Case discussion groups in counselling psychology training: A mixed methods study of the experience of trainees

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Pariya Habibi

School of Environment, Education and Development
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Pariya Habibi

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Abstract

Background. Counselling psychologists require competency in various areas. Critical self-reflection is arguably one of the most important, and distinguishes the profession from other applied psychology. Groupwork facilitates change and understanding of the self in relation to others, offering counselling psychologist trainees a formal space for reflection, support and learning. Previous work has explored personal development and peer supervision groups for counselling psychologists and counsellors in training, but not the use of a case discussion group as part of a professional doctoral programme. Within a case discussion group, members are allocated the task of sharing their counselling practice by presenting cases in the presence of peers, with the ultimate aim of developing more effective ways of working with the issues presented.

Method. A mixed methods design was used to investigate the experience of nine training counselling psychologists who had already completed a 12-week case discussion group. Before commencing, trainees completed a goal assessment form, indicating their goals and expectations. Trainees rated their goal on a Likert-type scale at regular intervals throughout the groups. Semi-structured interviews were conducted with nine trainees to explore how they believed participation in the group helped them reach their goals.

Findings. Trainees indicated three goal types: to increase knowledge about different psychotherapeutic approaches, self-development and developing their ability to give and receive feedback within the groups. Trainees reported that participation helped them achieve their self-narrated goals. Change was most significant during the first half of group participation (between weeks three and seven). Four themes emerged from qualitative interview analysis: the experience of attending a case discussion group; establishing safety and trust within the group, engaging with boundaries and the structure of the group, and learning from being in a group and renegotiating goals.

Conclusion. Identifying personal goals prior to attending a case discussion group is reported as a useful activity by counselling psychologists enrolled within a taught professional doctorate programme. Importantly, it does not interfere with how trainees experience the groups in question. However, there is a disparity between trainees' expectations and what they report gaining from attending a case discussion group. Overall trainees report benefits from attending a case discussion group although within the current context, it was found that hindering events within a group were not disclosed within qualitative interviews. This is considered in view of the methodological design whereby the researcher held dual relationships with participants. Recommendations for both counselling psychologists in training and for course trainers are presented.
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CHAPTER 1 - INTRODUCTION

1.0 Background

Counselling psychology aims for the psychological empowerment of the human being, which is believed in itself to ease psychological distress (Rogers, 1957; Bugental, 1964; Proctor, 2008.). The need to facilitate a therapeutic process conducive to psychological empowerment means that counselling psychologists must engage in continual, critical self-reflection of their role as a trained professional, and remain aware of how this influences the therapeutic alliance. Counselling psychologists in training have the paradoxical task of gaining professional status whilst questioning the role of such professional status in their interactions with people seeking their help. For some, counselling psychology training might mean contact with a higher academic institution for between three and five years, raising issues such as how such philosophies might be embedded in the initial training environment of counselling psychologists in a higher academic institution.

Counselling psychology is still a relatively new discipline and training courses, whilst increasing in number, are still relatively scarce in the UK (Hanley, 2010). Group work in these training courses might provide a platform for both personal and professional development. The existing literature focuses on the use of groups for personal development (Payne, 2001; Lennie, 2007; Robson & Robson, 2009) or peer supervision (Starling & Baker, 1999; Christensen & Kline, 2001; Linton, 2010; Fleming, Glass, Fujisaki & Toner, 2010).

Counselling psychology has been described as a synthesis of two opposing practices: counselling, and applied psychology research (Strawbridge & Woolfe, 2010). In light of this unique combination, a consulting model in training offers an innovative approach to teaching counselling psychology students. Using an exploratory mixed methods design, all trainees enrolled in a professional doctorate programme in counselling psychology, were interviewed to understand their experiences of attending a case discussion group whilst in training. The purpose of this project was to understand the experiences of those attending a case discussion group that forms a compulsory part of their training. In the next section, I introduce the term 'case discussion group' and provide a brief overview of the training aims of counselling psychology.
psychologists. I also share my relationship with both the field of counselling psychology and my professional experience of working in groups.

1.1 Defining Case discussion groups in a higher education setting

Personal and professional development is a core requirement for trainees in counselling psychology and indeed any healthcare professional in training. Typically, it is the role of supervisors to assess the competence and practice of the counselling psychologist in training; this is required for charter ship. The nature of counselling psychology training with its emphasis on trainees gaining competencies in practising as both a competent practitioner and practice based researcher, means that supervisors who are responsible for overseeing trainees clinical work, can have little contact with the university setting in which the trainee is enrolled (Cross, 2011). Such methods of training hold both merits and tensions for the student. Whilst clinical supervisors might be well informed of the trainee’s work, it is inevitable that the training institution which is responsible for delivering the teaching component of counselling psychology and rooting its philosophy within its students can have a powerful influence on the way in which the trainee practices their clinical work. My experience of working in practice whilst training often left me with a state of tension as I endeavoured to implement the training philosophy within a clinical setting separate from the university. Use of group work which regularly brings trainees together in an formal manner, encourages a process of discussion and exploration that normalises such tensions for the student in training so that they are less inclined to contain difficult experiences and focus on positive experiences (Yourman, 2004).

The type of group adopted may vary depending of the specific discipline of training (e.g. whether the student engages in counselling, counselling psychology or clinical psychology). Furthermore the actual aim of a group may be designed in a manner that aligns itself with the philosophy of the training programme. The use of personal development groups has been cited within counselling psychology training (Payne, 1999; Robson & Robson, 2009), with the goal of fostering self-awareness in its members. The absence of an explicit agenda within a personal development group
means that members must work together through dialogue to create purpose. This is thought to create a context for members, in which they can start to identify one's own issues in relation to self and others (Robson & Robson, 2009; Payne, 1999).

Within a higher education institution from where the idea for this thesis study came from, individuals who were enrolled within a full time taught doctoral programme in counselling psychology were required to attend case discussion groups as an obligatory part of training. Case discussion groups may be considered to align themselves most closely with peer supervision groups (Linton, 2010; Akhurst, 2006; Zorga, 2001 and Starling and Baker, 2001) which may be a more familiar term to trainees or course trainers involved in the training of counselling psychologists. Typically within a peer supervision group, members of the same profession (who are not interdependent on each other in their professional roles) are brought together in regular meetings so as to provide ‘supervision to each other’ (Zorga, 2001, p.151).

The manner in which a case discussion group and a peer supervision group operate is not dissimilar; in both groups members can bring a case or topic (often related to their practice). Within both groups, the group members then engage in a process of exploration and reflection, which ultimately is aimed at helping the case presenter develop a more effective way of working with the issues they are presenting. In the This makes the case discussion group share certain features with peer supervision groups however there is the important distinction that within a case discussion group, members do not have supervisory responsibility for each other’s’ clients. This is what Counselman and Weber (2004) describe as the key difference between peer supervision groups versus other forms of groups that are used in the training of therapists. It is certainly possible however that, by attending a case discussion or a personal development group, members may experience adjunct supervisory benefits (Akhurst, 2006). However, in the groups, none of the members are formally allocated the role of supervisor.

The Division of Counselling Psychology describes supervision as a ‘relationship within which the practitioner may review objectively their own work with the help of another professional for the purpose of upholding good practice, professional
development and support’ (Division of Counselling Psychology Guidelines for Supervision, 2005). It has been recommended for those in training that supervision takes places with a person who has considerably more experience than the supervisee (Milne, 2010). With the case discussion groups that I have been involved in, there was not an explicit agenda that more experienced member of the groups are helping those less experienced. Within each of the groups, there was one member who was a qualified counselling psychologist and within two out of the three groups, this member also held a dual role as a member of the programme team. My experience of being in these case discussion groups where there was no formal leader, led me to recognise the potency of a sense of personal agency. The impact of case discussion in the wider pedagogical framework and the idea that members gain a greater sense of accountability, responsibility and motivation, is important in training counselling psychologists, considering their primary role as practitioners (Black & Philips, 1982). Therefore, the experience of other trainees from their attendance of these compulsory case discussion groups, are of central interest in this study. This has led me to situate this thesis around the use of these case discussion groups within a doctoral programme for counselling psychology.

1.2 Personal Interest in the Topic and Researcher's Background

The decision to study a case discussion group that forms part of a training course for doctoral students in counselling psychology was inspired by my experience prior to training. Within my professional practice, which prior to training, was located with an inpatient psychiatric hospital that exclusively delivered a group psychotherapeutic programme to females who manifested complex patterns of self-harm, I realised quickly that within groups clients would disclose information they did not within individual encounters. As a therapist facilitating groups, I have learnt about myself in ways that I don’t believe is possible in one-to-one therapeutic work. For the trainee counselling psychologist, the group can be both a rewarding and a volatile place. One of the unique features of group psychotherapy is that members are not simply passive receivers of a treatment or of the service model, but rather are active agents in how a group functions. In this way, service users may be healers for one another (Yalom, 1995; Campling & Haigh, 1999; Foulkes & Anthony, 2014). Members may feel a
sense of empowerment by offering advice and empathy to others in the group, which to some degree renegotiates the power of the mental health professional in the group. The function of all groups is ultimately the psychological empowerment of members, through dialogue between clients and professionals that ‘is authentic, meaningful and natural’ (Campling, 2001, p. 369). Such dialogues can only occur when the professional feels comfortable to be themselves with their clients, ‘rather than self-consciously playing the professional’ (Campling, 2001, p. 369).

The context of a professional doctorate training programme, in which individuals from different backgrounds are brought together with the common goal of professional development, can be a vital foundation in developing the trained professional and crucially managing the challenges inherent to becoming a reflective practitioner. By uniting individuals with similar aims and motivations within the context of a training course, it can act much like the context of a clinical setting where often individuals with similar problems and concerns are brought together to be helped, so that parallel processes may arise. For the trainee in counselling psychology who often expected to attend to clinical work alongside the completion of substantial research and academic work, such parallel processes may become pronounced. An exploration of case discussion groups within the current context has the potential to attend to some of these challenges, yet previous research around the use of groups within the field of counselling psychology (Robson & Robson, 2009), counsellours (Lennie, 2007) and clinical psychologists (Knight, Sperlinger and Maltby, 2010) which will be discussed in detail in chapter 2, suggests that consensus around the utility of such groups is widely split. In studying the case discussion in the current context, it is hoped that I can understand reasons for this divided consensus which can in turn benefit trainers and trainers thinking of applying for training within a higher institution setting.

### 1.3 Overview of the Chapters ahead

This thesis is been divided into seven chapters. Case discussion groups represent a fairly innovative approach to the training of counselling psychologists. Research on the use of such groups is thus scarce, especially from the perspective of group members, as I was in this case. In the following chapter, the literature is reviewed. I outline the aims of counselling psychology training in more detail and discuss how
case discussion groups might benefit students in this field. Evidence is presented that case discussion groups may aid group processes, which ultimately aid the student. In Chapter 3, I outline the methodology of the study, including the reasons for selecting a mixed method approach. In Chapter 3, I also outline the method of case discussion used in the current groups. Findings emerge mainly from a goal evaluation tool administered to trainees before they attend case discussion groups and qualitative interviews conducted after they attend groups (Chapter 4). In view of my position as the principal researcher of this study and my relationship with other trainees whose experiences I am exploring, Chapter 5 considers the impact of being an inside researcher. In Chapter 6, I link the findings of my work to the broader literature. In Chapter 7, I make concluding remarks from the experience of trainees attending case discussion groups and consider my personal gains from writing this thesis on professional development.
CHAPTER 2 – LITERATURE REVIEW

2.0 Introduction to the Chapter

In this chapter, I begin with by briefly describing the philosophy and ethos of counselling psychology and consider how the use of case discussion groups may be consistent with the philosophy of this discipline. The case discussion model is discussed in the context of research in general and how groups function in particular. The features of the sample case discussion group are understood according to the theoretical framework of group theory. The current study forms part of my qualification as a doctoral student in counselling psychology. Thus the research question has been influenced by my prior work and my experience in training processes which I aim to make transparent in each of the sections.

The literature review consists of four sections. First, the discipline of counselling psychology and its core values are defined as a foundation for the discussion of training competencies. The application of core values in practice and in training in the field is mainly considered. Many of these competencies overlap with those required for other applied psychology professions, particularly with clinical psychology. As counselling psychology is still a relatively new field with few courses in the UK, for this literature review I have extended my search to counselling and psychotherapy training. I then consider the function of a case discussion group in the current setting, as well as how case discussion groups facilitate competencies valued in trainee counselling psychologists. I discuss the relevance of group theory and its implications for case discussion groups used in taught doctoral programmes for counselling psychologists. This is so that the reader can understand the context and functioning of the groups before I move on to describe the specific methods used to address the research question.

