

Citation for published version:

Natasha W. Woodward, Saskia Keville and Louise-Margaret Conlan, 'The buds and shoots of what I've grown to become: the development of reflective practice in Trainee Clinical Psychologists', *Reflective Practice*, Vol. 16 (6): 777-789, November 2015.

DOI:

<https://doi.org/10.1080/14623943.2015.1095728>

Document Version:

This is the Accepted Manuscript version.

The version in the University of Hertfordshire Research Archive may differ from the final published version.

Copyright and Reuse:

Content in the UH Research Archive is made available for personal research, educational, and non-commercial purposes only. Unless otherwise stated, all content is protected by copyright, and in the absence of an open license, permissions for further re-use should be sought from the publisher, the author, or other copyright holder.

Enquiries

If you believe this document infringes copyright, please contact the Research & Scholarly Communications Team at rsc@herts.ac.uk

RESEARCH ARTICLE

The buds and shoots of what I've grown to become: the development of reflective practice in Trainee Clinical Psychologists

*Dr Natasha Woodward^a, Dr Saskia Keville^a, Dr Louise-Margaret Conlan^a

^aDepartment of Psychology, University of Hertfordshire, Hatfield, UK

Received ; accepted

Dr Natasha Woodward is a Clinical Psychologist working in the Hertfordshire Community Assessment and Treatment Service for people with Learning Disabilities.

Dr Saskia Keville is a Registered Clinical Psychologist and Academic Tutor on the Doctorate in Clinical Psychology at the University of Hertfordshire

Dr Louise-Margaret Conlan is a Clinical Psychologist working at North Buckinghamshire Community Child and Adolescent Mental Health Service. She is also the External Module Organiser for the Cognitive Behavioural Therapy module on the Doctorate in Clinical Psychology programme at the University of Hertfordshire.

* Corresponding author. Email: natashawoodward@hotmail.co.uk

The buds and shoots of what I've grown to become: the development of reflective practice in Trainee Clinical Psychologists

Within literature regarding Personal Professional Development (PPD) in Clinical Psychology training, personal and professional development are largely conceptualised as separate processes. Yet models of reflective practice would suggest that an awareness of the personal self is necessary for effective clinical work. This study explored newly qualified Clinical Psychologists' (CPs) experiences of PPD, and in particular their identities, during their clinical psychology doctoral training. The main research question was 'How do newly qualified CPs experience their personal and professional identities during doctoral training?' Seven newly qualified CPs were interviewed regarding their experiences of their personal and professional identities during training. A qualitative research design was employed and Interpretative Phenomenological Analysis was used to analyse the data. Three superordinate themes were identified: Enhancing awareness of self and others; Taking risks and managing uncertainty; Developing self-acceptance. Within these results there was a strong message of an inextricable link between personal and professional identities. Enhancing awareness of self was understood as a personal process within PPD and an important aspect of reflective practice (Lavender, 2003), thus it is proposed that PPD is an effective tool for training reflective practitioners. Within PPD, learning to manage uncertainty and take risks within relationships was seen to contribute to reflective practice, as CPs may be more able to attend to process issues within the therapeutic context. Furthermore, greater self-awareness seemed to help Trainees find a balance between self-development and self-acceptance. Maintaining a stable and accepting sense of self may contribute to a CP's professional development and personal wellbeing.

Keywords: Clinical Psychology, professional development, personal development, training

Introduction

Training as a Clinical Psychologist (CP) in the United Kingdom requires the completion of a three-year doctoral programme, including academic, research and clinical components. The British Psychological Society Standards for Doctoral Programmes in Clinical Psychology (2014a) highlight one of the overarching goals of training is for Trainees to develop:

“Clinical and research skills that demonstrate work with clients and systems based on a scientist-practitioner and reflective-practitioner model...” (p. 8-9)

Shapiro (2002) highlights that “a scientific approach should inform all the work of Clinical Psychologists” (p. 234), which includes clinical practice drawing on scientific methods informed by the research evidence base. It could be argued that the scientist-practitioner model focuses on technique and procedure in therapy, leading to a focus on evidence-based practice in CP (e.g. Cochrane, 1972).

