
>
> planning, he would say, "Well maybe try this."…You could pull different
>
> things and that was helpful to know that I didn't have to stick to just one
>
> [theory].

Ally talked about how her supervisor helped her to set goals for her clients and choose

other theories that may be appropriate to help the clients meet their goals.

> Ally: …in case planning with your supervisor you decide OK these are the
>
> client's goals and are there other things going on? So what else [can we pull] then
>
> from theory? You can then look at it from different perspectives you know. What
>
> are other appropriate goals for this family? Well what can we pull from the other
>
> theories we have to help them meet their goals…?

Allison thought that observing a session with her supervisor was helpful. She remembers

her supervisor pointing out what theory the therapist was using.

> Allison: Just being there [observing] and having the supervisor next to you is
>
> helpful. They would tell you what theory the therapist was doing and the therapist
>
> didn't even realize that that's what they were doing.

Learning the language. This theme illustrates how students learned to apply

theory by using the language of a theory. As the participants described what was helpful

when they began to apply theory to their practice, I noticed that they paid attention to the

language or the particular words used in certain theories. This made it easier for the participants to apply the theory in their session. Participants learned the language through listening to their supervisors, reading vignettes in books, watching videos of therapists using a particular theory or observing other therapists live in session. Cathy explains how watching a therapist in a live session gave her the language to use in her own sessions.

> Cathy: I remember writing down the way she said things. The way she said things sounded very [blank] theory to me so I wanted to use her exact words while doing [blank] theory and I have. I kind of memorized the way she worded things, so I would use her language in my own sessions.

When Brenda was explaining why some theories felt uncomfortable to her, it was clear that Brenda had to have the language of a particular model in order for her to feel comfortable using that model.

> Brenda: With some other theories like for example narrative, they felt kind of abstract a little bit. The other theories gave me more concrete things to work with and so I didn't think I had as much structure with the models that I didn't feel comfortable with and I didn't know how to talk within that model.

When I asked Brenda what having the language of a model gave her, she talked about how it set her up to work with that model.

> Brenda: That sets me up for that particular model where I can begin to do the interventions and structure my therapy according to that model.

Bonnie describes how watching videos and reading the vignettes in books helped her learn the language of a theory and then apply it to her practice.

> Bonnie: The way that she talks about it helps it make sense and hearing that

language helps especially with the ones I don't feel naturally comfortable with. Seeing how it is applied takes some of that guess work out of it for me. So I would definitely say seeing some of those videos and reading those vignettes helps you to take it from theory to actual application.

Even though Allison thought language was important in learning to apply theory to practice, she thought that watching the timing and delivery of questions in the videos and during observations was also important.

> Allison: I think the language piece of the videos and observations was very important, but more so for me, watching the timing of asking questions and interventions and how to deliver the questions and theories. Not so much language wise but more looking at body language and looking genuine.

Starting with one theory. This theme describes a pattern that emerged in the data that showed how no matter which theory the participants' program or they themselves stressed; it was helpful to start with one theory because this gave the beginning therapist a place to start or a foundation to build from. Initially, I did not ask the participants if starting with one theory was helpful, but it was apparent through their descriptions just how helpful it was. While Andrea was describing how her supervisor was helpful, it was evident that what was helpful was keeping her focused on one theory.

> Andrea: We talked about [blank] theory 99% of the time and he [the supervisor] would throw in others when they were appropriate but it just made it easier to think, Ok if I'm going to think about theory at all lets just make it [blank]

theory this semester and I don't have to worry about everything else that is

floating around in my head.

When Cathy was asked if she thought that starting out with one theory was helpful for

her, she explained that it was because it taught her how to "do therapy."

> Cathy: It kind of gives you this baseline or foundation to spring off from. You
>
> don't have to follow it exactly but just learning about one theory so intensely I
>
> think really helps or teaches you how to do therapy and then you can move on
>
> from there. I think that's what it did for me anyway.

Alicia had a somewhat different take on the subject. Although she thought that starting

out with one theory is definitely helpful for beginning therapists she also thought that it

could hinder therapy in some ways.

> Alicia: I think it is good for students to have at least one theory they know well
>
> in order to begin applying theory to practice because you learn how the theory
>
> works and when and how it needs to be applied. It gives you guidance in therapy.
>
> it helps you structure your thoughts, case planning and interventions. Sometimes
>
> it can hinder a therapist because that theory might not work with the client. That
>
> theory might not "fit" with the client.

Denise, who said that her program did not stress any particular theory but picked her own

to focus on, also agreed that starting out with one theory is important and helpful,

particularly because it gives the beginning therapist confidence.

> Denise: Theories can be instrumental in the task of articulating goals and
>
> developing momentum because they kind of organize your work and for each
>
> client that a beginning therapist encounters. It's important that they strive to

provide good therapy and it's also important for beginning therapists to develop

confidence. Obviously you're going to struggle at the beginning, but I think

without some thing to sort of hang your hat on, namely theory, you're less likely

to experience what good therapy can look like so it doesn't necessarily matter

which theory it is, but at least having a theory gives you the experience of what

it's like to help a client move from feeling distressed to feeling like he or she has

met goals.

Participants described many things that were helpful for them as they learned to

apply theory to their practice. Supervisors helped the participants to apply theory to their

practice by encouraging students to try different theories, set goals, use interventions,

conceptualize cases and stay grounded within a theory. Learning the language of a theory

was also helpful as students picked up on certain words and the way things were said and

took that into their own practice. Finally, one of the most helpful things for the

participants was being able to start applying theory to their practice by focusing on one

theory in their early process.