2.1 The context of training for counselling psychologists

Counselling psychologists work with people in a variety of settings from severe and enduring mental health services to those whom life has challenged and who are struggling to adapt to these changes. The focus is on working with an individually tailored psychological formulation of an individual’s difficulties to improve
psychological functioning and well-being (British Psychological Society Division of Counselling Psychology, 2005). Such a focus is shared by members of the all applied psychology professions. This raises the question as to how counselling psychology is different in its aims compared to other disciplines of applied psychology which arguably share the main aims (Kinderman, 2009). Swanepoel (2013) argues that what constitutes the distinction between applied psychologists is not 'competencies, therapeutic approaches or client groups but rather the difference in focus and philosophical grounding of their work'(p.2).

Counselling psychology at its core is considered a form of psychotherapy (Woolfe, Dryden & Strawbridge, 2003) that is largely influenced by a person-centred therapy (Rogers, 1957) and humanistic psychology (Bugental, 1964). Counselling psychologists often question the use of the medical model within the treatment of psychopathology. The medical model emphasises ‘biology, the residing of a problem in the individual, a focus on disease and related symptoms and the desire to return the person to a previous state. The social model, on the other hand, focuses on society and the environment, takes a political perspective, is interested in health rather than disease and emphasises partnership, choice and self-help’ (Orlans, 2008, p.8). The discipline combines counselling and psychology, disciplines that might be construed as occupying different epistemological positions (Corrie, 2000). The need for a trainee to incorporate both these philosophies into their learning and development presents a tension. However, it is precisely this synthesis that makes sets apart the identity of counselling psychology from other applied psychology professions.

“This philosophy as given above has shaped standards of proficiency; a set of guidelines explicitly stated as learning outcomes of counselling psychologists in the UK (Standards of Proficiency for practitioner psychologists, Health Care and Professions Practice, 2010). One of the stipulated standards of proficiency, unique to the practice of counselling psychologists are that they are required to ‘be able to critically reflect on the use of self in the therapeutic relationship (p. 25). Self-reflection is considered a
core skill of any health professional or pastoral worker. The importance of teaching healthcare professions reflective practice was heavily influenced introduced by Schon (1987) who suggested that the process of reflection could happen in two ways: whilst we are caught up in action or after the action has occurred. For counselling psychologist in training, the use of ‘self’ in the professional working relationship has particular meaning considering their primary role as therapists. The need to facilitate a therapeutic process conducive to psychological empowerment means that counselling psychologists must engage in continual, critical self-reflection of their role as a trained professional, and remain aware of how this influences the therapeutic alliance. This lends itself to what I consider as the tensions underlying professional training in counselling psychology. Trainees have the paradoxical task of gaining professional status whilst questioning the role of such professional status in their interactions with people seeking their help.

Clients I have encountered in my therapeutic work often have a goal which they bring to our sessions. At the same time, I have a goal that I may or may not be explicitly aware of as I counsel my clients. My professional experience as a practitioner has led me to personally locate the potency of therapy in the strength and nature of the therapeutic relationship and relational issues (that differences that arise out of the relationship between the therapist and clients) as perhaps more important than other factors such as the modality of therapy used. Du Plock (2010) suggests that in the therapeutic encounter 'the relationship is seen as central and is characterised as a ‘real’ encounter between authentic human beings, a kind of ‘fellow travelling relationship’ (p.131).

However my experience of ‘being’ with the client during training has been frequently cluttered by the wider context which is the understanding and application (where necessary) of psychotherapeutic models within my work. Such a goal is influenced by what I see as an ethical commitment to the development of the profession; taking a critical view of the models of therapy. McLeod and Cooper (2012) suggest that 'many of the psychological therapies hold either/or, polarised positions, such that we are not fully open to the complexity and diversity of the actual clients that we encounter'(p.10). The implication for counselling psychology is that, rather than trying to formulate
clients' concerns with the aim of finding a unified model, clients themselves are facilitated in their own decisions of which therapeutic approach may prove most effective.

For this reason, Cooper and McLeod (2007) suggest that therapists use a number of tools for goal-orientation and evaluation, in order to ensure that they are attuned to the needs of their clients. Effective therapy is arguably based upon the ability of the therapist to help the client articulate goals within their own frame of reference (Mcleod & Cooper, 2007, 2012), even though commonly these goals may not be expressed verbally within the sessions. For counselling psychologists in training who are required to deliver 450 hours of individual therapeutic work with clients across the life span, training environment can potentially provide an optimum space for engaging and enhancing one’s self awareness through understanding how they relate and communicate with their clients. For this purpose, an essential component of training in counselling psychology is that the trainee has clinical supervision for the duration of training. Currently this sits at a ratio of 1 hrs of supervision for every 8 hrs of individual or group clinical work (Division of Counselling Psychology, Guidelines for Supervision, 2007).

As previously mentioned, whilst such a requirement is compulsory within training, the structure of training mean that clinical supervisors engaged in this role may have little contact with the university setting where trainees are ultimately being assessed leaving little understanding of the tensions that arise for the trainee during training (Gelso, 2002, 2006). Furthermore within the ethos of a higher education setting, trainees may also disproportionately focus on more on extrinsic goals, than the context of a counselling setting (Michalak, Klapheck & Kosfelder, 2004). In other words, the conflicts that arise during training, mainly around the trainees’ need to be seen as competent can render the use of practical work outside the university relationships as a sub- optimum environment for teaching the trainee self - awareness.

The core ingredients of self- reflection within a counselling psychology framework begins with the very task of understanding of how one develops into a psychologist, competent enough to provide psychotherapy to individuals from all backgrounds.
During training, in which trainees spend an intense time of their lives together, there is the potential to understand what lies at the core of the development of a counselling psychologist. In view of the place of counselling psychologists in the NHS and the growing expectation that counselling psychologists provide consultancy roles, the foundation for such training is of interest to all stakeholders concerned. Lavenders (2003) suggests that an important part of trainee development involves reflecting on our impact on others; 'the ability of others to hold up a mirror and show us what our psychological reflections look like, is perhaps something we utilize too little during training' (p. 14). The training medium represents a potential opportunity to understand in more detail such a process as individuals come together from a variety of backgrounds to work towards a similar goal. Typically, training groups consist of between 10 - 15 individuals, all with some experience of counselling, whether in a paid or voluntary capacity. The use of a small cohort means peers have opportunities to become well acquainted.

In some ways, the need to understand the ideal ingredients needed to enhance the training environment of counselling psychologists in training parallels the desire to understand the efficacy of being in therapy. One of the core concepts laid down in the discipline of counselling psychology is Lamberts' Pie (Lambert & Asay, 1999). This is a model of what has so far been found in effective research related to therapy. Perhaps what is most interesting about this model is that extra therapeutic variables (that is variables other than the modality of therapy used, the strength of the therapeutic alliance and the hope of the client) constitute as much as 40% of what makes people better and are as yet unknown. As a trainee in counselling psychology, such a question has informed my professional development. To some degree, I believe that the context of this research may even increase my understanding in this area, which is integral to my practice as a therapist. The task of finding out what constitutes the ideal training environment for a counselling psychologist in training is complicated by differences between the 'inherent mismatch in the "culture" of counselling and the culture of universities' (Berry and Woolfe, 1997 p.517). Crucially 'the ability to self-reflect and understand one 's own biases, sense making of personal history and assumptions are central to the work of a counselling psychologist and consequently this area forms a central facet to training' (Lennie, 2013, p. 4). Becoming a counselling psychologist
demands one to be highly reflective of their self and use of this to manage a therapeutic relationship (McLeod and Cooper, 2012), which to some degree clashes with the ethos of an academic environment that requires students to be recipients of knowledge and become experts or in their specific area of chosen research.

2.2 The use of groups in a professional doctorate training programme

One of the difficulties of professional training in counselling psychology is that much of the clinical work undertaken by trainees in the field is unobserved by the course trainers responsible for validating students’ registration with the Health and Care Professions Council. The nature of counselling and psychotherapy means that such explicit observation is not always tenable because of the potential disruption to the therapeutic alliance. Considering up to a third of the success of psychotherapy is dependent on the nature of the therapeutic alliance (Asay & Lambert 1999), trainers have the task of thinking of creative ways of gauging students and simultaneously of assessing competency (Cross, 2011). Assessment and evaluation methods are not only important for the purpose of professional regulation but also for the task of building professional identity for the student in training (Woolfe, 1990). In the clinical setting, the people held responsible for judging trainees’ competence are clinical supervisors (mostly qualified counselling psychologists) who may or may not be associated with an institution of training. Given the potential separation of the trainees' clinical work from the academic world, this raises questions around how course tutors can fully understand the developing counselling psychologist in training.

Relying on trainee's self-report around the acquisition of these competencies as a way of monitoring students' clinical practice may not always be feasible given they have to acquire certain milestones with a period of between three to five years. This task is further complicated by the ambiguity around competencies for professional psychologists. If, as Berry and Woolfe (2001, p. 4) assert, ‘concepts such as success and failure are inimical to the culture of counselling’, then counselling psychology needs to access forms of assessment that stimulate individual learning styles and promote personal and professional development. One of the advantages of adopting groups within a training course is that depending on the style of the group adopted a
facilitator maybe required. Commonly training course employ facilitators who are already members part of the university faculty and are qualified psychologists.

Traditionally, counselling courses require their students to attend personal development groups to facilitate the process of self-awareness (Payne, 2007). The use of personal development groups emerges from humanistic philosophy, which has undoubtedly influenced the discipline of counselling psychology (Strawbridge & Woolfe, 2010; Robson & Robson, 2009). Such a group typically has no agenda and aims to help members develop personal awareness, the ability to reflect upon self and one’s practice (Robson & Robson, 2009, p. 371). The ability to identify and address one's own issues in relation to self and others therefore forms a necessary objective of training if we consider the viewpoint that the discipline of counselling psychology evolves from a willingness to unite the discipline of psychotherapy and counselling with psychology (Woolfe and Strawbridge, 1990). The use of groups also allows members to gain an affective and personal understanding of themselves, group processes, and what group participation may present to their future clients (Luke and Kiweeva, 2010).

Opinion is divided as to the efficacy of personal development groups and its use for those involved (Payne, 2001; Lennie, 2007; Robson & Robson, 2009). Robson & Robson (2009) have reported a lack of consensus around the impact of personal development for members, with some holding it as the most important part of their training experience and others viewing these groups as having no impact or even a detrimental influence. Knight, Sperlinger and Maltby (2010) conducted a study amongst clinical psychology trainees to explore the experiences of trainees who had attended a reflective peer group during training. The results were based on a factor analysis of a survey that was given to one hundred and twenty four qualified psychologists after completing training. The study found just under a half of those surveyed reported a high level of distress from attending the group. Based on the reply of respondents in Knight’s study (2013) there was a polarised consensus to the utility of this experience of distress; some trainees associated the distress as useful whereas others perceived there being no value to the associated distress.
This study, though limited to a different training cohort, may help us understand the polarised views found by Robson and Robson (2009) in understanding the experiences of counselling psychologists in training who attended a personal development group. It is suggested that those who attribute a high value to attending these groups may associate inherent feelings of distress in the group as a normal experience whereas those who report little value of attending personal development groups may be exposed to feelings of distress of themselves or their colleagues in groups, leading to the distinct nature of these evaluation and to shed more understanding around the concept of a polarised consensus as referred to by Robson and Robson (2009) within counselling psychology.

Another of the key findings from Knight, Sperlinger and Maltby (2013) that emerged was that nearly half of the respondents also reported it was easier to see the value of the groups and appreciate the challenges in retrospect, after qualifying. In all of these studies outlined so far, there is a limitation in so far that they were conducted after the groups had been finished. Therefore it raises the question of whether the same might apply to trainees who actually attend a group at the same time as the research is conducted. From a methodological view, conducting such a research study can be difficult. Commonly instigators of such research questions within counselling psychology training have been researchers who also serve as an existing member of the programme team or have a role in relation to the delivery of training (Cross, 2011; Linton, 2010 and Christensen and Kline, 2008). Given the context of each training environment and the associated qualitative findings with each context, it raises questions around the nature of feedback that can be obtained from trainees who are members of groups that are facilitated by those considered to have a dual role in the assessment of these trainees.