The reflective-practitioner (RP) model (Schön, 1987) focuses more on the process rather than methodology of practice. This model requires clinicians to take a ‘meta’ approach, that is, standing outside of their work and reflecting on what is happening (Youngson, 2009). Here the focus is on self-reflection as a therapist, including the clinician’s direct impact on others (Lavender, 2003); thus this may directly relate to the therapeutic alliance (e.g. Bordin, 1979). Goldreid and Davilla (2005) highlight that therapy alliance and intervention procedure play a significant role in whether therapeutic change occurs, suggesting the importance of both models within practice.

The link between personal professional development and reflective practice

Lavender (2003) describes four central concepts to RP in CP training:

- (1) Reflection in action (reflecting cognitively and emotionally on what one is doing and will do next, in the moment)
- (2) Reflection on action (engaging in the reflective process retrospectively)
- (3) Reflection about your impact on others
- (4) Reflection on the relationship between the work and the self

These concepts require the clinician to be aware of what they bring to the therapeutic encounter, including their assumptions, beliefs and cultural values. It also requires practitioners to consider how they interact and connect with their client. Thus, the RP model suggests that self-awareness is critical for effective practice. Several authors have implicated the importance of bringing the personal into self-awareness to inform RP (e.g. the *person of the therapist* in Family Therapy; Aponte, 1992). Furthermore, Rønnestad and Skovholt’s (2003) longitudinal study of almost 5000 therapists shows that engaging in RP enabled them

to continue to develop professionally throughout their careers. Thus, perhaps self-awareness and RP are closely linked to the ongoing personal and professional development of therapists.

PPD in Clinical Psychology training

Within CP training, the development of RP skills has come implicitly within lecture content and also more explicitly within Personal Professional Development (PPD) modules of academic programmes. Perhaps owing to the suggested link between experiential learning and self-reflection (Kolb, 1984), some training programmes utilise experiential learning (e.g. Problem Based Learning [PBL] - see Nel et al., 2008; simulation - Nel, 2010), in addition to traditional didactic teaching. Thus, PPD can be seen as a tool for the development of RP skills in Trainee CPs. Sheikh, Milne and MacGregor (2007) propose an integrated model of PPD for CP training. They identify reflection as central to PPD and add a focus on the learning context of CP training. They highlight that PPD enhances self-awareness, resilience building and reflective abilities. However, processes of PPD require Trainee engagement, which can depend on the individual's personality and attitudes and there is little comment on how Trainees personally experience their PPD.

The personal aspect of PPD

Although PPD is now part of the curriculum in CP training, the primary focus tends to be on professional rather than personal development. Recent literature has begun to consider the relevance of personal development for CPs (e.g. Hughes & Youngson, 2009). Yet, there is also often a division between a therapist's personal and professional development. For example, Cheshire's (2000) doctoral thesis explores professional development and socialisation during training, with a central focus on Trainees as professionals. Thus, although a link is suggested, models explicitly conceptualise them as separate processes. This division is less apparent within literature from other professional contexts, such as Family Therapy (Aponte, 1992; Simon, 2006).

Thus, when considering PPD as a means of enhancing RP, embracing a more explicit focus on personal development in CP training may enhance professional development. This is supported by Lavender's (2003) assertion that RP for CPs has significant personal aspects (e.g. reflection about your impact on others, reflection on the relationship between the work and the self).

Rationale and aims of this study

The evidence suggests that both personal and professional development are key tools in enabling Trainee CPs to become reflective practitioners. However, personal and professional development are often conceptualised as separate processes within training, and this may not capture the complexity of the processes involved. Further, exploring the processes of PPD during CP training and Trainees' relationship with this with a recently qualified sample, may elucidate these relationships. This study also aims to consider the implications of findings in relation to the development of RP amongst Trainee CPs.

Given references in the literature to a link between PPD during training and changes in identity (e.g. Gillmer & Marckus,2003; Youngson & Hughes,2009), Trainees' experiences of their personal and professional identities[†] were used to give focus to the research questions.

Research questions

The main research question was: How do newly qualified Clinical Psychologists experience their personal and professional identities during doctoral training?

This was supplemented by a subsidiary question of: How do they experience the boundary between their personal and professional development?

Methodology

This study had a qualitative research design utilising Interpretative Phenomenological Analysis. Purposive sampling (Robson, 1993) was used to recruit seven participants who had graduated from UK-based CP training one or two years previously and who could recall the impact of training post qualification. Given the RP focus of this study, recruitment was from a programme that utilised experiential learning including PBL. Three men and four women

[†] For the purposes of this study, the terms 'personal', 'self' and 'identity' are used interchangeably and relate to internal processes occurring on a personal level within the trainees.

were interviewed. Their ages ranged from late 20s to late 30s. They were of a diverse ethnic and national background.