Later Process of Theory Application

The fourth category is titled 'Later Process of Theory Application'. This category

illustrates beginning therapists' process after they had gained some experience in their

practice. The participants were asked to reflect on their process at this point in their

education and asked if their process now is different from when they first began to see

clients. For many of the participants their process is different now. There are two themes

in this category that help describe where the participants are at this point in their process; *theory moves to the background,* and *trying different theories.*

Theory moves to the background. This first theme describes how theory became less of a focus to the participants as they gained more experience. As Andrea started thinking less about theory, she started relying on her instinct.

> Andrea: I apply theory to a client or situation when it feels appropriate now and what I use more than anything is just process. Just being present in the room and noting what is happening and commenting on it and working with what the clients bring in, which has been more helpful for me than any theory once I got it…They [theories] are more integrated and not something you think about consciously as much but I find myself relying more on instinct and gut process now than the tenants of a particular theory.

As Amanda describes how theory has faded into the background, it is obvious that her clients have moved to the forefront.

> Amanda: It's like knowledge that I am glad I have and I access all the time. It's not that I don't access it, it is just that I don't make my plan based on theory. I don't go in therapy thinking this is [blank] theory or whatever. That's not how I approach it. I approach it with ok this is what happened to the client and this is the kind of work they want to do and then I draw on the knowledge and the theories I have learned but it [theory] is definitely in the background.

While participants were talking about how theory slowly fades into the background, Allison agreed but wanted to make it clear that she still worked through theory.

Allison: Well we keep saying that theory fades but that's what is in the background. I think that it's important to emphasize that even if that is so, you're always working through some theory. You're always thinking in some theory and just because you're not doing specific interventions you still have that [theory] in the back of your mind. You're not just going in there and hanging out. Being a therapist is work, so you're going to have the theory in the back of your mind.

Denise on the other hand, was the only participant who felt differently about what role theory plays in her process now. She was also the only participant who said that her program did not stress a particular theory. Instead of theory fading into the background, Denise feels that it should play more of a role in her work now.

Denise: In the beginning I was more convinced that it was secondary to the basics and now I think in my own work at least, I feel like there needs to be more theory. It would help me impose more structure. I think I have probably come to that conclusion because I have now seen clients over a period of time and I have seen that you know it can be the same thing session after session.

As participants were describing their process now and how theory has moved into the background, they also started describing feeling more comfortable and relying on their own instincts more than they did in the beginning. Because of this, students were able to focus less on theory and more on process as well as their relationships with their clients. They also began to use themselves more in therapy, making it more personal. Cathy describes how as she got more comfortable using theory, she became less focused on it and therapy started feeling more natural to her.

Cathy: I think that you begin to know theories and they are in the back of

your mind and you go in there and you can just…I don't know how to

describe it. I think as you get more comfortable with it [theory] you're not

so focused on what exactly does the model say but it just kind of comes

naturally and that's where I kind of am now.

Now that Brenda is comfortable, she integrates her own style into therapy instead of

doing what she calls "textbook" therapy.

Brenda: As I got more comfortable I learned to be able to not apply it [theory] so

much just from the textbook but feel more comfortable with integrating who I

am and my style with the theory and so that helped me with being able to apply

it more because it felt more comfortable and I wasn't trying to be this you know,

grand therapist when it really didn't feel natural for me.

Bonnie observed that as she became more comfortable, she worried less about theory and

that allowed her to join with her clients.

Bonnie: I think that the very first case I had by myself I think that I was so

worried about the model and as I got more comfortable with it I actually kind

of let myself join with the clients. Then I was able to still have that theory in my

mind and still look at the dynamics of what's going on in the room and trying to

engage the client.

Trying different theories: As theory moved to the background and participants

became comfortable they were also able to begin thinking about and applying different

theories to their practice, which describes the third theme of the 'Later Process' category;

trying different theories. Participants are moving on from their beginning process of

starting with one theory. Denise reflects on her current thought process.

> Denise: Even more recently I've kind of been thinking more about other models
>
> and how to maybe select aspects of other models depending on the client.

Allison describes what works for her in therapy now.

> Allison: …for me that's what works. It works to pull different things for different
>
> clients in different situations even in the same session you know to just like do
>
> different things.

Andrea uses the phrase 'using different tools' to describe how she is now comfortable

using different theories in her practice.

> Andrea: Every theory we could use is just one possible tool and you can use a lot
>
> of different tools to get to the same end so it's not like there is any one [theory]
>
> that is always right. The idea is that you find the one that feels comfortable for
>
> you and you pick and choose you know. Sometimes you use a hammer;
>
> sometimes you use a screwdriver or whatever. I feel like I am at the point now
>
> where I know what they are and I feel much more comfortable with picking and
>
> choosing and sometimes not even looking in there.

It is obvious that Alexia has moved from feeling married to a theory to looking at what

her client's needs are and choosing a theory based on those needs.

> Alexia: It's like what Allison said. The first thing you got to look at is what is
>
> going to work for this client and what can I do to help them. It's not am I sticking
>
> to this one theory. I think for me they [theories] are kind of like the tools that I

have and I can just pull them out when I need to and they help me when I need them.

In the participants' later process, theory began to move to the background and became less of a focus for most of the participants. This allowed participants to become more comfortable and then applying theory started to feel more natural. When participants became more comfortable, they began to focus on their clients more and integrate their own personal style into therapy. Finally, the participants moved from using one theory to feeling comfortable and confident enough to be able to apply different theories.

It is interesting to note that according to the surveys, even though all of the participants described themselves as eclectic therapists, when they were asked to list the top three theories that they use in therapy, all of the participants listed the theory their program stressed as one of them. It seems that although the students begin to apply different theories in their later process, they still use and integrate the theory their program stresses.