Lennie (2007) suggested that understanding the gains of members attending these groups remains a vital but unaddressed issue, not least because of the methodological complexities of carrying research in this field. Lennie (2007) attempted to do this through the study of personal development groups used within a counselling training cohort that she as a researcher was not a part of. She designed a mixed method where in the first part; themes were developed from the use of the focus group to establish
factors that were important to members of the personal development group prior to attendance. These themes were consequently incorporated into a Likert type questionnaire, whereby trainees were invited to rate the ‘presence’ of the factor they had already identified as being important in their current personal development group and its presence in the actual groups as experienced by active members. Through conducting focus groups, Lennie was able to formulate questionnaires based upon themes or concepts identified as important from the attendance of groups by the participants who were involved in the research as oppose to themes the authors or researcher believed would be significant in studies, which was the case in Knights’ study (2010).

Surprisingly for Lennie (2007), even though the questionnaires used were ‘home grown’ she noted a lack of clear correlation between the development of students' self-awareness and the presence of factors that counsellours in training identified within focus groups prior to the start of the first groups. Lennie herself was not a member of the personal development groups that she studied however her experience of being a researcher and leading focus groups led her to conclude that future studies of this sort would benefit from the researcher being transparent around their impact on the group or on the members of the group they are undertaking interviews with. Therefore it is reasonable to conclude that even in contexts where the researcher is not part of the training cohort or a member of the training team, their impact on the way data is collected in still significant. Based on these findings and despite methodological issues, Lennie concluded that members of a personal development group appear more comfortable at the start of the group than at the end of the group. Unlike Knights’ study (2010), the participants within Lennie’s study, who were counsellors in training, did not explicitly articulate distress as associated with being in the personal development group. This suggests discrepancies between how member of the profession of clinical psychology view the experience of attending reflection groups versus those in the profession of counselling psychology and counselling.

If we consider that distress is an inherent aspect of the experience of members of such groups (Smith et al., 2009), it raises the question of how members of both the counselling psychology and counselling profession report such experiences when in
training. For both Lennie (2007) and Robson and Robson (2009), participants in both studies commonly made reference to the experience of safety in attending groups as oppose to labelling individual feelings of distress from attending compulsory groups within training.

Thus far the literature suggests that the experience of distress is inherent for the psychologist in training within peer groups but expressed and understood in a different manner depending on the exact nature of the training that trainees are involved in. Given the inherent experience of distress when engaged in a group during training, it raises questions around the function of compulsory groups and how groups can be accommodated so that the experience of distress does not discount the value of group for those who have an obligation to attend them. It also emphasises the role and responsibility of those who are asked to facilitate such groups. Knights’ survey (2013) that involved members of the clinical psychology profession was conducted in retrospect. Here participants reported on the style of facilitation of group being a moderator of their experience; a more active, group analytic style of facilitation, where trainees felt clear about the model being used, was rated overall as more valuable than a more remote and unclear style of facilitate on. This finding has been mirrored within groups in the training of counselling psychologists. Robson and Robson (2009) found that an important part of facilitating safety within the groups was to present a clear and explicit statement of the function of the group to those involved.

This also raises the question of how facilitators of these groups understand and make sense of their experiences of their role, particularly in relation to managing distress within the groups. For this reason, Binks, Jones and Knight (2013) specifically concentrated on the experience of the facilitators running the groups within a clinical psychology course. This was done concurrent to when the groups were facilitated. Specifically Binks focused on facilitators’ experiences and understandings regarding trainees’ distress within these groups.

Consequently facilitators viewed an integral part of their role as managing the group. Specifically as suggested by interviews with the facilitators straight after the groups had finished, facilitators made reference to how they felt the need to contain their own
powerful affective responses in the group, with some even feeling scrutinised by trainees in terms of professional competence and ability to attend to group processes (Binks, Jones and Knight, 2013). This may be an indirect result of the context of such groups which are situated within an evaluative training environment. This highlights the powerful role of facilitators within the groups and their impact on the group. Such findings also raise broader questions around the utility of these groups in an educational setting if members are not able to locate the factors or themes that facilitate self-development. Even if awareness and understanding of these issues within the group is not a prerequisite for self-development such as the ability to experience distress in a group, it raises the questions of how informed members entering such a group need be about the potential possibility of experiencing distress.

Understanding the components and intricacies of a group is a complex process and does not always present itself easily (Prieto, 1996) so that methods used to understand this need consider the multiple layers. Goal articulation prior to attending a group encourages development and growth and may be at odds with a counselling approach, which does not consider development a linear process (Berry and Woolfe, 2007). However the need to understand what happens in groups may be considered core to the development of the counselling psychologist in training, not least because of the discipline's firm commitment to research informed practice (Strawbridge and Woolfe, 2003).

2.3 Group processes in training

The significant amount of academic study required during counselling psychology training means that while the trainee aims to understand more about people, they also spend a significant portion of their training in solace. Growing up as an only child, my attraction to a profession in mental health has come mainly from a curiosity around the development of self and the impact of others on this development. As suggested by Lavenders (2003): 'we exist in for much of the time in interpersonal contexts to which we bring our histories, meanings and ways of relating which have impacts on others (other clients, fellow team members, colleagues or organisations)'(p.12). It may not surprise the reader that my professional work thus far has overwhelmingly been dominated by delivery of groups for members seeking a space to manage psychological distress. Being in groups, with other individuals, whether clients or
other professionals, has taught me about myself and my reaction to others more than any other experience during professional training. Part of this is likely attributable to my early upbringing and temperament. I am the only child of Iranian parents who migrated to Europe after political turmoil in their homeland. Growing up between a myriad of cultures has meant that much of my personal identity has been harboured within family and friendship groups. Harris (2011) suggests that the development of identity is inextricably linked to the primary groups in which we find ourselves in. In this way identity is not only formed by our internal evaluation but also through how we experience those around us.

Reasons for my attraction to group work as a trainee counselling psychologist has been a feeling of safety that I commonly experienced when in one. My reflective journal throughout training has made me realise that part of this is due to how clients perceive my professional role within the group setting compared to the individual therapeutic interaction. Within a group, I feel that clients give less power to me than they would within an individual interaction. For a trainee in counselling psychology, reflection around power dynamics between the client and the psychologist forms a central facet of training. This is explicitly stated through the Health and Care Standards of Proficiencies (2012) which require that all applied psychologists ‘understand the power imbalance between practitioners and clients and how this can be managed appropriately’ (p.6).

A psychotherapeutic approach suggests that the healing power of groups can be attributed to the ‘acting out’ of attachment patterns, which foster a deeper understanding of the self in relation to others (Foulkes & Anthony, 2014). Attachment theory was originally developed by John Bowlby, who defined attachment as ‘the propensity of human beings to make strong affectional bonds to particular others’ (1988, p. 201). Bowlby proposed that these early relationships with our caregivers are pivotal to our ability to build relationships with significant others in adulthood, which in turn contributes to psychological well-being. Much research demonstrates a relationship between early childhood attachment patterns and psychological well-being in adulthood (Holmes, 1997). Attachment patterns of trainees who enter a career in counselling psychology are thus relevant, since counselling psychologists are
required to use the 'self' in their therapeutic work, a standard explicitly stated within the Standards of Proficiency (Health Professions and Care Council, 2010). Unlike any other of the applied psychologists, the division of counselling psychology requires chartered psychologists to have completed 40 hours of personal therapy during training (Woolfe, 1996), based upon the anecdotal belief that therapy for the therapist is useful. Personal individual therapy can provide a space for development of self-awareness and one's intrinsic attachment pattern (Grimmer & Tribe, 2010). However, to date, there has been little research on how personal therapy promotes competencies beyond the therapeutic benefit of the trainee (Wheeler, 1991).

It is also expected that trainees in counselling psychology can facilitate group work themselves during their training (Strawbridge and Woolfe, 2010). For this reason, use of groups during training can confer more subtle benefits for trainees. Therefore on enrolling within a professional doctoral programme, I became excited but also apprehensive about how the 'group' within my training cohort which I would be part of for three years might influence both my personal and professional development. By group, I refer to 'a collection of interacting individuals who have some degree of reciprocal influence over one another' (Rubin, Rubowski and Parker, 1998, p. 17). The formation of a group may therefore be organic or formulated, in which individuals are asked to come together in a formal manner. For myself, my immediate group was my cohort group who I shared lectures and workshops with and the wider group consisted of academic staff and other year groups.

The process of being in a group does not automatically lead to a change or increased level of insight for the group member in question. As most attachment patterns are generated by states of mind not necessarily accessible to consciousness (Hesse, 1999), the content and outcomes of this kind of learning is very subtle. Furthermore, intrinsic motivation of individuals who choose to enter the field of counselling psychology needs be considered. It has been suggested that most counselling psychologists have early experiences of care giving which forms a large motivation in their journey to train in the profession. Dicaccavo (2006) suggests that 'by caring for the well-being of a patient, or client, individuals can care for themselves at a distance, both exposing themselves to emotional distress, that may in fact mirror their own, while at the same
time defending against direct personal recognition of losses’ (p.464). Understanding of these core processes and being in groups with other individuals competing for the same roles presents inherent challenges. Even were these behaviours to be readily accessible by an individual, he or she may not view them as dysfunctional himself. Chen and Mallinckrodt (2002) suggest however those processes can become part of our awareness when we are in a group situation or striving for membership of a group.

Case discussion with peers in a group is not an essential component of training; however, if we take into account that trainees are often adept at hiding events (Ladany, Hill, Corbett and Nutt, 2003; Knox and Hill, 2003; Yournam, 2003), group interactions in which one may see the ‘other’ may foster sharing and openness. Yournam (2003) writes that for psychotherapists in training, the feeling of shame is a moderator of what one reveals to their supervisors. Whilst part of this may be related to the power dyad as there is power difference between the supervisor and the supervisee, Yournam argues that, even without the power dynamics, the act of providing psychotherapy ‘provides fertile ground for the occurrence of shame within the trainee, because it challenges their competence, independence, and sense of self’ (2003, p. 602). Parentified individuals are especially sensitive to shame, which may be amplified by the experience of assessment during training (Wells and Jones, 2000).

As previously mentioned, trainees may also enter the profession motivated by personal experiences of emotional trauma or powerlessness, which motivates them to help others (Proctor, 2008). A common theme in literature on psychotherapists and social workers indicates that individuals in these professions are more likely to report childhood trauma and emotional deprivation than those in non care-related professions (Lackie, 1983; Vincent, 1996). Likewise, in the field of counselling, the concept of the wounded healer has become an important area of research (Sedgewick, 1994). If we consider the combination of emotional deprivation or neglect as a child and the parentification role characterising individuals entering the counselling psychology progression (Diccavio, 2011 ), it is feasible that whilst members want to be accepted, they will be more aware of authority and more likely to experience a power struggle when in contact with individuals competing for similar roles. Whilst such characteristics may aid trainee counselling psychologists with empathy and de-
emphasising of self as an expert of the human condition, when in contact with others individuals, issues of power and managing these dynamics are central to any mental health professional (Counselman and Weber, 2004). The arena of a case discussion group whereby members are not openly assessed around their practice but are encouraged to explore with their wider groups, personal struggles encountered within training may indeed implicit provide a platform where such dual processes can come to light.

The use of a pure case discussion model within a professional doctorate emphasises the absence of 'transfer' of expert knowledge from a more experienced practitioner to another, something that is almost assumed in most supervisory relationships. This raises questions as to how more experienced practitioners may benefit and how less experienced members can transfer their learning to their professional work. Hillerbrand (1989) argues that, with the use of groups, one's thought processes need to be made overt and that experts are likely to be poorer reporters of cognitive thoughts than novices. In addition, this confers a subtle benefit which is described by Benshoff and Pailey (1996). They claim that by formally de-emphasising the dependence on an 'expert' group it allows peers in a group to increase their own self-efficacy and make other trainees feel more at ease. The de-emphasis of the expert resonates with a central theme in the field of counselling psychology (Bohart & Tallman, 1996). Reliance on a group leader may mean that all projections and fears are placed on them because of their role, which may come at the cost of understanding the peer-to-peer relationship (Altfeld, 1999).

Another advantage of using a case discussion group without a leader in a training programme is the therapeutic benefit of experiencing peer interactions (Shapiro & Ginzberg, 2001). Sibling interaction promotes the self-appraisal necessary to develop self-esteem and identity (Grunebaum & Solomon, 1980, 1982). According to Counselman and Weber (2004), the use of formalised groups can provide a 'fertile space for peer transferences and may provide the opportunity for self-appraisal as well as for friendship and negotiating competition, much akin to sibling rivalry' (p.140). For example case discussion models in which members are asked for advice or to reflect upon a clinical case can engender issues such as rivalry and group competition.
Typically in group supervision models with leaders, the leader role is to address these issues; in case discussion models with no explicit leader, group members may strive for power and authority in the group, and conflict may occur. If we take into account what Dicacaccio (2002) suggests about the motivation of counselling psychologists entering the profession, groups are significant in developing the attachment style of helpers. However as suggested by Counselman and Weber (2004) such processes can only occur if case discussion groups are ' handled correctly ' (p.104). This raises the question of the role of course faculty staff in groups for trainees. In the absence of a leader, Zorga (2011) recommends a ' very clear structure' that members can work with which lends support to the contracting of an explicit group agenda within a case discussion group. Use of a structured model is important if we consider the alternative which is that in groups that have no formal agenda or explicit goal, as is commonly the case with personal development groups (Lennie, 2007; Payne, 2007), one of the factors that often leads to a polarised consensus around personal development is the lack of clear focus, unification or organisation of group members (Robson and Robson, 2009).