Ethical considerations

Informed consent was gained from participants, in line with BPS Ethics Standards (2014b). Confidentiality was maintained through the secure storage of transcripts and recordings. Any potential distress from the process of being interviewed was managed by the interviewer (a Trainee Clinical Psychologist) during the interview. Contact information for sources of support was also provided. To preserve confidentiality participants were given aliases.

Data collection: Interviews

The semi-structured interview schedule drew on the literature review and was developed collaboratively by the research team. It covered participants' experiences of their personal and professional identities before, during and after training. A pilot interview was conducted to test the schedule and obtain feedback regarding the interview process. The pilot interview was not included in the data analysis.

The interviews lasted between 38 and 82 minutes. During the interviews the schedule was used flexibly, in line with Smith and Osborn (2008). This encouraged participants to provide detailed descriptive accounts and enabled exploration of any other areas of interest.

Data analysis: Interpretative Phenomenological Analysis (IPA)

This research utilised the qualitative research approach of IPA (Smith, 1996; Smith, Flowers & Larkin, 2009). In IPA there is a focus upon engaging with individual's reflections of their lived experience. Smith et al. (2009) provide an exploration of the philosophical underpinnings of IPA.

The total duration of the interviews was 6 hours and 58 minutes; this was considered to constitute a larger sample (Smith et al., 2009). Thus, the analysis was made more manageable by using themes from two transcripts to guide the subsequent analysis whilst ensuring in-depth analysis of the data. The aim was to move towards "general categorisation or claims" (Smith & Osborn, 2003, p.66). Throughout the analysis process the researchers

remained mindful of convergences and divergences within the transcripts. Once completed a master list of themes for the group was created.

Research team's relationship to this research and epistemological stance

The research team are all qualified CPs. However, at the time of completing this research the principle researcher was a Trainee CP, the second author of this paper is a trainer, and the third author completed her doctoral thesis in a similar area (Conlan, 2013). The team acknowledged that professional experiences during CP training can be personally meaningful and impactful on personal relationships and vice versa, particularly as the principal author has experienced changes in these areas. The research team ensured measures were taken to ensure self-reflexivity and bracketing of personal experiences (Smith et al., 2009).

In this research, a social constructionist stance was undertaken: that knowledge is both culturally and historically specific; that meaning is constructed between people; and that language is the mechanism through which we make sense of experience (e.g. Burr, 2003). This philosophy is in line with the research team's personal epistemologies.

Ensuring quality and validity

Elliot, Fischer and Rennie (1999) provide specific guidelines for ensuring standards of quality and validity in qualitative research and these were applied in this study. Triangulation (Smith & Osborn, 2008) was used to establish credibility and transferability, through convergences in themes across the sample and discussions within the research team.

Results

Three superordinate themes emerged from the analysis of the seven interviews. These were *Enhanced awareness of self and others*; *Developing acceptance of self*; and *Taking risks and managing uncertainty*. These will now be explored further with relevant quotes from participants.

Enhanced awareness of self and others

This theme referred to a process of developing an increased awareness of both oneself and of other people during the course of CP training, in particular developing a deeper personal awareness. This involved developing a greater understanding of who they were as a person, feeling more aware and confident in their stance and beliefs, more aware of the roles they take in a group context and understanding themselves better through comparison to others. It was perhaps Tilly who sums up this theme:

“Hang on a minute, who am I? What do I want from life? Regardless of anyone around me and that’s been quite empowering, feeling comfortable with being able to do that.” *Tilly*

Nicole highlighted some aspects of this process of growing self-awareness, using the metaphor of a growing plant, which captured both a growth during training but also an opening up of what was already there:

“Because it’s fully formed but I suppose it was just green, kind of the buds and shoots of what I’ve grown to become. But it’s hard to look back now, it’s all fully flowered and grown, it was just the tiny beginnings.” *Nicole*

It seemed that for participants this process of growing and evolving during training was about developing awareness of oneself, which gave rise to personal and professional changes.