Reflecting

The final category is titled 'Reflecting'. Although this category is not a part of the developmental process for beginning therapists, it is a part of their reflections on their process. I asked participants to look back at their process of applying theory to their practice and think about what advice they would give to upcoming beginning therapists. I also asked the participants what it would be like if their programs were different. There are two themes that fall under this category; *giving advice* and *reflecting on what if.*

Giving advice. Much of the advice participants gave to upcoming beginning therapists about applying theory to their practice mirrors their developmental process. Participants gave advice about theory getting in the way, getting supervision, starting with one theory, being present in the room, feeling comfortable, and trying different theories.

Andrea gave beginning therapists advice about not letting theory get in the way.

> Andrea: I think it will help the therapist relax and be more beneficial for the client if you can just go in and not think about theory first. It sort of frees you too from one other thing to think about. I just think that would alleviate a lot of the pressure. Not that theory is never important and you should never think about it, but don't make yourself nuts trying to think about it all the time right now.

Denise reminds beginning therapists that theories are like different tools that they can use and they don't have to marry one theory forever.

> Denise: I would say that at the point when you're choosing to focus your attention on one theory or a couple of theories that you see them as tools rather than as one way of doing things that you're going to have through the duration of your career…Going into it knowing that you want to pick a model that makes sense to you and that is consistent with your world view but knowing that you're not tying yourself to it forever.

Ally gave advice about supervision and how it can be helpful.

> Ally: …the supervisor is key to discuss the overall goals and theory can broaden those. After session where you talk about how it turned out and what would be useful; guidance through all of that.

Bonnie reflects on her process of getting comfortable. She advises beginning therapists to get comfortable with one theory and start with that.

> Bonnie: Yeah, the more comfortable I was the easier it was for me to apply it and then it just kind of came naturally without me even thinking about it. So maybe also I would tell students to find a theory they are comfortable with and start with that.

Cathy advises beginning therapists to get comfortable in the room first and learn how to be present in the room with clients.

> Cathy: I would say get comfortable in the room first just with yourself and being in the room with clients and then once you feel comfortable, then you start bringing in theories and techniques. But for the first few months just relax and listen to your clients and learn how to be present in the room with your clients.

Bonnie's final advice is that the more you practice, the more comfortable you get trying different theories.

> Bonnie: …practice makes perfect or I think the more you use theories or the more you kind of take risks, you're more able to try different things and the more comfortable you will feel with it [theory].

Reflecting on 'what if'. I asked the participants to think about what it would be like if their programs were different and how that would affect the application of theory to their practice. For example, if their program requires a year of classes before starting clinic, I asked the participants to tell me what they think it would be like if they started clinic after

two months of taking classes. I asked Allison who had a year of classes before she started clinic what she thought it would be like if she started seeing clients earlier and how that would have affected her application of theory to practice. Allison thought that being familiar with the theories before starting clinic made it easier for her to apply them.

> Allison: I think I would have felt a lot more uncomfortable if I had to start seeing clients my first semester of grad school. I think I was better able to have a smoother transition applying theory into practice when I was familiar with the theories before I started seeing clients. This way I could better understand the theory, see it work in observation and watch others in videos use the theory before I started to use it myself.

Alexia thought that her clients would have suffered if she started clinic earlier.

> Alexia: I think that if I began seeing clients my first semester I would have had no idea how to apply theory to practice…I think that if I had been trying to master being a competent therapist with understanding theory, my clients would have suffered. It's hard for me to believe that I could have navigated being a rookie therapist and learned the underlying principles of therapy at the same time. In a situation where I was learning theory and seeing clients, I would probably have applied whatever theory I learned that week to whatever client I saw that week and my clients would have suffered.

Bonnie, who started seeing clients a couple months into her classes, could see how having a year of classes would be helpful but thought that hands-on learning is the best way to learn.

> Bonnie: I could see how having that kind of background [a year of classes] would

be helpful but at the same time I could see how jumping in and actually being a

part of the process makes it a little bit easier because I think that sometimes

you can read as much as you want but until you're actually in the therapy room

working with people, that's when you really learn the most.

Cathy, who also started seeing clients her first semester, didn't think that she would have

liked having a year of classes and that it actually would have been a waste of time.

Cathy: I think that I wouldn't have liked it as much because I felt ready for the

responsibility and to get into the room. I don't know if I would have been patient

enough to wait a whole year learning about theories. Immediately I was excited

about getting into the room and applying theories and testing them out. We are

here to train and get experience and so it would have been a year of wasted time.

Brenda was one of the only participants who thought that if her program was different it

would have been helpful. She started seeing clients after a couple of months of classes

but thought that having more classes would have been useful.

Brenda: I think it would have been nice to have that grasp. I think when I went in

I didn't have any idea what I was doing…I think I would have understood the

differences between the models and understood theory a little bit more instead of

kind of just seeing one or two and then later just seeing all this other world if

possibilities.

After reflecting on their process, participants gave advice to upcoming therapists

that mirrored their developmental process. Participants advised students about applying

theory to their practice and how to not let theory get in the way and about getting good

supervision. Participants also gave advice about starting with one theory, being present in the room, feeling comfortable, and trying different theories. Most of the participants who were asked what they thought it would be like if their programs were different seemed to like the way their program was set up. They seemed to think that the way their program was set up was the most beneficial for them when learning to apply theory to practice.