Whilst the aim of a case discussion is far from a therapy group, I would like to believe that the experience of being in a case discussion group with peers may be implicitly provide its members the potency of a sense of personal 'agency' through the group interaction but this is only speculative at this stage. Within the training of psychotherapists, Counselman and Weber (1994) suggest that the dynamics of the group process amplify the affective experience students have of the patient, of the therapist, and of the treatment such that the group becomes a 'hall of mirrors' for students, much as the therapy group does for its members' (p.19). Needless to say, my speculation has led to the formulation of the core research question at hand; how do counselling psychologists in training experience the use of a case discussion group? Inevitably this experience will be moderated by the expectations or goals that members have when they join a group which I consider in the final section of this literature review.
As already suggested the use of an inventory or questionnaire can be a useful tool to measure goals in a higher education setting. As suggested by Irving and Williams (1999), ‘development is something that can be planned: growth cannot. Growth is what may happen as a result of personal efforts to develop’ (p. 518). On this basis, the choice to be part of a case discussion group with others is a planned process but what happens in such a medium is largely unplanned. Consequently, this raises the question of how members can become aware of such processes as they occur. Researchers have used inventories to measure how trainees experience groups (Lehraman-Waterman & Ladany, 2001). In the current study, however, using a questionnaire implies various challenges. While groups have been cited as useful in research, there is little evidence as to which aspects are especially useful (Prieto, 1996). As demonstrated by Lennie (2007) even within a group where questionnaires are formulated based on focus groups, interpretation of the questionnaires involves a deeper understanding of the dynamics of the group under study. Commonly qualitative exploration of groups for students in both counselling and counselling psychology has been conducted from the point of view of the faculty staff or course tutors within a higher institution setting (Starling & Baker, 2000; Akhurst & Kelly, 2006; Christensen & Kline, 2001; Linton, 201; Fleming et al., 2010). This means that researchers are often outsiders to the groups they are studying. Zorga (2001) argues that effective evaluation can greatly improve the process of group experiences but recommends that this takes place as an internal process so that it can focus on specific internal aspects such as the interaction of group members. As most groups are encompassed in a particular context, Zorga argues that an outsider to the group would not be able to firmly understand the nature of it so that quantitative or qualitative methods alone may be inadequate for understanding the ‘quality of inter-relations of small group members which are the obvious issues of evaluation’ (Zorga, 2001, p. 155).

2.5 Research Question

To date, there have been few studies on case discussion groups used in a taught professional doctorate in counselling psychology. Considering the similarities in the philosophy underlying counselling and counselling psychology taught courses, most of the studies available have focused on the use of personal developments or peer supervision groups. Furthermore most of the studies tend to be quantitative and
retrospective and conducted by researchers who are not a regular member of the peer groups. As a trainee counselling psychologist who is both a member of a case discussion group and a member of the year group, I have formulated research questions designed to understand its impact on my peers, rooted in the expectations that they may have about what they will gain from being part of a case discussion group, before starting the group. The specific questions I aim to explore are:

**Question 1**: What type of goals do trainee counselling psychologists identify when beginning a weekly case discussion group identify?

**Question 2**: How do trainee counselling psychologists evaluate progress towards their goals after seven and twelve weeks of weekly attendance of a case discussion group?

**Question 3**: For counselling psychologists in training, what is the actual experience of attending a case discussion group?

### 2.6 Summary of the Chapter

In this chapter, I have summarised how I formulated the research. The context of the case discussion groups is a training programme for counselling psychology, in which peers already have relationships. Given the training context of the case discussion group, I have outlined the philosophy underlying counselling psychology, the benefits of a case discussion group and its relationship with group theory. I have presented a brief overview of the model used in the case discussion group in the study and how this may influence the functioning of the group. Finally I have justified the use of a goal-based approach to understanding how trainees in counselling psychology experience the impact of case discussion groups during training.
CHAPTER 3 – METHODOLOGY

3.0 Introduction to the chapter

In this chapter, I present a detailed account of the method used. As stated in Chapter 2, the overall aim of the study is to explore how trainee counselling psychologists experience participation in a case discussion group as part of their professional doctorate training. However, in view of my own role as a member of the case discussion group and the context in which the groups is embedded, I have formulated three separate research questions. Within this section I outline the methods used to explore each of the research, which I have presented in Table 1.0 (below) to show the separate Phases;

<table>
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<tr>
<th>PHASE 1</th>
<th>PHASE 2</th>
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<tr>
<td>1. What are the goals identified by trainee counselling psychologists prior to beginning a case discussion group?</td>
<td>3. How do trainee counselling psychologists experience these case discussion groups?</td>
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<tr>
<td>2. How do trainee counselling psychologists evaluate their progress towards these goals after seven and twelve weeks of weekly case discussion group attendance?</td>
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In this section, I outline each of the methods used to answer each of the questions above. To do this, I begin with a brief overview of the research design followed by a consideration of the epistemology informing the methodological choices that have been made. Typically, the methodological approach of a study involves an implicit epistemological position (Lennie & West, 2010). Hanson, Petska, Creswell and Creswell (2003) argue that a mixed methods approach may be viewed strictly as a 'method', thus allowing researchers to use any number of philosophical justifications for its use. Mixed methodology thus need not be defined by any single paradigm. Consequently, I outline the procedure used to recruit trainees and the procedures implemented in both Phases. Whilst all three questions are considered equally
important to overall research aim, Phase 2 which in this case was studied through the use of qualitative methods alone, demanded considerably more analysis time than Phase 1. Therefore embedded in this section is a detailed description of the data analysis in Phase 2. Finally, I end this chapter by considering my own position as a dual researcher in this research study; I am both a trainee in counselling psychology and a member of one of the case discussion groups that I am studying, followed by an overview of ethical framework and procedures that were adopted.

3.01 Research Design
In Phase 1, goals were examined and evaluated; in Phase 2, qualitative interviews were conducted. For this reason an exploratory sequential mixed method design was employed. In this sense, the different methods were integrated in the context of an exploratory framework (Hanson et al., 2004). As goal formation and goal evaluation (Phase 1) was completed before the interviews were conducted, the study assumes a sequential design: the data generated in Phase 1 would inform the data generated in Phase 2. Goals were collected on forms (referred to as goal forms throughout this section) were handed out to trainees before the start of the groups, halfway through the group and then after the group had ended. The information on the goals of trainees and how they evaluate their progress towards these, was used to structure the interviews for Phase 2; therefore it influenced the type of data generated during the second part of the study (Phase 2), rendering it a sequential exploratory design.

3.02 Epistemology
Epistemology refers to the philosophical question of how knowledge is formed (Willig, 2001). In any discipline, in which one aims to understand phenomena, epistemology needs addressing because it refers to the philosophical question of how knowledge is formed. As stated in Chapter 1, my reasons for exploring the experience of being in a case discussion group stems from my experience of working as a therapist in groups. This experience has leant me the perspective that how we view the world and understand reality is much influenced by how we interact with others and how others interact with us. Harris summarises this when he states that ‘who we think we are is inextricably bound up in the social context in which we find ourselves and the relational contexts that we create and build’ (2011, p. 17). Such a position might be considered as belonging to a constructivist (or interpretivist; see Pontortetto, 2005)
paradigm. According to Hansen (2004) the defining point of a constructivist viewpoint, is that there is more than one reality and that much of this is constructed in the mind, so that separation of these realities from their context (as post-positivist paradigms might suggest) is not fully possible.

As stated in Section 3.01, in this study, a goal-based approach was used to facilitate the qualitative interview in Phase 2. The goal-based methodology here assumes two things; first that the trainee in the training environment has a goal or objective that they are working towards and secondly, that they are fully aware of their progress towards a specific learning goal at any one time. In view of my epistemological position that lends itself to a constructivist paradigm such a choice might seem contradictory. Use of a goal based approach to inform a qualitative interview carries inherent contradictions in this case because as Pontoretto (2005) suggests, the very goal of research conducted in an interpretivist framework is to understand the 'lived experience of the person from the point of view of those who live it day by day' (p. 129). If personal meanings are construed from our interaction with our environment, the use of research interviews in itself is a potential platform for the formation of such meanings, so that the use of a goal-based approach to guide the interview process might disrupt the process of meaning making. Thus use of a goal based approach in an exploratory study can compromise this process of understanding how trainees experience the attendance of a case discussion group.

If we consider that trainees' professional motivations towards a career in counselling psychology is to help others achieve and self-actualise (Maslov, 1948) the very idea of goal identification and achievement for the trainee in counselling psychology may not present itself as a natural concept (Berry and Woolfe, 1997). Even if goal achievement was an objective, in order to measure the impact of a phenomenon in a group, one must be aware of what this impact is. As presented in Chapter 2, previous work on the efficacy of group research shows that changes within groups are difficult to locate and to measure (Gilbert & Shmukler, 1996) as this knowledge is not always explicit in group members.
The final point to consider here is my relationship with the participants and the study as a whole. In the current context I was also a member of the case discussion group for some of my participants. Therefore my dual relationship with the research participants, both as a fellow trainee and as the researcher can add to the discomfort that trainees may experience as they are asked to share their experience of attending such a group with myself. As has been discussed in Chapter 2, many trainees may struggle with the idea of disclosing difficulties in their counselling practice (Ladany, Hill, Corbett and Nutt, 1996; Yournman, 2003). Formulating goals is a way of reducing the impact of this, especially for beginner therapists who are less likely to disclose (Ronnestad & Skovholt, 2003). It has been suggested that such covert processes in training are not limited to the relationships of course tutors and students but extend to relationships between peers (Rosenberg, Getzelman, Arcinue & Oren, 2005). My personal experience of the case discussion group informed this decision as there were aspects of the group that I would not have found easy to share with others, making me aware of the potential impact of this on interview dynamics. On this basis, it was hoped that a goal-based approach to interviewing might ease the interview dynamics.

In view of this dual role, a pragmatic choice was made to use a goal based approach as a primer for Phase 2 when some trainees were interviewed around their experience of attending a case discussion groups. This decision was taken in part because of the nature of the case discussion group where there was an explicit agenda. As a part of this agenda, trainees were directed to share clinical cases within the group, with a view to developing themselves as counselling psychologists (a full summary of the model used is presented further below in section 3.04).

3.03 Use of a Mixed Method Design in the current context

To start this section, I recall a brief overview of the research design; in this case informed by a mixed method framework. Question 2 required a quantitative approach, while Question 1 and 3 were evaluated qualitatively, with Question 1 using thematic analysis (Braun and Clarke, 2006) and Question 3 using grounded theory analysis (Corbin and Strauss, 2008). Goal forms, with information on the goals of trainees and how trainees evaluate their progress towards these, were used to structure the interviews for Phase 2, and thus determined the type of data generated during the
second part of the study. In the context of the research questions, qualitative methods were not only necessary in order to verify the quantitative data, but also to understand how the data generated by each method can help enrich data from the other (Haverkamp, Morrow and Ponterotto, 2005). Therefore the mixed design employed here was not done with the intention of triangulation.

The use of mixed methodology in the field of counselling psychology has had a relatively small uptake. Use of such a design lends itself partly to appreciation of a quantitative paradigm which may sit at odds with the philosophy of counselling psychology. It is argued that many of the meaningful changes or perceived benefits of psychotherapy are not adequately captured by traditional methods of scientific enquiry (Rennie, 1994; Cooper, 2008; Chiesa and Fonagy, 2010). For this reason, counselling psychology as a discipline challenges the notion of a post-positivist approach to scientific enquiry: its approach is informed by research, rather than empiricism (Hanley, West & Lennie, 2012).