The process of enhancing self-awareness seemed to occur simultaneously within both personal and professional domains, highlighting a link between the personal and professional. For some, there was an overlap between these aspects of themselves whereas for others they saw their personal and professional selves as the same concept. James employed the metaphor of a rail track to describe how he understood his personal and professional selves:

“It can be really hard to see them as separate [...] seeing them as two sides of the same railroad track so where one goes, the other goes as well.” *James*

Given the link between personal and professional, William spoke about showing his personal self in the professional context and his dilemmas around this:

“Trying to find a balance between trying to be who I *am* [...] knowing that you can be good at your job [...] and still be able to be you, and you don’t have to be completely dull and lifeless.” *William*

For William, a central process was understanding how he could be professional and still bring personal aspects of himself into his work. Training facilitated this process of bringing together different aspects of himself:

“The two worlds became much, much closer by the end, which I thought was really good.”

William

Participants often spoke of valuing processes of learning rather than the content of the knowledge and awareness they had gained. For example, participants spoke about developing an ability to think differently, take a reflective stance or being able to think critically about issues, rather than possessing concrete knowledge. Jane spoke about how her experiences influenced her in the professional context, giving her more confidence in her personal opinions and skills:

“I have this impulse and this intuition [...] maybe sit down before going and shouting everywhere [...] build arguments stronger, based on theories, based on practice.” *Jane*

However, there were dilemmas in holding this new-found knowledge and awareness. For example, participants spoke about the dilemma of sharing ones psychological knowledge within personal relationships and of not being able to let things “brush over you” (Tilly) as might have been done before.

Developing acceptance of self

This theme related to the process of developing an acceptance of oneself, both personally and professionally. This self-acceptance linked to the previous theme, as developing a better awareness of oneself, facilitated the process of self-acceptance.

The development of self-acceptance appeared to be a challenging process in the context of training, wherein Trainees were expected to learn and develop, thus creating a need to strive towards becoming better. This led to potential conflicts between self-development and self-acceptance. For example, participants often spoke about the impact of hierarchy and how this could lead to a sense of subordination:

“I felt good enough with peers but [with] more powerful positions, I just didn’t feel good enough to be interpersonal with them. And if there was any incompetence there, I think they would see through it [...] it was a safer place to be.” *James*

When with peers, James appeared to feel safer as well as more sure and accepting of himself but this appeared threatened by interacting with those in power. Perhaps, this speaks to the evaluative process of training, in which Trainees are regularly evaluated by those in higher positions.

Yet, a developmental process of gaining confidence and self-acceptance was often reflected across the course of the participants' research interviews. As the interview progressed, participants would speak about these initial feelings of needing to be better and then moving more towards a theme of developing confidence and acceptance of themselves. This process seemed to be ongoing and continued after training:

“If you took a snapshot of me, if we say, 5-6 years ago, and me now, fundamentally I think I am the same person [...] maybe it's about me becoming more self-assured in who I am.”

Tilly

Jane spoke of critically comparing herself to other psychologists. Through these comparisons she began to gradually accept that there were different ways of being a psychologist, which suggested a new acceptance of herself for who she was in the professional context. Alongside this, there appeared to be an acceptance of the difference and uniqueness she brought to the professional context:

“Now I understand that psychology is not one thing and being a psychologist is a millions things [...] ‘cause we're all different [...] and that's ok.” **Jane**

However, Ben highlighted that sometimes working in the NHS could present dilemmas between what an individual clinician may value and what is expected by the service. He discussed seeing himself as an “emotional therapist” and the dilemmas this could present in the workplace:

“With clients, it works really well, [...] in an NHS environment which is focused on targets, on evidence basis, I think it does and it doesn't fit. [...] I think particularly for managerial roles [...] having an emotional identity feels very different. [...] I think the key part, of the emotional identity, is that when you connect with someone - be that professional or a client - it just works. But maybe as I get higher up or in different roles, I wonder how it would be done.” **Ben**

Overall this theme captured participants' experiences of valuing and acknowledging personal aspects of themselves. This was often experienced as an interactive process between being valued by others and valuing themselves:

“It’s a virtuous cycle going on but the more you use your voice, the more you feel confident in it. But being able to value my own voice and it having inherent value and it being able to be valued by others.” **James**

For Tilly, there seemed to be a move over the course of training and beyond from constantly comparing herself to others, to self-acceptance and appreciation:

“Feeling more confident, and self-assured in myself as *just* a person, to be that person professionally, and definitely, recently thinking about me, who am I? Rather than always seeing the self in this context of other people.” **Tilly**