From the findings of this study, five categories emerged that described the beginning therapists' process of applying theory to their practice. *Before seeing clients* was the first category that emerged from the data. This category depicted the beginning therapists' thoughts about applying theory to practice before they began to see clients. The second category that emerged from the data, *Early Process* described the early process that the beginning therapists' went through while attempting to apply theory to their practice. *What was Helpful* is the third category that described what helped beginning therapists' apply theory to their practice. The fourth category, *Later Process*, explained the process of applying theory to practice after beginning therapists had gained some experience. The final category, *Reflection,* was about beginning therapists' reflecting on their process of applying theory to their practice. These five categories showed a general developmental process that the beginning therapists' went through while learning to apply theory to their practice.

Chapter Five: Discussion

<u>Summary of Findings</u>

The purpose of this study was to understand the experience of beginning therapists attempting to apply theory to their practice. Through interviewing marriage and family therapy students and using the constant comparative method to analyze the data, a general developmental process emerged that these therapists went through while attempting to apply theory to their practice (See figure I). As illustrated in figure I, the marriage and family therapy student seemed to go through three different stages as they gained confidence in their ability to do clinical work.

This general developmental process surfaced from the five themes that emerged in the study: before seeing clients, early process of theory application, what was helpful, later process of theory application and reflection. In this chapter I will discuss these five themes under three stages of the developmental process of beginning therapists and tie my findings back to existing literature. I will also look at the limitations of this study and areas of future research as well as clinical implications of this study.

<u>The First Stage</u>

The first stage in the developmental process of a beginning therapist started before they began to see clients and continued as they began to see clients. At this stage, beginning therapists were preoccupied with many thoughts and worries about the application of theory to practice as well as anxieties and concerns about seeing clients, and about their skill level. The students from university A in particular had a feeling of being overwhelmed. This may be because the participants were familiar with the researcher and therefore they were able to be more open and honest or it may be the

snowballing effect that focus groups can have on participants that lead the participants to discuss this feeling.

It seems that during this first stage, beginning therapists viewed therapy from the scientist-practitioner model of learning. They were taught a theory that had its own methods, guidelines and interventions and applied that theory automatically, without much thought to it and no matter what reaction they received from their clients. The theory just had to be applied. Theory was very important to beginning therapists and it played a principal role during this stage. As they began to see clients, it became even more important and was at the forefront of their thoughts. Their thoughts began to center on how to apply the theories they had learned and they were concerned about whether they were applying them correctly.

Many of the feelings and thoughts discussed by the students were similar to those found in the existing literature on the cognitive development of beginning therapists as well as the developmental stages a therapist experiences. Friedman and Kaslow (1986) called the first stage in the development of therapists *the anticipatory anxiety stage* that family therapists experience that starts when they learn they will be working with clients. The authors suggest that students are anxious and vulnerable during this stage. Skovholt and Ronnestad (1992) also studied the development of beginning therapists. Just as in my study, the researchers found that students are exposed to a lot of theoretical information and that there is anxiety that surrounds the transfer of that information to their practice and that it can leave them with a feeling of being overwhelmed. According to Skovholt and Ronnestad, the *transition to professional training stage* starts when a graduate makes the decision to enter a program through their first year of the program. The researchers

found that the central task at this stage is the assimilation of the extensive amount of new information they are learning, mainly theories, and then transferring that knowledge into practicum. They suggest that a student can become easily overwhelmed at this stage.

Participants in this study also discussed worrying about their skill level, what to say to clients, and their worries about applying theory to their practice. In a research study by Fong, Borders, Ethington and Pitts (1997), the cognitive development of beginning therapists was very similar to the findings in this study. Beginning therapist reported feeling inexperienced, insecure, inadequate and anxious. In a qualitative study by Dermer (1998), the results also showed similar findings. Beginning therapists identified fears and concerns relating to competency and credibility. Participants worried about how others would judge them about their skill level pertaining to their model of therapy and they had concerns revolving around integrating theory and practice.

During the first stage, theory played a central role in the developmental process of a beginning therapist. Although many of the previous studies suggest that theory is important to beginning therapists because of the anxiety surrounding how to treat clients and the worry about transferring theory to practice, none of the existing literature discusses what role theory plays or how important it is to students before they begin seeing clients. At this part of their developmental process, it seems that theory was in the forefront for many of the participants. Most of the beginning therapists in this study believed that theory was important and therefore worried about how to apply theory to their practice.

<u>The Second Stage</u>

        The second stage of the developmental process of a beginning therapist began as the participants started consciously attempting to apply theory to their practice. During this stage beginning therapists were still viewing therapy from the scientist-practitioner model. Because the participants were consciously applying theory at this stage in their development, theory would get in the way of their clinical work. They were focusing so much on applying theory that it was a distraction from the other important aspects of therapy such as the relationship with the client.

        In attempting to apply theory to their practice, all of the participants began by applying one theory. In most of the cases it was the theory that their program seemed to focus on the most. This made it easier and more comfortable for the participants to apply theory to their practice because they knew more about that one theory than any of the others. Even the participant whose program did not stress a particular theory chose her own theory to focus on and started applying that theory to her practice first. Although much of the existing research focuses on the developmental stages of beginning therapists/counselors, there is not any research that suggests that beginning therapists begin to apply theory to their practice by starting with the theory that their program stresses. However, closely related to this may be what Skovholt and Ronnestad (1992) found. The researchers suggest that students try to fill the "unknown" as quickly as possible by learning a series of discrete therapy/counseling techniques. It may be that students are trying to fill the "unknown" quickly and to do this they choose to apply what they know, which is the theory their program focuses on the most.

For many of the participants, theory got in the way of their clinical work during this stage of their cognitive developmental process. It seems that many students were so preoccupied with trying to apply theory to their practice that theory would often get in the way of them connecting to their clients and/or being present with their clients. This was also a recurring theme in the existing literature. Skovholt and Ronnestad (1992) found that some students found that all of the information that they learned was so overwhelming that they were so busy thinking about this information that they were not present in the room with the client.