However it is important to consider the position of external bodies that regulates the profession of counselling psychology. The Health Profession and Care Council (2010) standard of proficiencies for all applied psychologists stipulates that all counselling psychology trainees be able to ‘use professional and research skills in work with clients based on a scientist-practitioner and reflective-practitioner model that incorporates a cycle of assessment, formulation, intervention and evaluation’ (p. 18). The implication of this for training is that psychologists be skilled in research and therapeutic practice (Corrie, 2000). When examined separately, the skills required to be a counsellor are almost the opposite of those of a scientist-practitioner or applied psychologist. However, some noting the challenges still believe the model needs to be regarded as a framework for the profession of counselling psychology to develop (Blair, 2010). At the very least an appreciation of the debate can begin to challenge how one thinks about scientific method, a practice in which a researcher regardless of their chosen area of discipline needs to consider (Zienes, 2008). I argue that use of a mixed method design can serve as a platform in which one starts to question the root of the divide between quantitative and qualitative methods (Hammersley, 2002). It has been suggested that such a concept often does not lend itself easily to the student researcher
in counselling psychology because of the culture of university settings where they undertake research. The setting can carry a contextual preference for a particular paradigm (Lennie & West, 2010) which may impact the researcher.

Such a tradition can be understood through what Kuhn (1970) defines as paradigm loyalty. In this, Kuhn asserts that much of scientific progress and understand of knowledge is a product of the belief we give to a particular paradigm or way of viewing the nature of reality. In this way, the social context we live in has a major influence on the paradigm to which we lends ourselves to (Dienes, 2008). However rarely do people with conflicting paradigms merge together to produce research. The rational for mixed method can be viewed as an inherent way of bringing together researchers with different worldviews. Such a position aligns itself with the framework of methodological pluralism, defined as an attitude in which once accepts that in the research context ‘divergent research methodologies can be equally valid in exploring important questions’ (McAteer, 2010, p. 8).

On this basis, using a goal based approach prior to interviewing does not maintain that overall the research methodology adopts a single paradigm. Furthermore, within the current context, the use of a mixed methodology can serve to challenge the notion of how similar or how different qualitative and quantitative approach about phenomenon may or may not be. Previous research (Linton, 2003; Christensen & Kline, 2001; Fleming et al., 2010; Mastoras & Andrew, 2011) suggests there is a correlation between goal formation and experience of attending groups within training. By asking participants to generate goals here, it is likely that the nature of their goals will be influenced by the wider context of the research question which might be revealed in Phase 2 analysis. The use of qualitative interviews can allow the understanding of how goals are formulated and scored so that is reveals how effective goal based evaluation within the current study is. Therefore the use of different methodology in this study is with the intention that they may complement one another, rather than be considered a form of triangulation (Morrow, 2005).

Whilst it is interesting in itself to note the type of goals and the change in this from attending a group (Phase 1), the reader should be reminded that the impact of groups
on trainees' gains is not the main question at hand. Rather the focus is on how members experience a case discussion group within a training environment, having identified what they personally want to gain from attendance. When employing a mixed methods design, it is useful to demonstrate how the different methods complement each another in the context of the particular study, and how they will be integrated (Tashakkori & Teddlie, 1998). In view of this, Figure 1 below presents a summarised graphical illustration of how qualitative and quantitative research methodologies were combined to address the research questions. It illustrates the format of the sequential exploratory design, adapted from an established classification system for different types of mixed methodology research (Hanson, Creswell, Creswell & Petska, 2003). Data generation and analysis during each Phase is discussed in a later section.
Diagram of the sequential exploratory mixed method design (Figure 1)

PHASE 1 - Strand 1

Goal Generation
Evaluation of case discussion groups means that participants will have completed goal forms. Thematic analysis was carried out to identify the nature of goals trainees have from case discussion groups.

PHASE 1 - Strand 2

Goal Evaluation
Goal forms were returned to trainees to rate on a Likert scale as to how far they have met their goals at week 3, week 7 and week 12 of the groups.

PHASE 2

Interviews
9 participants were invited for interviews to discuss the goal forms or more generally the perceived impact of the group. Qualitative analysis then followed to formulate themes that are associated with engaging in case discussion groups based on interviews.
PHASE 1

3.04 Participants

Before the first case discussion group of the academic year commenced, trainees who were enrolled in a full time three-year counselling psychology doctorate taught programme were made aware of the study (refer to Appendix 1) for participant information given). Participants were recruited from the first, second and third years of the programme. Furthermore, participants from all the groups were approached so that some of those involved in interviewing would not be in the same year group and case discussion group as myself.

In view of previous findings around the potential impact of having an inside researcher when trying to understand how trainees experience compulsory groups within their training institution, ideally a range of trainees who were from outside of the university may have provided more understanding. However this was not deemed possible in the current study due to time restraints. A total of three case discussion groups were running at the time of the study; these consisted of trainees selected randomly by the programme team. Demographic information, including age, ethnicity, year of training and self-perceived level of experience in counselling, was collected through the goal forms. In total, 23 trainees out of a total cohort of 29 (completion rate of 79%), completed the goal forms. Although a higher number of goal forms were filled, only those forms where goals had been quantitatively evaluated at all three stages (outset, midpoint and end point) were included in the final data analysis. The majority of participants at this stage were trainees in their first year of training (44%), followed by those in their second year (26%). Whilst third years formed the smallest percentage (21%), the reader should be aware that at the time of the study, the total cohort of third years was smaller than those in the 1st and 2nd year of training.

On the goal forms, participants were asked to give a rating for their perceived level of counselling experience. The rating scale was presented on a scale from 1 to 5 where 1 represented the least level of counselling experience and 5 represented the highest level. This information was sought for because trainees from across all years were
allocated to the groups. Trainees were allocated to groups through a process of random sampling that was conducted by course tutors. Three separate groups took place and each group had between eight to ten trainees. Each group was allocated a qualified counselling psychologist who was not a member of the peer group. In two of these groups, qualified counselling psychologists also formed members of the course programme team and in one group; they were external to the university staff team. It was decided that I would not approach these individuals for participation in this study in view of their qualified status and dual role. Needless to say their presence in the group can impact both the groups and potentially on data collection which I will consider in the next section.

3.05 Method of Case discussion employed in the groups

The formulation of goals prior to the start of a case discussion group is much influenced by the structure of the case discussion model. Therefore I present a brief overview of the case discussion model that was used within the group. The case discussion group model adapted for this study parallels a systematic counselling interview approach, in which colleagues discuss professional issues and key topics with one another (Kim-Oliver, 2012).

Prior to the start of the case discussion groups, trainees were orientated to the model through oral delivery and worksheets which is now explained for the reader. In this model, there is one allocated case presenter each week who is asked to share an aspect of their practice with other members in the group. The case presenter would usually spend no longer than ten minutes explaining their case and no previous preparation is required. A selection of defined methods is proposed to the case presenter who then picks the one they prefer in terms of getting feedback from them group. Members of the group then agree on a scribe and a moderator for the group that facilitates the stages. Within the current context, group membership consisted of trainees and one qualified counselling psychologist. In two out of the three groups that this study was based on, the qualified psychologist was also a course tutor; in the remaining group; the facilitator was a chartered counselling psychologist actively engaged in clinical work but not an employed member of the course programme team Even so the model of the groups did not infer that qualified members would automatically be allocated
facilitator (moderator) or a leader role within the group. In addition it was specified that feedback does not necessarily need to be grounded in a certain school of therapy so that all members regardless of their clinical experience could contribute. It is important to establish that this thesis does not intend to measure the efficacy of using a case discussion model in regards to a framework for professional practice. Therefore assessing how trainees get trained in this model before they start the group was not attended to. Changeover of groups prior to starting this thesis meant I had experience of attending two groups which occurred prior to the start of this project, one moderated by counselling psychologist who also served as a member of the programme team and in the other a counselling psychologist who was external to the faculty. I recorded reflections throughout training routinely within a reflective journal. Specifically I perceived personal tensions around what the group model demanded from its members and how this interacted with the group processes. The case discussion model employed in this context (Kim Peer, 2012) which trainees were informed prior to the start of the groups, was explicit in terms of roles and responsibilities for each of the members. However as is inevitable with any group process, certain events meant that boundaries needed to be considered and renegotiated.

Within each of the groups that I attended, the group was sensitive to issues around boundaries and containment, however the degree of control taken by trainees to address these themselves was moderated depending on the qualified psychologist in the group. In the presence of an external facilitator I felt that we took more control as a group whereas in the presence of a counselling psychologist who was also served a dual role in their capacity as a course trainer, I frequently experienced that trainees relied on the qualified psychologist to uphold these boundaries within the group process. It is conceivable that such a phenomenon may have been a projection of my own processes on to the overall group process, in order to protect dual relationships that I held with both fellow trainees and course tutors outside the groups and within the wider context that these research was embedded. I did not measure or specifically ask about this impact in the research process for ethical reasons and because this was primarily experienced as a personal tension but is it reasonable to assume that such an experience may be shared by trainees and that their experience of the groups will be influenced by the presence of the qualified counselling psychologist in each group.
3.06 Data Generation

A sample of the goal form distributed to trainees in Phase 1 is shown in Figure 2 below. The form was designed to allow trainees to be describe their own goals (Strand 1) and to rate the progress they had made towards meeting this goal (Strand 2). As already suggested the use of an inventory or questionnaire can be useful tool to measure goals in a higher education setting (Lehraman-Waterman and Ladany, 2001). However uses of inventories or specific measures lend themselves to evidence-based practice, which may be epistemologically at odds with counselling psychology philosophy. The current goal form was based on a goal-based outcome measure, which the client completes at the start of therapy, identifying goals in collaboration with the therapist (Cooper, 2012). The measure has shown reliability when used with the CORE-OM in clients undergoing therapy for a range of psychological conditions (Barkham et al., 2001). At intervals in the therapy, the client is then asked to rate attainment of their goals on a seven-point Likert scale (Cooper, 2012). To date, such a measure has not been used in the training of counselling psychology students. In this case for sake of space on the form, a Likert-type rating scale was used based on a five point scale, which allowed three different points to be identified: a baseline, midpoint and endpoint. This equated to Weeks 3, 7 and 12 of the case discussion group.

Figure 2: Section of the goal identification form

<table>
<thead>
<tr>
<th>Goal:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date identified:</td>
</tr>
<tr>
<td>Please state where you are with this goal now on a scale of one to five (1 = the goal needs a lot of work, 5 = goal attained)</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>Outset</td>
</tr>
<tr>
<td>Mid</td>
</tr>
<tr>
<td>End</td>
</tr>
</tbody>
</table>

45
3.07 Data Analysis

Strand 1 - Categorisation of Goals

In order to categorise or cluster goals written on the goal forms, a qualitative method was required. A brief process of thematic analysis (Braun & Clarke, 2006) was used to map out the goals using techniques informed by framework analysis techniques (Ritchie, Connor & Spencer, 1994). In view of the limited amount of data generated in Strand 1, one would anticipate ambiguities during the categorisation process, which cannot be reconciled through a process of constant comparison (needed for grounded theory analysis) leading to the choice of thematic analysis. Epistemologically thematic analysis can be considered as part of an interpretivist approach (Braun & Clarke, 2006). Whilst some consider thematic analysis as an umbrella term for all method of qualitative analysis so that grounded theory analysis techniques are considered as one form of thematic analysis, Braun and Clarke (2006) argue that thematic analysis should be considered as a method its own right. Space does permit the exploration of such a debate here however even if we assume that thematic analysis and grounded theory analysis lend themselves to different epistemologies, there is no reason why different methods cannot be used within the same research (Frost, 2011).

Use of framework analysis techniques can allow for the researcher to use qualitative data to 'to define concepts, map the range and nature of phenomena, create typologies, find associations within the data, provide explanations or develop strategies. In this study, I used various visual tools (a sample of which is presented in Appendix 5) to aid with the process of categorising goals. The central aim of this technique allows one to visually see the data and the associations between themes as a platform for further interpretative work (Miles and Huberman, 1994). Specifically goals were transferred to 'post it notes' so as to give them anonymity during the categorisation process. These 'post its' were then stuck on to the figures (presented in Appendix 5). Based on the position of the sticky notes on the diagram, I generated themes in relation to the positioning of these goals. This method makes use of spatial representation which is recommended for categorisation in qualitative research (Smith, 1999). For clarity, in this research project these diagrams were not used with the intention of understanding perceptions of trainees or their expectations from being in a group but rather trying to manage my assumptions around the nature of goals formulated by my peers. This was
useful in interpreting categories critically in the context of a higher education setting, so that goal categorisation was not based solely on my own interpretation of what constitutes as a professional goal versus a goal related to personal development.