Taking risks and managing uncertainty

This theme referred to the process of becoming more comfortable with uncertainty during training. It seemed participants initially sought out certainty, for example in understanding themselves and how they were supposed to be. The move away from this could be experienced as destabilising, almost as if you “lose yourself”:

“At the beginning I was a certain person that I thought I was, then you kind of explored it, and everything was smashed, you kind of lose yourself, [...] and then it came back together, [...] I kind of got back to the person I was but in a stronger way.” **Jane**

Jane seemed to refer to an exploration and developing awareness of herself as part of training, with her use of the phrase “lose yourself” suggesting that this process made her feel less certain in who she was. It seemed that occupying this uncertain personal position was destabilising and distressing during training, exemplified by the use of the word “smashed”. Yet she then spoke about getting “back to the person [...] in a stronger way”, which was suggestive of re-establishing a more certain sense of her *self*.

Seeing the value of embracing uncertainty, paradoxically enabled participants to value a more uncertain and flexible position both in their clinical work and their view of themselves. For example, William spoke about adopting an uncertain position and subsequently “feeling more free”:

“By being more confident, I had to hold onto things less tightly, I didn’t need to hold onto ideas, with the same kind of force. I could be more confident in myself letting things come and go and, being a bit more free.” *William*

Being able to take a more uncertain position appeared to require some containment from relationships with others. For example, the provision of a space within professional supervision to express and acknowledge one’s emotions enabled a sense of containment even in uncertain contexts:

“She would start by saying, “How are you?” And if you said okay, “No really, how are you?” [...] I think that was needed to really push home the point, how you are at this point is going to influence what you talk about in supervision and how you make sense of what’s going on. And there was still a lot going on in that team.” *James*

Tilly spoke about her experience of sitting with uncertainty, in which she took a position in her clinical work of “not having to know everything”:

“I think my training experience sort of really allowed me to [...] be confident with that idea of, not having to know everything.” *Tilly*

She seemed to suggest that it was in not searching for answers and tolerating not knowing that perhaps in some way she was able to know more. It appeared that Tilly obtained a sense of safety through accepting and sitting with uncertainty.

By being more comfortable with uncertainty, participants were more able to take risks within personal and professional relationships; for example, the risk of being vulnerable and open. It seemed these risks enabled a deeper connection with others, which was valued by participants. For example, William described the benefits of conversations with his cohort, which enabled him and others to be vulnerable:

“Quite emotional conversations, and right from the beginning, [...] everything was on the emotional plain and we were able then to know where each other was, emotionally, what people could kind of take, and be equally vulnerable with each other.” *William*

It seemed that the emotional context of these conversations enabled a connection with others, which perhaps provided a sense of safety later in training, to be “vulnerable with each

other". This highlighted the value that can be gained from relational risk-taking, enabling a deeper connection.

Summary of results

These results suggest a process of increasing awareness of oneself and emotional contexts acquired during the course of training and beyond. This awareness was of both personal and professional selves and, perhaps, involved developing a more flexible view of one's self. Self-reflection seemed to be central within this process. Whilst participants stressed the links and overlap between their personal and professional selves, there were differences in how these constructs were seen to relate. They also described dilemmas of when it would be acceptable to show their personal selves within the professional context.

Another theme, which ran through participants' accounts, was that of managing the uncertain process of training, tolerating that uncertainty, and seeing the creativity that could come from taking an uncertain position. As part of responding to uncertainty, participants spoke about taking risks within their personal and professional relationships. This was perhaps in order to make them feel more certain. These risks could have uncertain outcomes; however, as they enabled deeper connection with others these risks were seen as valuable.

A process of developing self-acceptance, both personally and professionally, during and post training was highlighted. There was also a move from looking to others to externally recognise one's value, to internally valuing one's self. Yet within this, recognising one's own value could be enabled by being valued and validated by others. Developing self-acceptance and a sense of autonomy presented a challenge in the context of training, wherein Trainees were expected to learn and develop, leading participants to strive to become better. As part of this, participants compared themselves to others, with the aim of becoming more like the other. Within some relational contexts (for example, power positions) an outcome of these processes seemed to be a conflict between self-development and self-acceptance.

Discussion

PPD in CP training

As Trainees are learning to adopt a professional role, their professional development is attributed importance during training, often via modules on PPD. The tendency has been

for PPD models to conceptualise personal and professional development as separate processes (e.g. Hughes & Youngson, 2009; Cheshire, 2000). Alongside this and counter to this dichotomous stance, there are known to be personal consequences to challenging professional roles (e.g. burnout; Freudenberger, 1974).