The Third Stage

The third stage began when beginning therapists started gaining some experience with clients. At this stage, theory moved from being in the forefront of their process to being in the background as their relationship with clients moved to the forefront of their process. Theory became so much of whom the beginning therapists were that they did not have to consciously think about theory but instead, reflect on the situation at hand. It seems that at this stage the beginning therapists moved from the scientist-practitioner model view of therapy to a more reflective practitioner view of therapy. Instead of strictly following a theory, they would reflect on a situation, learn from it and trust their own instincts more than following a set of rules that would generate the automatic responses they had during the first stage.

Participants at this stage also became more comfortable with therapy and this also allowed them to think about different theories and apply different theories to their practice. The participants went from worrying about how to apply theory to their practice and theory getting in the way of their practice because they were thinking about it so

much, to theory moving to the background of their process therefore allowing beginning therapists to concentrate on their relationship with their clients. Theory was still important but because of the experience gained and because beginning therapist learned more about how to apply theory, they became more comfortable and were able to focus on their clients and their process more than their thoughts about theory.

This is similar to the existing literature on the developmental stages of beginning therapists/counselors. Although the research does not specifically state that theory moves to the background, it does say that beginning therapists progress through stages moving towards calm, collegiality and independence. Friedman and Kaslow (1986) suggest that stage 4 is where therapists take charge of therapy and can grasp connections between theory and practice. At stage 5, therapists begin to develop a sense of identity and independence. Everett (1981) also proposed a developmental stages model that beginning therapists go through before they identify themselves as family therapists. Everett suggests that the final stage of the model is when personal individualization occurs as well as clinical autonomy and professional individuality. In this study, none of the beginning therapists described feeling completely autonomous or collegial but they did describe therapy feeling more personal and feeling more comfortable, relaxed and more focused on therapy rather than theory. It seems that theory moved to the background and although it was still there, the beginning therapists began to focus on the many other aspects of therapy. For the student whose program did not focus on a particular theory, theory became even more of a focus for her later in her process.

As the beginning therapists started feeling more relaxed, comfortable and secure, they began exploring different theories/models and trying them out in their therapy

sessions. It seems that having gained the experience with one theory and feeling more comfortable in practice, allowed the beginning therapist to move forward, rely on their own instincts, and begin trying different theories/models that better fit themselves and their clients. At this stage, the beginning therapists were still not feeling completely autonomous and many of them still used the theory that their program stressed in their practice or would default to that theory if other theories were not working well. This is also seen in the existing literature and research.

What was Helpful in Making Transitions Between Stages

During their developmental process, there were several things that beginning therapists found that helped them with the application of theory to their practice. Good supervision was helpful as well as learning the language of a theory. Starting with one theory was also very helpful for beginning therapists learning to apply theory to their practice. Although all of these were helpful, there was a consensus among the participants that receiving good supervision was one of the most helpful things. Receiving good supervision was essential for the participants in learning to apply theory to their practice because supervisors helped them stay grounded in theory, help them to conceptualize cases using theory, change the direction of therapy and helped students to use different theories. The role of supervision has dominated the literature as well.

Existing research suggests that supervision is an important part of the developmental process of beginning therapist/counselors. Friedmand and Kaslow (1986) suggest that the supervisory process is very important in the development of a competent sense of professional identity. Kral and Hines (1999) proposed that the development of the competent sense of self as a family therapist did not take place solely within the

individual but that other factors such as supervisors were involved in this process. Skovholt and Ronnestad (2003) found that there is an acute need for positive mentors, such as supervisors, to be available and supportive of beginning therapist and that the absence of this mentor leaves the beginning therapist distressed. This study also suggests that supervisors play a very important part in the development of a beginning therapist, specifically when it comes to learning to apply theory to their practice.

Learning the language of a theory was also very helpful for students when learning to apply theory to their practice. Students described listening and mimicking their supervisors language, watching other therapists live or on video and taking that language into their own sessions and how learning the language of a theory helped them to physically take a theory and apply it to their own sessions. This theme is also found in the existing research and literature. Kral and Hines (1986) suggest that this is part of the developmental stage of family therapists when they begin to make efforts to integrate theory and practice by practicing the psychotherapeutic language. Closely related to this theme is what Skovholt and Ronnestad (1992) found. The researchers suggest that beginning clinicians look for external expertise early in their development from their professors and supervisors by modeling or imitating them and that this is a powerful and preferred learning method. This is an important part of the developmental process for beginning clinicians. Learning the language of a theory helped participants in this study physically take the words and language of a theory and apply it to their practice.

When the participants were asked if they thought that starting with one theory helped them learn to apply theory to their practice, many of the participants thought that it did because it gave them a foundation to build on. Participants talked about how

starting out using just one theory made it easier to apply theory to practice and essentially taught them how to "do" therapy. Although this theme is not discussed in the existing literature, there are studies that suggest that beginning therapists/counselors are exposed to many different theories/models and that this can be difficult for them. Friedman and Kaslow (1986) suggest that beginning therapists lack the organization and experience into which to fit the diverse array of ideas.

Skovholt and Ronnestad (2003) found that beginning therapists have inadequate conceptual maps. The authors suggest that the problem is that there is too much to know and that therapists may not know what will be needed at what point and that this raises the stress level for beginning therapists. Similarly, according to Bolsen and Syers (2004), students had difficulty identifying the variety of theories they were applying in a case so the authors suggest that students have to be provided with a conceptual framework and teaching methods to help organize beginning therapists thinking in order to enhance the integration of theory and practice.