Strand 2 - Goal Evaluation

The goal form used a Likert Scale on which trainees could evaluate their goals. Likert-type scales are commonly used to measure the strength of one's attitude towards something, without having to rely purely on the use of discrete categories (Miller & Salkind, 2002). These scales assume that the strength and intensity of the scale is linear: that is, that the difference between a score of 4 and 5 is the same as the difference between a 2 and 3. The aim of using the Likert scales within the current study was not carried out with a view to assessing the validity of the quantitative evaluation around these goals in Phase 1. Rather the aim of using these scales was to allow trainees to consider their initial goals within the groups at various points prior to engaging in the interviews. Use of a Likert-type scale in this study was therefore justified by the aims: the focus was on guiding trainees to think about their goals rather than to assess how well the group facilitated different goals.

Data from the scales was transferred to Excel software (refer to Appendix 4) which was used to calculate mean averages. Mean averages were based on the scores at outset, midpoint and final point for the total cohort, regardless of the goals formulated. Excel was also used to calculate the standard deviation for the collected but no analysis in the form of significant testing or effect sizes was conducted beyond this point. Quantitative analysis is typically used to convey a significant difference with the application of an intervention as is often the case in applied psychological research (Field, 2013). However the question of whether changes in goal attainability are significant before and after a group is not what the findings are trying to establish in Phase 1. In the current context, it is being used for the purpose of guide interviews in thinking about their goals and how they have measured themselves, much like the purpose it serves in therapy evaluation according to a pluralistic framework (Mcleod & Cooper, 2011).
3.08 Integration of Strands

The final stage of data analysis for Phase 2 consists in integrating goal categories (Strand 1) with their quantitative evaluations (Strand 2). Previous research reveals a correlation between goal formation and the experience of attending a case discussion group (Linton, 2003; Christensen and Kline, 2001; Fleming, Glass & Fujisaki, 2010; Mastoras & Andrew, 2011). By asking participants to generate goals at the outset, it is likely that the nature of their goals was influenced by the wider context of the research question, of which they become aware of while formulating the goals. Whilst interesting to note the type of goals specified and how these evolve as a result of group attendance, the impact of groups on trainee goals is not of central significance here. The focus is rather on how members experience a case discussion group in a training environment, which is explored in Phase 2 using qualitative methodology. To summarise this section; to answer the first strand of Phase 1, what kind of goals do trainees form prior to the start of a case discussion group, thematic analysis were used to categorise goals identified on goal forms. Within the goal forms, trainees were asked to quantitatively rate their goals identified on a numerical Likert-type scale within week 3, week 7 and week 12 of the case discussion groups. Consequently integration of the results was carried out.

PHASE 2

3.09 Participants

Participants were invited to participate in Phase 2 via email. This was done so as to minimise the coercion prospective participants may feel if asked in person by myself as a fellow trainee. The sample used to investigate trainee experiences of the case discussion group can therefore be described as self-selecting. Participants had a timeframe of about three weeks during which to consider whether to participate. Strauss and Corbin (2008) recommend no fewer than eight and no more than fifteen participants for grounded theory analysis; this number of participants provides theoretical saturation of the data, meaning that any new transcripts over and above this number will not necessarily lead to any new themes. During recruitment for the current
study, nine trainees volunteered to take part in the interview, all of whom had completed goal forms and evaluated these numerically at the requested time points.

Table 2: Summary of the demographics of trainees who were interviewed

<table>
<thead>
<tr>
<th>Participant Number</th>
<th>Year of Training</th>
<th>Age, gender</th>
<th>Professional Background before entering training</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1</td>
<td>3</td>
<td>37, female</td>
<td>Applied psychologist</td>
</tr>
<tr>
<td>P2</td>
<td>2</td>
<td>32, male</td>
<td>Pastoral work</td>
</tr>
<tr>
<td>P3</td>
<td>1</td>
<td>23, female</td>
<td>Education</td>
</tr>
<tr>
<td>P4</td>
<td>1</td>
<td>51, female</td>
<td>Education</td>
</tr>
<tr>
<td>P5</td>
<td>1</td>
<td>38, female</td>
<td>Education</td>
</tr>
<tr>
<td>P6</td>
<td>1</td>
<td>53, female</td>
<td>Youth Worker</td>
</tr>
<tr>
<td>P7</td>
<td>1</td>
<td>38, female</td>
<td>Counselling</td>
</tr>
<tr>
<td>P8</td>
<td>2</td>
<td>40, male</td>
<td>Counselling</td>
</tr>
<tr>
<td>P9</td>
<td>1</td>
<td>32, male</td>
<td>CBT Therapist</td>
</tr>
</tbody>
</table>

3.10 Data Generation

In this section, the interview process is discussed (see Appendix 3 for the interview guide). Having a dual relationship with interviewees is not always the case in qualitative research. Fassinger (2005) notes that such a situation may enhance the richness of the data owing to shared experiences and increased empathy between the members of the group. There is the possibility that being a member of the group I am researching may make it harder to differentiate between my own experiences and that of my colleagues. For this reason, deciding how I engage with this process of subjectivity is important and will be discussed in the section below. Using a goal-based approach to guide the interviews may help with this to some degree however careful consideration should still be given to the wording of interview questions.

Researchers using grounded theory analysis note that, depending on the wording of interview questions, interviewees may be implicitly or explicitly deterred from sharing certain information (Charmaz, 2008). Fassinger (2005) recommends that, prior to the interviewing process; the interviewer should practice interviews with members of the
research team. The current study did not include the practice stages, owing to ethical clearances required before beginning interviews. However within academic supervisory space with colleagues, I was able to practice facilitating semi-structured interviewing with peers and receive feedback around my interview techniques.

My status as a member of the case discussion group meant that I asked a colleague who was also a trainee within my year group but was not enrolled with the current study to facilitate an interview with myself based on the interview schedule (shown in figure 3.10 below). This held two purposes; one to understand the position of the person that I would be interviewing and secondly to help me articulate my own experiences of being in a case discussion group that was outside of my awareness. The use of an interview in this way can allow the researcher to become aware of their labels and assumptions around a phenomenon which can potentially impact the trustworthiness of the research (Strauss & Corbin, 2008; Leech, Delinger, Brannagan & Tanaka, 2010).

The questions used in the interview guide meant that interviews were semi-structured in their style. The schedule consisted of four questions which are shown below in Figure 3.10. Questions were presented to all the trainees involved however no attempt was made to focus the interviews around the concept of achieving goals within a higher institution setting. In the current context, a goal-based approach is a useful anchor however because of the fact that I have a dual relationship with the research participants: both as a fellow trainee and as the researcher. The data generation processes have been described; an overview of the methods of data analysis used in each of the sections is below. The main questions used in the interview schedule (refer to Appendix 3 for the full schedule).
3.11 Data Analysis

1st Stage: Familiarisation with the Transcripts

To remind the reader, three separate case discussion groups took place and members were invited from all three of the groups. Figure 4 (below) presents a summary of the sequence of events involved in data analysis. Furthermore as a novice to qualitative research, I elected to use Nvivo computer software to aid the process of analysis. Use of technology can help aid data analysis however Fassinger (2005) suggests that its use can have subtle but powerful impact around the interpretation process as it can distance the researcher from the nuances of the research process which in itself can lead to insightful analysis (Charmaz, 2008). In view of this, I considered the analysis process to start from the moment after the end of individual interviews where my first task would be to write an account of the process of interviewing a colleague within my reflective journal. This followed from listening to the interviews through headphones, without actively searching for themes but rather in order to familiarise myself with the content. This idea was borrowed from the qualitative methodology of heuristic inquiry (Moustakas, 1990). Specifically the process of listening was influenced by the stage of 'incubation', proposed as part of the process of heuristic inquiry. West (2001) describes the process of incubation as one 'in which the researcher retreats from the intense focus on the question and allows tacit, intuitive and often unconscious
processing of the research to continue’ (p. 129, 2001). Following this a more vigorous process of familiarisation was followed as suggested by Braun and Clarke (2006) with a view to reading the transcribed interview repeatedly and in active way which means searching for meaning or patterns. Any ideas or links that arose in this part was recorded in the form of written notes on the transcribed interviews.

Figure 4: Showing the sequence of steps

Transcription is a minimum requirement for most qualitative methods and for grounded theory analysis, Strauss and Corbin (2008) recommend use of a verbatim transcript at the very least. Verbatim is defined by Poland (2005) as word to word reproduction of the verbal data, so that there is no discrepancy between what is heard and what is written in transcription. The decision to include all nine interviews was taken so as to include participants who were engaged in different groups to myself in an aim to become more aware of potential biases I was carrying from my own experience of attending the group that I had been allocated too.
Braun and Clarke (2006) suggest that the task of handwritten transcribing serves as an initial foundation on which concepts or themes are identified although Halcomb and Davidson (2006) suggest that given the role of the researcher in producing such a task, a verbatim transcript will not be free of human interpretation. Given the number of interviews that were included for qualitative analysis in phase 2, I made the choice not to personally transcribe interviews by hand but to involve an external transcriber. Such a position was partly influenced by a pragmatic choice to ensure consistency between the amounts of time given to transcript for different trainees, in view of the time commitments needed for nine participants. Interviews averaged around forty-five minutes which amounts between 8-10 hours as recommended by Pidgeon (1996). Coupled with my lack of experience in transcribing meant that I might take considerably more time than cited here. Furthermore, my position as a fellow case discussion member of some trainees and not others, may have led to a different level of transcribing depending on whether myself and my interviewee were allocated to the same groups.

2nd Stage of Analysis: Open Coding

Audio recordings of the interviews were transcribed so as to allow the process of open coding. Open coding refers to the process whereby meaning units are first isolated from the text. It is a common method to all qualitative analysis but what varies between different paradigms is the degree of conceptualisation. The conceptual framework that led to the isolation of meaning units within the initial phase of open coding is important to consider within an type of qualitative research (Braun and Clarke,2006) so I briefly outline this here.

To some degree, the first stage forms the fundamental basic blocks to building the core and final themes. As recommended by Strauss and Corbin even a 'theorist works with conceptualisations of the data rather than the data per se ' (1990, p.420). This necessitates transparency and reflection around the process behind the isolation of meaning units. For this reason I did not conduct a complete literature review until after the data analysis so that I could engage with a more inductive process. At the
same time, it was inevitable that my past experience of facilitating groups would impact the coding process and well as my dual relationship with the participant involved. On this basis, I decided to use semantic processes as oppose to a latent process when searching for codes. The difference between these is outlined by Braun and Clarke (2006); a semantic approach is taken by searching for meaning units the ‘within the explicit or surface meanings of the data, and the analyst is not looking for anything beyond what a participant has said or what has been written’ (p. 84, 2006). To demonstrate this to the reader within figure 5, a segment of the first stage of analysis is demonstrated, showing meaning units came about. A considerable influence in this stage was notes from both the interviewing process as well as those made during the initial stage of familiarisation as outlined in the previous section.

Use of Nvivo software meant that meaning units isolated from the main text were automatically collected within a column to distinguish them from the rest of the text as shown below in figure 6. Every time a new interview was completed I looked for meaning units using semantic processes so that meaning units would be isolated as a separate category or combined with existing meaning units that had already been isolated. If the meaning unit emerged from the same participants then, a reference would be increased, however if it came from another member then the source would increase. For some meaning units, there was only one source but a number of reference points which mapped onto the meaning unit. If a unit had only one source and one reference it was treated as isolated units and was reviewed to see whether they could be combined with an existing node through a process of constant comparison.

**Figure 5: Diagram illustrating the stage of open coding in Phase 2**

<table>
<thead>
<tr>
<th>Verbatim (below from different participants)</th>
<th>A single Meaning Unit (Two units isolated from the shown text)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think there would be a massive commitment at the start to attendance, I think it should be almost like you sign a contract, not a legal contract, but you sign a contract to join the case discussion group. Because a fair few of the third years didn’t come to all the groups, for</td>
<td>Establishing external boundaries for the group members.</td>
</tr>
</tbody>
</table>
very valid reasons like they were trying to finish their thesis off, but it did mean that you lost something in some of the groups.

Wont it be something a bit like when we are in that first group, our group of origin, like our family of origin and you know I just gets, it can get, especially when there aren’t parental figures who are holding it, but then when we are in this other group I guess it is a bit more like being with the extended family, where we mind our Ps and Qs just that little bit more, we are a little bit more careful or little bit more willing to say yes, but granny is... but that’s great, so yes you have got a good point there

My experience of the group is moderated by who is in the group

Strauss and Corbin (1990) recommend that data generation and analysis be conducted simultaneously, so that one process may influence the other. This was not feasible in the current study. The research design dictated that in-depth interviews take place after trainees had evaluated their goals at the end of their 12-week case discussion group course. Priority was therefore given to interviewing participants at the same time, which did not allow time for analysis simultaneous with data generation. For this reason, the methodological choices made here lend themselves to the use of techniques informed by a grounded theory framework, rather than use of pure grounded theory analysis in its entirety. This was considered consistent with the overall aim of this study; that is to explore the use of case discussion group within a given context rather than to determine general themes that are associated with compulsory attendance of a group for doctoral students engaged in applied psychology training.
Figure 6: showing a screenshot of Nvivo used to complete open coding

Individual interview were transcribed and then transferred to the software from where meaning units were formed.