Within PPD participants identified that, though there were differences in how these were related, personal and professional aspects of themselves were closely linked and overlapping. They spoke about accepting different ways of being a psychologist, highlighting the relevance of one's personal self in being a professional CP.

Enhancing the development of the reflective practitioner through PPD

The development of awareness of self and others during CP training was seen as a theme within these results. This self-awareness was identified as part of the personal process of PPD. As self-awareness is a key component of RP (Lavender, 2003), it further supports the use of personal development as a tool for training reflective practitioners, a requirement of CP training (BPS, 2014a).

Participants spoke about valuing processes of learning during CP training, which facilitated their PPD, such as, thinking differently, reflection and taking a critical stance. Further, to develop as reflective and scientist practitioners, Trainees valued opportunities for skills training and evidence-based practice. Thus, alongside the duality in PPD, there is also value placed on a duality of the philosophical models within CP - scientific and reflective, as seen in guidelines for CP training programmes (BPS, 2014a).

PPD as a relational activity

a) Managing uncertainty

Through attending to personal development during CP training, it may be that Trainees are more able to attend to process issues within their practice. Process issues are relational in nature (within and between individuals) and so hold an element of uncertainty. This may potentially be anxiety-provoking for clinicians and the issues difficult to approach. If, as participants identified, they were more able to tolerate and feel comfortable with uncertainty, it may be more possible for them to address these inherently uncertain process issues. This links with Mason's (1993) concept of safe uncertainty, where one is able to tolerate and

utilise the creativity provided by an uncertain position, whilst feeling contained (perhaps through supervisory or peer relationships). Being able to 'sit' with this uncertainty, could potentially enhance reflective and scientist practitioner approaches (Pica, 1998; Nel et al., 2008), as the clinician attends beyond the content of *what* is said towards an understanding of *how* and *why* it might be said.

In response to uncertainty and perhaps as a way of seeking certainty, participants spoke about taking relational risks (Mason, 2005) within their personal and professional relationships. Whilst these risks could have uncertain outcomes they were seen as invaluable in enabling deeper connections with others. This is clearly important both in the context of therapeutic work and other CP roles, including supervision, management and consultation.

b) Emotional experiences

Writings on professional development in PPD have tended to overlook explicit articulation of emotional experiences that may reside within it. In particular, the necessity of emotional connections within professional roles such as management, or multidisciplinary team roles, may be less clear. Yet Systemic approaches (e.g. isomorphism; Bateson, 1979) state that difficulties in one area of a system (e.g. conflict at a managerial level) will impact on other areas (e.g. direct clinical work). Therefore the explicit impact of an emotional experience in one area of the system may be overlooked. This suggests that relationships, and the emotional experience within these, should be the central focus within all aspects of the CP role. Attending to these could improve the effectiveness of team-working and subsequently therapeutic interventions. This relational and emotional focus could be achieved via the adoption of a personal focus within the training of reflective practitioners.

The dilemma of personal development within professional roles

Participants described dilemmas in bringing the personal self into the professional domain, as it may not be viewed as acceptable. This was particularly apparent in situations involving hierarchy, for example, within evaluative supervisory relationships. The idea that it is not acceptable to show the personal self and emotional experiences in the professional context could potentially hinder RP. Perhaps it is worth re-emphasising participants' views that the process of PPD was enabled through personal relational risk-taking. If training programmes valued personal development more explicitly, more CPs may take risks in

bringing their personal selves into their work, making this more acceptable and potentially enabling change across the systems in which CPs work. Training is potentially an ideal opportunity to consider how to take these risks in a safe and bounded way.

Self-development and self-acceptance

A further theme within this study was the balance between self-development and self-acceptance during training and beyond. The focus within training is often on self-development in terms of learning knowledge and skills. However, this left little room for a self-accepting stance, where there is value in oneself as one is. Third-wave cognitive-behavioural therapies, such as Dialectical Behaviour Therapy (Linehan, 1994), often have a focus on developing self-acceptance for those in distress. Linehan proposed that, within therapy, clients are expected to make changes *and* develop an acceptance of themselves. She stated that “therapeutic change can only occur in the context of acceptance of what is, however, acceptance of what is, is change itself” (pg.99). In the context of clinical training, where there is a need to change (learning and training), perhaps this change is better enabled through self-acceptance.