Limitations and Future Research

This study offered a detailed look at how beginning therapists began to apply theory to their practice. While several interesting themes emerged from the data, it is important to note the limitations of this study as well as suggestions for future research in this area. One of the limitations of this study is that the participants were all women. Men may have had a different experience with applying theory to their practice. Although a strength of this study is that students were interviewed from four different programs, a limitation is that these programs are not representative of all marriage and family therapy programs and the students who volunteered to participate in this study were not

representative of all students in the programs. Other students in the same or different programs may have very different experiences. Another limitation is that the researcher knew the participants in the focus group, which may have allowed them to be more candid during the interview process.

Future research may want to compare students from programs that do not emphasize one theory to programs that do emphasize one theory. In addition, longitudinal research may be useful to determine the process therapists go through over time. For example, future research may also want to look at whether theory ever comes back to the forefront in the developmental process to further understand the developmental process of a therapist. Because the beginning therapist whose program did not focus on a particular theory said that theory became more of a focus for her later in her process, future research may also want to look at the differences in the developmental process of beginning therapists who focus on one theory in the beginning and compare it to those who do not. Researchers might look at the differences in the anxiety levels of beginning therapists or skill levels at the end of their programs.

Future research needs to examine different ways of training students. When the participants were asked what they thought it would be like if their program was different, most of them liked the way their program was set up and they thought that if it was set up differently, it would have made it more difficult for them to learn how to apply theory to their practice. Only a few thought that it would have been easier or more beneficial for them if their program were set up differently. It may be an individual preference or it may be that one way is better than the other when it comes to helping beginning therapists apply theory to their practice. Future research may want to look at whether gaining

knowledge of theories by having more classes before seeing clients or learning theories while gaining hands on experience makes a difference in the developmental process of a beginning therapist, particularly when it comes to applying theory to practice.

<u>Implications for Beginning Therapists and Training Programs</u>

Although applying theory to practice is not the only challenge a beginning therapist faces, it seems that it is a difficulty that beginning therapists struggle with throughout much of their training. Because marital and family therapy has become a treatment of choice for many different clinical disorders, training effective family therapists is imperative (Everett, 1990). One of the clear findings of this study is that there is a developmental process that beginning therapists go through. Therefore it is important for marriage and family therapy programs, professors and supervisors to understand this developmental process as well as the difficulties beginning therapists experience so that training can be the most beneficial for beginning therapists. Understanding how to assist students in the transfer of theory to practice may also lessen the stress and anxiety that beginning therapists face.

Another finding of this study is that most of the beginning therapists began applying theory to their practice by using or focusing on one theory at the very beginning of their practice. This suggests that students may need to be grounded in a single theory, understand how to apply it and essentially learn the basics of therapy through that theory so that they can become comfortable and move forward and onto different theories. This also suggests that it might be important for programs to ensure that all beginning therapists have a solid knowledge or feel secure with at least one model of therapy. This

may be the most helpful way for beginning therapists to learn how to start applying theory to their practice.

This study also found that beginning therapists are often very anxious and have many worries at the beginning of their practice. This study suggests that it is important for programs to normalize a beginning therapist's insecurities and worries so that they can help beginning therapists feel less anxious. Also, it may be helpful for beginning therapists to realize that this developmental process takes time and the more experience they get, the more comfortable they will become and the better and easier it will be for beginning therapists to apply theory to their practice.

Finally, this study found that supervisors play the most important role in assisting students to apply theory to their practice so it may be especially important for supervisors to assist beginning therapist at the very start of their clinical work, in focusing on one theory. Beginning therapists also talked about how reading vignettes in books, watching videos and watching other experts use theory helped them to apply theory to practice because they learned the language of a theory. This is an important clinical implication for programs, professors, supervisors and students alike. If all facets of a marriage and family therapy program take these findings into account, the difficult task of transferring theory to practice may be facilitated. Hopefully, this study is one step in that facilitation and one step that will assist in understanding how beginning therapist apply theory to practice.

References

Avis, J., & Sprenkle, D. (1990). Outcome research on family therapy training: A

substantive and methodological review. Journal of Marital and Family Therapy,

16(3), 241-264.

Bolsen, L., & Syers, M. (2004). The integrative case analysis model for linking theory

and practice. Journal of Social Work Education 40(2), 205-216.

Bowman, J., Roberts, G., & Giesen, M. (1978). Counselor trainee anxiety during the

initial counseling interview. Journal of Counseling Psychology, 25(2), 137-143.

Breunlin, D., Schwartz, R., Krause, M., Kochalka, J., Puetz, R., & Van Dyke, J. (1989).

The prediction of learning in family therapy training programs. Journal of Marital

And Family Therapy, 15(4), 387-395.

Campone, F. (2004). A Well-Informed Curiosity: Evolving a Model of Coaching

Research. Proceedings of the 2004 International Coach Federation Research

Symposium.

Christenson, D., Brown, J., Rickert, V., & Turner, J. (1989). Rethinking what it means to

Specialize in MFT at the masters level. Journal of Marital and Family Therapy,

15(1), 81-90.

Dermer, S. "Therapists in Training: A Qualitative Study of the Fears and

Concerns of Novice Family Therapists." Diss. Kansas State University, 1998.

Dick, B. (1986). Scientist-practitioner? Unpublished paper. The University of

Queensland, Department of Psychology.

Everett, C. (1990). The Field of Marital and Family Therapy. Journal of Counseling and

Development, 68(5), 498-502.

Feist, S. (1995). Marriage and Family Counseling in Mental Health Practice. Educational
     Resources Information, 1-7.

Figley, E.R., & Nelson, T.S. (1990). Basic family therapy skills: Structural family
     Therapy. Journal of Marital and Family Therapy, 16, 225-239.