Blue Nodes are used to represent meaning units.
Having decided on the initial meaning units, these units were combined to second order categories so as to prepare for the final stage of analysis which was the linking of these higher order categories into final categories (stage 4). The use of a priori categories to influence this stage within the use of grounded theory analysis is a topic of ongoing debate (Willig, 2001). Given the research design of the current study, it is conceivable that the priori categories influencing the linking of initial categories were derived from the goal forms. In other words, use of goal forms within the interviews meant that this has primed both the participants and myself, the researcher, to focus on themes suggested by these goals. The use of a priori which the design of this study lends itself to have been widely debated in the application of grounded theory analysis; in particular, how well this sits with a constructionist epistemology. Glaser (1987) suggests that use of pre-determined categories during second order coding may compromise the inductive process of the 'discovery' of data; other authors suggest that this is not the case (Rennie, 1994; Strauss & Corbin, 2008). An example of how higher order categories were linked to form subcategories is given below (refer to figure 7 shown below).

**Figure 7: Diagram illustrating the generation of Second Order Categories**

<table>
<thead>
<tr>
<th>2nd Order Categories</th>
<th>Sources</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lot depends on the moderator</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Having non peers moderate the group made it feel safe</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>I felt safe to challenge the group</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Moderator has a more powerful role within the group than peers</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Structure of the group allows me to get the feedback I want</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Structure of the group has impeded my learning</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>The structure can put a pressure on people to say something different to their peers</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>
3.12 Researchers’ Reflexivity

Kaskett (2012) argues that counselling psychology trainees need to reflect carefully upon their chosen area of research, to enable them to identify their relationship with their subject of interest, and to be clear on what they hope to understand about the phenomenon. Becoming aware of one’s relationship with one’s research topic also allows one to manage expectations or hypotheses. In the context of counselling research, reflexivity may allow the researcher actively to define his or her reason for researching a particular area (Etherington, 2007) which can inform the design and analysis of the research process itself.

I designed the study as a first year trainee having had first-hand experience of the group but was only able to start the process of data collection until midway through second year whilst actively engaged in a group (groups each ran for a course of 12 weeks). Therefore this study was designed with the intention of exploring an ongoing process within the training of counselling psychologists; no additional groups were set up. Furthermore, trainees across all years were fully informed about my research intentions and that one of the course directors would be supervising me around this study. Within the current context, I held dual relationships with participants in the study, moderated by several factors. Therefore sharing my own experience of the groups may help inform the reader both of any potential biases that can interact with the process of data collection and data analysis which have already been outlined in this chapter. Sharing my own experiences of attending the groups as a trainee prior to the start of this research can elucidate any biases that might influence data collection and analysis. This is not with the intention of ‘separating myself” from the research context and data but so as to make the reader aware of the position and bias of the researcher.

My experience of the groups lends itself to a mixed one characterised by emotionally conflicting feelings arising after each of the group sessions; on one hand a feeling of belonging and normalisation in the group and on the other feelings of frustration and...
confusion. The degree of this split reduced with the time spent in group and the facilitator that was in the group. Based on my own experiences of the attending two groups which occurred prior to the start of this project, one moderated by both a faculty staff and in the other a psychologist who was external to the faculty, it felt that while fellow trainees were active in adhering and maintaining the group boundaries, frequently trainees relied on the qualified psychologist to uphold these boundaries within the group process. Having such a member in the group led to a feeling of safety but at times this was conflicted by an autonomous desire to directly attend to issues around boundaries with peers directly, rather than relying on a person of higher authority to resolve this on our behalf.

As a result of these tensions that I encountered when engaged in the groups, I noted from my journaling that at times when engaged in the group I held back what I wanted to say to protect my dual relationship with peers or to do with concerns around how course tutors might assess my practice and conduct in the group. An inevitable part of this for me was tied to the experience of the training process itself and the model applied within the group. However while I found the structure of the group as inhibiting at time, I felt quiet contained in the presence of other trainees as they shared their experiences and I realised I was not alone with mine. Hearing the qualified members, regardless of their connection with the course programme share their own training experiences of training was especially comforting and helped normalise my own experiences with training.

Use of an interview schedule around questions that are related to reaching personal goals identified before the start of the groups may ease the interview dynamic that arises between me and members of my cohort, in view of the idiosyncrasies process that comes with being part of a closed group. While the main focus of the study was to analyse qualitative interview data, the use of the goal scale rating likely influenced how trainees evaluated their experiences, and vice versa. As the data from Phase 1 and 2 was not combined with analysis at any stage, quality assurance techniques were applied separately within each phase. Morrow (2005) argues that parallel criteria should be applied when assessing mixed methods, and that while the standard or benchmark is influenced by the paradigm of the discipline in which the research
question is rooted, there should be certain standards for trustworthiness applicable for all types of methodology. Lincoln and Guba (2000) suggest that quantitative validation methods can be transferred for use within a qualitative analytic framework. In this sense, concepts such as internal validity may be applied to qualitative methods, improving generalisability, reliability and objectivity (Lincoln & Guba, 2000). In view of the suggestion that concepts such as internal validity may be applied to qualitative methods (Lincoln and Guba, 2000) as a researcher I have the task of first establishing how I understand the concept of validity within a qualitative paradigm. This is pertinent considering my dual role with participants' in this study and being a member of the case discussion group that is the subject of exploration.

A view to first consider is what Fassinger (2005) describes as an important consideration when interviewing within qualitative research; this is the extent to which the 'researcher is acknowledged as a co creator of the interaction' (p.159). From a contextual point, my understanding of the experience of being a trainee in counselling psychologist and attending a case discussion group means I consider myself an insider of the group of people I am interviewing. Being an insider may mean that my response to participants during the interviews is influenced by my frame of reference and therefore displaces the information that is being communicated by the participants, which raises issues around validity. Morrow (2005) encourages case discussion with research peers who are not necessarily participants, to enhance one's awareness of the kinds of interpretations one is making. Having been interviewed by a fellow trainee who was not involved in this study in any way, I realised that labelling my experience of the groups was subtly influenced by the reaction and responses of my interviewer, such that I became aware of aspects of my experience that I had been previously unaware of. This realisation was made possible through my interaction in with someone who I believed understood what I was saying. Therefore within the current context, I consider that my role as a dual researcher and fellow group member as conducive to being a co-creator of the themes. For this reason validity checks were not conducted beyond the extent of writing in a journal after each group session and for each of the interviews.
West (2011) suggests which is that a good qualitative researcher undertakes a critical reflexive subjectivity within their research. My prior experience of facilitating groups within my therapeutic practice naturally informs this. I consider myself to be particularly attuned to prioritising understanding of group processes and factors necessary to induce a sense of personal safety in a group, within the interview. The implication of this is that during phase 2, where I interview fellow peers around their experience of the attending the groups, I may be more inclined to listen out for information around group processes more than other aspects, e.g. factors or themes leading to goal attainment. It is partly for this reason, I have adopted a goal based form within phase 1 that can influence the structure of the interviews with phase 2. Fundamentally the attendance of groups is a compulsory part of training and attendance is needed to achieving qualification. The inherent stresses of being simultaneously assessed for competence means that trainees may find themselves compromising this crucial process at times during their training so that the novice becomes more about 'experience-limiting and anxiety-reducing quality' rather than on 'a long-term developmental goal' which may induce some uncomfortable or toleration of unknown along the way (Goldman 1967, p.14). Formulating goals is a way of reducing the impact of this, especially for beginner therapists who are vulnerable to this. At the same time, this helped keep me attuned to the trainee’s inner reference whilst they were describing their account of being in the group, an experience highly interwoven with my own at the time. In this instance I refer to the experience of being part of groups with fellow peers that is embedded within a higher academic institution.

The term 'bracketing' can be described as 'recognising and setting aside (but without abandoning) a priori knowledge and assumptions, and with a goal of attending to the participants' accounts with an open mind (Gearing, 2004). Strauss and Corbin (1990); Willig (2008) and Etherington (2007) add that journal writing can help to increase the vigour of the analysis, by contributing to the process of 'bracketing'. Whilst such a task is potentially at the core of most qualitative research, the use of journaling fails to clarify how by becoming aware of such assumptions, the researcher can manage this in the research process. Being a novice to the field of qualitative research means that I have actively sought knowledge around this however to date there is limited literature around the actual application of this (Gearing, 2004).
As suggested by Smith (1990), bracketing does not so much involve the task of separation of preconceptions as this process is activated when one engages with the task of interpretation (in this case analysis of the data). On this basis, Smith (1990) suggests that one reconsiders the role of bracketing within qualitative data analysis. The use of journaling was completed alongside the research project to contain and capture my feelings and thoughts around case discussion group and after each interview.

After all the interviews had been completed, I completed a reflexive entry on the process of facilitating the interview, which included reflection of the nature of the specific dual relationship. I made field notes through listening to the audiotapes. These notes were later referred to in moments of uncertainty or ambiguity when categorising meaning units (Morrow, 2005). Whilst traditional grounded theory analysis advocates line-by-line coding, focused coding was used in this study (Rennie, 1994; Charmaz, 2008). Open coding is driven more by a more conceptual framework, which lends itself to the overall epistemology here. This is consistent with the epistemology of the study as a whole; it does not intend to construct a theory about the experience of being in a case discussion group, but rather to understanding the phenomena involved.

I also completed an entry around the experience of being interviewed. Using this method of capturing thoughts and experiences was not done with the intention of bracketing my own experience of attending groups from the overall research data as I do not entirely believe that my own experiences of the groups can be entirely separated from that of my participants. Within the process of data analysis, my journaling shows that when categorising extracts from the themes and the goal forms, I frequently questioned whether the choice of categorisation was tied in with my own experience of attending the groups. In these instances it became obvious that there were a number of factors that contributed to the process of categorisation; mainly the interview dynamics or my relationship outside the research context with the individual involved in the interview within phase 2. Within phase 1, where I categorised the goals from the goal forms, trainees were asked to keep these forms and not use their names on these sheets means so that the extent of my existing relationship with peers outside of the groups was not as influential on generation of themes as in phase 2.
Once trainees had formulated goals, they were asked to evaluate these on a Likert scale. This kind of quantitative evaluation lends itself to traditional scientific research criteria (Patton, 2002). Internal validity and reliability are important in establishing the reproducibility of findings. Validity in this case did not relate to the change in group goals but rather to the overall direction of change. Standards deviations were presented in the analysis in order to indicate the score distribution. Thus, while progressing towards one's goal can be seen as an objective process, this process does not give the research a view that these goals with the highest change are necessarily the ones that the current case discussion group accommodates the most. This takes into consideration the subjectivity around the clustering off these goals in strand 1. Using interviews is considered the best way to understand how trainees formulate and evaluate their goals. As the use of a Likert-type scale guarantees neither validity nor reliability, qualitative interviews were useful in understanding what the scores actually mean to different participants (Ogden & Lo, 2011). This, in itself, presents a way of assuring trustworthiness of the data analysis process because it can add to the quality of inferences made within each phase (Tashakkori & Teddlie 2003).

In line with Tashakkori and Teddlie (2003, application of quantitative validity to qualitative research in this context would be contrary to the epistemological roots of a mixed methods study. In such an approach, different methods are used to address different research questions. It is therefore unnecessary to use standard criteria to assess these methods. Whilst mixed method designs need not be defined by a single paradigm, the selection of grounded theory analysis as oppose to another qualitative method requires paradigmatic justification, especially in light of the issue of trustworthiness. The use of grounded theory techniques in this data analysis means that criteria around trustworthiness are not to objectify the concept of truth but rather that the researcher has 'prospective from which they actively seek to build their analysis, without merely applying it on new data, problems or context' (Charmaz,2008,p.4).
3.13 Ethical Considerations around Recruiting Participants

Ethical concerns are critical to any research involving human participants (British Psychological Society, Code of Human Research Ethics, 2011). This extends beyond choosing what is right and wrong, and is not a straightforward task (Sperry, 2007). In line with recommendations from both the British Psychological Society (2011) and the Division of Counselling Psychology guidelines for professional practice (2005) any research activity should adopt a method selected for the least intrusion and discomfort for participants.