A self-accepting stance may be useful in terms of RP, as a therapist is more able to acknowledge (rather than suppress) all aspects of themselves (including emotional experiences), which may impact on the work with clients. This self-accepting stance appeared to be indicative of holding a more flexible view of oneself, rather than a ‘conceptualised self’ (Acceptance and Commitment Therapy [ACT]; Hayes, Strosahl & Wilson, 1999). A ‘conceptualised self’ contains literal content about the self, in terms of fixed attributes of the person, which the person then tries to live up to. ACT focuses on distinguishing oneself from conceptualised *content* as self-knowledge to one based more on *context*. Within this, the self is understood to be both stable and fluid/contextual. This is in line with the idea that individuals bring a personal self to the training experience and, through professional training, are able to hold a more flexible view of themselves. Maintaining a stable and accepting sense of self may be beneficial for both professional development and individual wellbeing. Considering this initially within a relatively safer context of training could facilitate this process at an early stage of PPD.

Conclusion

Given the value participants placed on developing an acceptance of themselves alongside the dilemmas of doing this within an evaluative training context, it may be important to both see the potential in Trainees and validate their current stage of development. This could potentially be facilitated through reflective practice groups (Knight, Sperlinger and Maltby, 2010) where there is space to reflect on these dilemmas.

Within NHS contexts involving different professions, there are dilemmas around maintaining a personal voice, particularly involving emotional experiences. Perhaps working through these dilemmas during training (e.g. finding a way to hold one's perspective on clinical placements where the dominant narrative may be different to one's own, or within experiential learning groups), may enable clinicians to continue doing so once qualified. An area for future research may be around the challenge of maintaining a personal voice in varied professional contexts, particularly given the expectation for CPs to hold leadership roles in the NHS (Skinner et al., 2010).

A central thread throughout the findings of this study is the importance of the personal self and personal development in the professional training of CPs. This is perhaps summed up by Nicole's metaphor "the shoots and buds of what I've grown to become", which describes a process of growth during training but also an acknowledgement of the personal self which was already present. Explicit discussions around what Trainees personally bring to being a psychologist could potentially enable this process. This focus on self-awareness could potentially improve RP, therapeutic relationships with clients and ultimately the effectiveness of interventions.

References

- Aponte, H. J. (1992). Training the person of the therapist in structural family therapy. *Journal of Marital and Family Therapy*, 18, 269-281. doi: 10.1111/j.1752-0606.1992.tb00940.x
- Bateson, G. (1979). *Mind and nature*. New York: E.P. Dutton.
- Bordin, E.S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, research & practice*, 16, 252-260. doi: 10.1037/h0085885

- British Psychological Society. (2014b). *Code of human research ethics*. Retrieved from http://www.bps.org.uk/system/files/Public%20files/code_of_human_research_ethics_dec_2014_inf180_web.pdf
- British Psychological Society. (2014a). *Standards for doctoral programmes in clinical psychology*. Retrieved from https://www.bps.org.uk/system/files/user-files/Society%20Member/dclinpsy_standards_approved_may_2014.pdf
- Burr, V. (2003). *Social Constructionism* (2nd Edition). Hove, England: Routledge.
- Cheshire, K.E. (2000). *Professional Socialisation in Clinical Psychology Trainees* (Unpublished PhD Thesis). University of Liverpool, Liverpool, England.
- Cochrane, A. L. (1972). Effectiveness and efficiency. Random reflections on health services. London, England: Nuffield Provincial Hospitals Trust.
- Conlan, L. M. (2013). *Exploring Dynamic Processes: A Qualitative Study of Problem-Based Learning Experiences within Clinical Psychology Training*. (Unpublished doctoral thesis). University of Hertfordshire, Hatfield, England.
- Elliott, R., Fischer, C. T. and Rennie, D. L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology*, 38, 215–229. doi: 10.1348/014466599162782
- Freudenberger, H. J. (1974). Staff burnout. *Journal of Social Issues*, 30, 159-165. doi: 10.1111/j.1540-4560.1974.tb00706.x
- Gillmer, B., & Marckus, R. (2003). Personal professional development in clinical psychology training: Surveying reflective practice. *Clinical psychology*, 27, 20-23.
- Goldfried, M. R., & Davila, J. (2005). The role of relationship and technique in therapeutic change. *Psychotherapy: Theory, Research, Practice, Training*, 42(4), 421. doi: 10.1037/0033-3204.42.4.421
- Hayes, S. C. Strosahl, K. D., & Wilson, K. G. (1999). *Acceptance and Commitment Therapy: An experiential approach to behavior change*. New York, NY: Guilford Press.
- Hughes, J. & Youngson, S. (2009). *Personal development and clinical psychology*. Chichester, England: Blackwell.