Friedlander, M., Wildman, J., Heatherington, L., & Skowron, E. (1994). What we do and
     don't know about the process of family therapy. Journal of Family Psychology,
     4 (4), 390-416.

Friedman, D., & Kaslow, N. (1986). The development of professional identity in
     psychotherapists; six stages in the supervision process. The Clinical Supervisor,
     4(12), 29-49.

Fong, M., Borders, D., Ethington, C., & Pitts, J. (1997). Becoming a counselor: A
     longitudinal study of student cognitive development. Counselor and Education
     Supervision, 37, 100-115.

Furr, S.R., & Carroll, J.J. (2003). Critical incidents in student counselor development.
     Journal of Counseling Development, 81, 483-489.

Glaser, B.G. (1965). The constant comparative method of qualitative analysis. Social
     Problems, 12(4), 436-445.

Greben, D. (2004). Integrative Dimensions of Psychotherapy Training. Canadian Journal
     Psychiatry, 49(4), 238-248.

Kniskern, D.P., & Gurman, A.S. (1988). Research in H.A. Liddle, D.C. Breunlin & RC.
     Schwartz (Eds.), Handbook of Family Therapy Training and Supervision, (pp. 368-
     378). New York: Guilford Press.

Kral, R., & Hines. (1999). A survey study on developmental stages in achieving a

    competent sense of self as a family therapist. <u>The Family Journal,</u> 7(2), 102-111.

Krueger, R.A. (1994). <u>Focus Groups: A Practical Guide for Applied Research</u>.

    Thousand Oaks, CA: Sage.

Liddle, H.A., Breunlin, D.C., Schwartz, R.C., & Constantine, J.A. (1984). Training

    family therapy supervisors: Issues of content form and context. <u>Journal</u>

    <u>of Marital and Family Therapy,</u> 10(2), 139-150.

Liddle, H.A., & Saba, G. (1982). Teaching family therapy at the introductory level: A

    Conceptual model emphasizing a pattern which connects training and therapy.

    <u>Journal of Marital and Family Therapy</u>, 63-72.

Marshall, C. & Rossman, G.B. (1989). <u>Designing Qualitative Research</u>. Sage

    Publications, Inc.

Moon, S., Dillon, D., & Sprenkle, D. (1990). Family therapy and qualitative research.

    <u>Journal of Marital and Family Therapy</u>, 16(4), 357-373.

Morgan, D. (1988). <u>Focus Groups as Qualitative Research</u>. Newbury Park, London:

    Sage.

Nichols, M.P., & Shwartz, R.C. (1994). <u>Family Therapy</u>. Boston: Allyn & Bacon.

Nutt-Williams, E., Judge, A.B., Hill, C.E., & Hoffman, M. (1997). Experiences of

    novice therapists in prepracticum: trainees', clients', and supervisors'

    perceptions of therapists' personal reactions and management strategies.

    <u>Journal of Counseling Psychology</u>, 44(4), 390-399.

Patterson, J., William, L., Grauf-Grounds, C., & Chamow, L. (1998). <u>Essential Skills in</u>

Family Therapy. New York: The Guilford Press.

Piercy, F., & Sprenkle, D. (1988). Family therapy theory building questions. Journal of Marital and Family Therapy, 14(3), 307-309.

Pinsof, W.M. (1981). Family therapy process research. In A.S. Gurman and D.P. Kniskern (Eds.), Handbook of Family Therapy. New York: Brunner/Mazel.

Pistol, C.M. (2001). Mental health counseling: identity and distinctiveness. ERIC/CASS Digest, (Eric Document Reproduction Service No. ED 462672)

Polson, M., & Nida, R. (1998). Program and trainee lifestyle and stress: A survey of AAMFT student members. Journal of Marital and Family Therapy, 24, 95-112.

Ronnestad, M.H., & Skovholt, T.M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. Journal of Counseling & Development, 71, 396-405.

Russel, C.D., Wampler, K., Sprenkle, D., Sandberg, J., & Hovestadt, A. (2002). The Scientist-practitioner model in marriage and family therapy doctoral programs: Current status. Journal of Marital and Family Therapy.

Sawatzky, D., Jevne, R.F., & Clark, G.T. (1994). Becoming empowered: a study of counselor development. Canadian Journal of Counseling, 28, 177-192.

Schon, D. (1983). The Reflective Practitioner. USA: Basic Books, Inc.

Skovholt, T.M., & McCarthy, P.R. (1988). Critical Incidents: Catalysts for counselor development. Journal of Counseling and Development, 67, 69-72.

Skovholt, T.M., & Ronnestad, M.K.H. (1992). Themes in therapist and counselor development. Journal of Counseling and Development, 70, 505-515.

Skovholt, T.M., & Ronnestad, M.K.H. (2003). The hope and promise of career life-span

counselor and therapist development. <u>Journal of Career Development</u>, 30(1), 1-3.

Skovholt, T.M., & Ronnestad, M.K.H. (2003). The journey of the counselor and

therapist: research findings and perspectives on professional development. <u>Journal

of Career Development</u>, 30(1), 5-42.

Skovholt, T.M., & Ronnestad, M.K.H. (2003). Struggles of the novice family counselor

and therapist. <u>Journal of Career Development</u>, 30(1), 45-58.

Sprenkle, D. H. (2003). Effectiveness research in marriage and family therapy:

Introduction. <u>Journal of Marital and Family Therapy</u>, 29(1).

Sprenkle, D., & Moon, S. (1996). <u>Research Methods in Family Therapy</u>. New York:

The Guilford Press.

Stock-Ward, S., & Javorek, M. (2003). Applying theory to practice: Supervision in

student affairs. <u>NASPA Journal</u>, 40(3), 77-92.