- Knight, K., Sperlinger, D., & Maltby, M. (2010). Exploring the personal and professional impact of reflective practice groups: A survey of 18 cohorts from a UK clinical psychology training course. *Clinical psychology & psychotherapy*, *17*(5), 427-437. doi: 10.1002/cpp.660
- Kolb, D. A. (1984). *Experiential learning: Experience as the source of learning and development* (Vol. 1). Englewood Cliffs, NJ: Prentice-Hall.
- Lavender, T. (2003). Redressing the balance: The place, history and future of reflective practice in clinical training. *Clinical Psychology*, *27*, 11-15.
- Linehan, M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.
- Mason, B. (1993). Towards positions of safe uncertainty. *Human Systems*, *4*(3-4), 189-200.
- Mason, B. (2005). Relational risk-taking and the therapeutic relationship. In C. Flaskas, B. Mason & A. Perlesz (Eds.), *The space between: experience, context and process in the therapeutic relationship* (p. 157-170). London, England: Karnac.
- Nel, P.W., Keville, S., Ford, D., McCarney, R., Jeffrey, S., Adams, S., & Uprichard, S. (2008). Close encounters of the uncertain kind: Reflections on doing problem-based learning (PBL) for the first time. *Reflective Practice*, *9*, 197-206. doi: 10.1080/14623940802005582
- Nel, P.W. (2010) The Use of an Advanced Simulation Training Facility to Enhance Clinical Psychology Trainees' Learning Experiences, *Psychology Learning & Teaching*, *9*(2), 65-72. doi: 10.2304/plat.2010.9.2.65
- Pica, M. (1998). The ambiguous nature of clinical training and its impact on the development of student clinicians. *Psychotherapy: Theory, Research, Practice, Training*, *35*(3), 361. doi: 10.1037/h0087840
- Robson, C. (1993). *Real world research: A resource for social scientists and practitioner-researchers*. Oxford, England: Blackwell.
- Rønnestad, M. H., & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of career development*, *30*(1), 5-44. doi: 10.1023/A:1025173508081
- Schön, D. A. (1987). *Educating the reflective practitioner*. San Francisco, CA: Jossey-Bass

- Shapiro, D. (2002). Renewing the scientist-practitioner model. *The Psychologist*, *15*(5), 232-235.
- Sheikh, A. I., Milne, D. L., & MacGregor, B. V. (2007). A model of personal professional development in the systematic training of Clinical Psychologists. *Clinical Psychology & Psychotherapy*, *14*(4), 278-287. doi: 10.1002/cpp.540
- Simon, G. M. (2006). The heart of the matter: A proposal for placing the self of the therapist at the center of family therapy research and training. *Family Process*, *45*(3), 331-344. doi: 10.1111/j.1545-5300.2006.00174.x
- Skinner, P., Toogood, R., Cate, T., Jones, G., Prescott, T., Coak, A., ... Rooney, N. (2010). *Clinical psychology leadership development framework*. Leicester: British Psychological Society.
- Smith, J. A. (1996). Beyond the divide between cognition and discourse: using interpretative phenomenological analysis in health psychology. *Psychology and Health*, *11*, 261-71.
- Smith, J. A., Flowers, P. & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. London: Sage Publications.
- Smith, J. A. & Osborn, M. (2003). *Interpretative Phenomenological Analysis*. In J. A. Smith (Ed.), *Qualitative Psychology: A Practical Guide to Methods*. London: Sage.
- Smith, J. A. & Osborn, M. (2008). *Interpretative Phenomenological Analysis*. In J.A. Smith (Ed.), *Qualitative psychology: A practical guide to methods*. London: Sage. (2nd edn).
- Youngson, S., & Hughes, J. (2009). A model of personal development processes. In J. Hughes & S. Youngson (Eds.), *Personal development and clinical psychology* (pp. 46-61). Chichester, England: Blackwell.