Thorne, S. (2000). Data analysis in qualitative research. <u>Evidence-Based Nursing</u>, 3(3).

Tolson, E.R., & Kopp, J. (1988). The practicum: clients, problems, interventions and

influences on student practice. <u>Journal of Social Work Education</u>, 24(2), 123-134.

Appendix I
<u>Participant Recruitment Email</u>

Dear MFT Students,

My name is Maria Anastasiou and I am an MFT grad student at Virginia Tech. I am currently working on my thesis titled *Beginning Therapists' Experiences of Applying Theory to Practice.*

The purpose of my study is to understand how beginning clinicians start to apply or incorporate theory to their clinical work. I wanted my research study to involve MFT students because there are not enough studies that look particularly at MFT's.

I am looking for MFT grad students from different universities who would like to participate in my study. The criteria for participation are that you must be a graduate student in an MFT program with at least 75 client contact hours.

Interviewing will take place over the phone at your convenience and remains confidential. The interview will probably last between ½ an hour and 45 minutes. You will be asked questions about how you think you have incorporated theories into your practice and how you began to apply them. If you think you don't incorporate theories, even better to know!

If you are interested in participating in this study or if you would like more information you can contact me via email at <u>manastas@vt.edu</u> or you can call me at 703-973-7467. I look forward to hearing from you.

Thank you for your consideration,
Maria Anastasiou

Appendix II

Informed Consent Form

Project Title: Beginning Therapists' Experiences of Applying Theory into Their Practice

Researchers: Maria S. Anastasiou, M.S. Candidate, Department of Human Development, Virginia Polytechnic Institute and State University
                 Sandra M. Stith, Ph.D., Professor, Department of Human Development, Virginia Polytechnic Institute and State University

What is the purpose of this study? The purpose of this study is to understand how marriage and family therapy students starting practicum experience attempting to apply theory to their practice.

What will I be asked to do? You will be asked to participate in a 1 ½ - 2-hour focus group. During the focus group you will be asked about your experiences starting clinic. Particularly your experiences with applying theory to your sessions with clients. You will also be asked about contributing resources and factors that were helpful/ not helpful. The focus group will be scheduled at a mutually agreed upon time and location. The focus group will be audiotaped to make sure we understand exactly what was said. After completing the focus group you will be contacted and given the option to read through the transcripts. You may make any corrections necessary.

Are there any risks to me? The researchers anticipate that there will be minimal risk to you as a result of your participation in this research study. We will ensure that your information will be kept confidential. In an effort to understand everything about your experience, the focus group will include some questions about your experiences, which may be emotional for you. You may decline to answer any question at any time.

Are there benefits to me? As a result of participating in this study you may feel satisfied. This is because you have had a chance to share your experiences, opinions and concerns about this challenging time. You may also feel satisfied knowing that this study may benefit other beginning therapists, supervisors, and professors.

Are my responses confidential? Your name and other identifiable information will be omitted from the transcripts, presentations and publications. The transcripts and audiotapes will be kept under lock and key for the duration of the project. Access will only be allowed to the researcher. All audiotapes will be destroyed after completion of the project. Once the data collection is complete and interviews are transcribed, a copy of the focus group transcription will be sent to you via email. If there are any portions of the transcript that you wish to change in order to protect your confidentiality or that you may not wish to be quoted on, you may highlight it an send it back to the researcher via email

as well. If you do not respond to the focus group transcription email by the designated date, the researcher will assume that you do not wish to make any changes.

Will I be compensated for my participation? Your participation is completely voluntary. There will be no compensation other than the researcher's appreciation for your time and participation.

Do I have the freedom to withdraw? You have the right to refuse to participate in this study. You also have the right to refuse to answer any questions and you may drop out at anytime.

Approval of Research: This project has been approved, as required, by the Institutional Review Board Involving Human Subjects at Virginia Polytechnic Institute and State University.

If you have any questions about this research project, please feel free to contact:

Maria S. Anastasiou, Co-Investigator
703-973-7467, manastas@vt.edu

Sandra M. Stith, Ph.D., Committee Chair
703-538-8362, sstith@vt.edu

Dr. David Moore, IRB Chair
540-231-4991, moored@vt.edu

Participant's Permission

I voluntarily agree to participate in this research project. I have read and understood the Informed Consent and the conditions of this project. I hereby acknowledge the above information. I give my voluntary consent for participation in this project by signing my name on the line below. I realize that although I choose to participate right now, I have the right to withdraw form this study at any time without penalty.

Printed Name:_____

Signature:_____

Date:_____

Appendix III

Demographic Questionnaire

1) What is your age?

2) Are you male or female?

3) What is your ethnicity?

4) How many classes did you take before starting clinic?

5) How many client contact hours do you currently have?

6) List the top three theories or treatment models used in your clinical work.

7) Would you describe your work as eclectic or based on one theory/treatment model?

Figure 1

The First Stage
At this stage students view therapy from the Scientist-Practitioner model.

I feel Overwhelmed

Am I going to be able to apply the theories?

I'm worried and anxious and I have not idea what my client just said.

THEORY
Relationship with Clients

What did the theory say to do next?

The Second Stage

Apply One Theory
Relationship with Clients

Apply solution-focused theory! I know that one!

Concentrate on the client!

What did he do in that video?

How did my supervisor say that?

Supervision is really helping me!

The Third Stage
At this stage students view therapy from the Reflective Practitioner model

Theory
Relationship With Clients

I heard what the client said and I am so focused on them!

Maybe I will try a different theory.

I'm feeling more comfortable.

This feels more personal.

Theory? What theory?