There are a number of things to consider in the particular context of this study. Firstly is the method of recruitment. Considering my role as both a trainee and member of the case discussion groups in this research, this has a bearing. For example, it may coerce members into participating in the study because of dual relationships. In view of this, all recruitment was done via email communication. Secondly, was consideration of the wider context in which the case discussion groups were embedded? The groups took place within the university premises where the interviews also took place. Efforts were made to choose sound proof rooms and to conduct interviews outside of normal teaching times. At the same time, in view of the agenda of the case discussion model deployed in the current study which asks members to share clinical cases, it is possible that participants would be concerned around protecting the confidentiality of their practice. For this reason and for the sake of protecting the role of fellow peers, all interviewees were asked at the beginning of the interviews not to make any references that would make any person identifiable within the actual interviews. It is also important to consider the nature of qualitative interviewing. Although the research was not designed to be distressing, the nature of qualitative research is such that it often leads the participants into unexplored areas, raising the possibility that material discussed will cause distress (King, 1996). The risk of participant distress presents as minimal in the current study. However, there is still some potential for distress as participants are required to open up about their experiences which is embedded by the context of training, perceived as a stressful stage for counselling psychologists (Kumary and Baker, 2008).
Previous work has suggested that trainees experience high levels of stress and anxiety in relation to the demands of the training process (Kumary and Baker, 2008). As noted by Fassinger (2005), ‘interviewing (particularly in lengthy or repeated face-to-face encounters) necessitates attention to a much more complex set of interpersonal demands than does simply gathering complete information from the participant’ (p. 59). Interview procedures are typically neglected during the research planning Phase, even though the former may exert a great influence on the data. In view of this, I have formulated an interview schedule. Use of this schedule in the current context helps manage any sources of potential conflict that may arise in the interviews considering my position as an inside researcher.

My own experience of the case discussion group was likely to impact the current research process and therefore any participants. To manage the impact of this on the interviews, participants were reminded that if at any point, they felt uncomfortable or reluctant to share an experience, and then they could let me know so I could abandon the interview. Etherington (2007) recommends that part of an ethical commitment to research is being transparent about the impact of this dual role within the research process both through writing and verbal conversations with participants. This has meant that I have made an effort to both undertake the research activities in the study which involve goal identification and interviewing so as to improve my understanding of the process involved for participants in this study.

A process like this, whereby trainees are asked to talk about their experiences, may mean peers feel exposed. It has been found within the literature (Yourman, 2004), that such feelings of exposure and shame may not be a feeling that trainees are hugely aware of, as they may feel the need to control these anxieties in order to reach professional goals. In view of these potential dynamics, I have employed different ways to recruit trainees for Phase 1 and Phase 2. Within Phase 1, the aim was for trainees to complete goal forms both qualitatively and quantitatively. A verbal notice, within a group workshop that had all trainees present, was used to inform them of details of Phase 1. This was held three weeks prior to the start of the first case discussion group at which point goals forms were given to trainees.
For Phase 2, to manage the impact of my peer relationship with participants, email communication was used to invite participants by sending an email to those trainees who had completed their goal forms. It is also important not to overlook the effect that filling in the forms might have on participants. For this reason, trainees were asked to keep the forms and bring these to the interviews if they wished to participate at a later date. Attendance of the case discussion groups is a compulsory part of the counselling training programme, but trainees were reminded that participation in the research was voluntary and did not impact their progression on the course.

3.14 Summary of Chapter
In this chapter, I summarised the use of mixed methods to study the research question. Research design is determined by a number of factors, outlined here. Selection of a research paradigm is determined by the epistemology of the research question, which in turn is determined by the type of knowledge being sought. A sequential explanatory design was used, because goal forms were completed before the interviews. With a mixed method design, 'parallel criteria' were adopted across methods. Whilst the use of a quantitative approach alongside qualitative methodology involves contradictions, it may also be considered methodological pluralism, which is consistent with a counselling psychology framework. Finally, ethical issues in the study and management of relationships with colleagues have been discussed. Specifically in view of my position as both a researcher and a member of the case discussion groups that have been studied, I have explained how I have aimed to manage these dynamics within the process of participant recruitment and the analysis of the data.

CHAPTER 4 - FINDINGS

4.0 Introduction to the Chapter
In this section, the findings are presented and discussed in the context of each of the research questions:

Question 1: What type of goals do trainee counselling psychologists identify prior to beginning a case discussion group?
**Question 2:** How do trainee counselling psychologists evaluate progress towards their goals after seven and twelve weeks of weekly case discussion group attendance?

**Question 3:** how do counselling psychologists in training experience case discussion groups?

This chapter is divided into two sections (Phase 1 and Phase 2). Use of an exploratory sequential mixed method design was justified on the basis that Questions 1 and 2 would be answered prior to Question 3 (which is answered in Findings, Phase 2). A brief overview of the methods used is first presented. Out of a cohort of 29 trainees, 23 trainees completed the goal forms prior to attending the case discussion group. Of the 23 trainees who completed goal forms, 19 trainees evaluated their goals on a Likert-type scale at Week 3 (outset), Week 7 (midpoint) and Week 12 (end point) of the case discussion groups. Trainees were asked to bring their goal forms to the groups on a weekly basis, so that they were able to complete scores for their goals within the groups. The responses of these 19 trainees were included in quantitative analysis (refer to Appendix 4). The mean rating for self perceived counselling experience was for the third year (2.80), second year (3.25) and first year (2.80).

4.1 **What kind of goals do trainees have when attending a case discussion group?**

Prior to interviews, all case discussion group members were approached about completing goal forms. Thematic analysis of the goals generated the following categories (or as I refer to them in this thesis, 'clusters'). The following clusters which are considered in more detail within the next section are presented below:

- To increase knowledge about different psychotherapeutic approaches
- To develop the ability to receive and provide feedback within the group.
- To use the group for self-development

**Increase knowledge about different psychotherapeutic approaches:** This cluster had 36 goals categorised as part of it. According to the goal responses, prior to attending case discussion groups the trainees wanted to use the groups to expand their
knowledge about psychotherapeutic theory and practice. Examples of some of the goals categorised here were 'learning more about psychotherapy, acquiring 'alternative ways of working', 'being open to integrating from diverse approaches' and 'using the groups to develop my practice in terms of skills and to learn new ways of working'. These goals represent both an aim to gain a quantitative increase in knowledge about psychotherapy and, in some cases, the ability to develop new skills or techniques. However within this cluster I also incorporated goals around acquiring an understanding around the mean of integrating different psychotherapeutic models within one's clinical practice. Examples of this include 'being signposted towards some of the more complex philosophical theories' or 'being open to integrating from diverse approaches', as well as 'using the groups to develop my practice in terms of skills and to learn new ways of working'. Therefore whilst there was a common thread that ran through this cluster: goals were around acquiring of professional knowledge and skills that would broaden one skills and ability to work with a wider range of people. However goals also included here were those related to seeking a motivation to understand how they one might broaden their approach to therapy as well as think critically about models of psychotherapy.

**Develop the ability to provide and receive feedback in a group:** A large number of goals set prior to the commencement of case discussion groups were set with the aim of using the groups to strengthen their ability to provide feedback to one another and to receive feedback from one another. This cluster consisted of 24 goals which made it the second most popular category at this stage. Gaining feedback from others was not related to gaining support per se, as goals within this cluster were represented by the desire to seek out 'constructive feedback on their practice' within the groups. For others, this was about using the groups not just to be a recipient of feedback but also to provide feedback within the group for their peers. Therefore for some being in a group brought an inherent role or responsibility of giving feedback to others and in one case 'to become more confident with giving feedback in a group'. For one trainee, this was framed by the words 'to gain confidence in the consultant's role'. The term 'consultant refers to the terminology that is given by Kim Olivier (2012) to members of the group whose advice is being sought. More specific goals were presented as 'learning to respectfully challenge others', 'contributing personal
experience' and developing one's practice by getting feedback. Overall the common thread for goals in this cluster was that trainees wanted to use the group to give and get feedback from each other so this could both develop their personal and professional identity. A running theme is that nearly all trainees who goals were categorised in this cluster wanted not just to be a recipient of advice in the group but also a provider of advice.

Goals related to self-development: This cluster encompassed a group of goals linked to how trainees improved themselves. It consisted of 23 goals. These goals were not specifically linked to conducting therapy or to self-development for the purpose of becoming a better counselling psychologist, but were more generally relevant to any healthcare professional in training. For example, a common theme included understanding oneself in the context of a group. For some, this skill was acquired through 'seeing how others behave'; for others, it involved the internal process experienced when in a group. One trainee simply stated the goal of 'having a positive group experience'; this was considered as being part of the cluster of self-development. Goals identified included experiencing being part of a group, being involved in or exerting influence over how the group works, and using the group as a platform for self-directed learning. Goals were formulated around using the group as a place to seek advice, both around client work but also self-care. Other examples related to the experience of being in a group and were presented as 'reflecting on the process of being in a group' and 'understand how it could be to be part of team'. One of the goals categorised in this group was about 'learning counselling skills in a group'. Goals related to improving more generic skills required for all healthcare professionals were associated with 'gaining confidence in my ability to speak in a group of professionals', 'to gain more confidence and 'to feel more competent'. With this cluster, references were made specifically to understand of self in the therapeutic relationship which mattered for some trainees. Finally for some trainees, they viewed a function of the group as being a place to get help and advice from others. One of the trainees went so far as to state that by attending the groups they wanted a 'space to take things' whilst for another trainee a goal was presented as addressing 'difficulties in applying a person cantered approach'. Overall although the nature of goals in this cluster varied, a
common thread between goals was the intention to use the space for inquiry and exploration of self development.

4.2 Quantitative Findings

The second research question, regarding how trainees evaluate progress towards their goals, will now be addressed. To remind the reader of the process by which the data in this section came about. Concurrent to the identification of goals on the goal forms within Week 3 of the case discussion group, trainees were asked to indicate baseline scores for identified goals. Forms were returned to the trainees in the case discussion groups at mid-point (Week 7) in order to allow trainees to identify changes in the scores. A similar process was carried out within the final week of the case discussion (Week 12) which asked trainees to identify final scores in relation to the goals on their original goal forms. Consequently all scores were collated on an Excel spreadsheet from which descriptive statistics could be calculated. Descriptive statistics of scores were analysed so that overall a single mean could be presented at baseline, midpoint and outset (equating to week, 3, 7 and 12 of the case discussion groups) which is represented in Table 3 (shown below). Standard deviations were also calculated using all the scores to indicate the accuracy of the mean as a representation of the sample. Overviews of the means are shown in Table 3 below:
Table 3: Mean change in quantitative evaluation of goals

<table>
<thead>
<tr>
<th></th>
<th>Outset (Week 3)</th>
<th>Midpoint (Week 7)</th>
<th>Outset (Week 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2.32 (SD=3.80)</td>
<td>3.30 (SD=3.90)</td>
<td>3.86 (SD=4.10)</td>
</tr>
<tr>
<td>Number of participants (n)</td>
<td>n= 21</td>
<td>n=19</td>
<td>n=18</td>
</tr>
</tbody>
</table>

Overall, inspection of the means in Table 3 (above) suggests there is a progressive increase in mean from the start of the group to the end. Therefore quantitative analysis of scores in goals lends support to the claim that overall attendance of a case discussion group can help trainees with attaining their narrated goals. Based on the change in means, the most improvement occurs between baseline (week 3) and midpoint (week 7). Therefore quantitative findings may hint that the time point at which these measures are taken may have a significant impact on the outcome. With increased time, the overall mean in goal attainment is less obvious. Use of standard deviation suggests that recorded mean at baseline has the least variation and the mean recorded at the end of groups shows the most variation; a small deviation strengthens the validity of the mean (Field, 2013). In view of the relatively small samples size in this study, it useful to analyse the direction of goal change based on the raw data (presented in Appendix 4). The change in scores for all trainees involved suggests that attending case discussion groups assists trainees in attaining their own goals.

For every trainee who evaluated a goal, except for one person, goals scores either increased or stayed the same at midpoint and outset compared to baseline. The advantage of presenting an average of the mean scores (given in Table 3 shown opposite) allows a comparison of the means scores various time points. It suggests that perceived goal attainability is time sensitive, in so far that the first half of case discussion groups can easier facilitate the attainment of goals than the second half. It is not clear from the quantitative analysis whether the meaning of goals stayed fixed.
over the aforementioned time period which will be discussed in the second part of this chapter that deals with qualitative findings. Therefore use of the scores in Table 3 can only hint at this stage, that goal attainability is time dependent.

4.3 Integration of results
For the final part of Phase 1, I have integrated the findings from Goal Categorisation (Strand 1) and Goal Evaluation (Strand 2). Table 4 (shown below) presents the means for the combined data at each of the time points. Additionally, a graph has been used to illustrate the means, illustrating the average score changes for a group of goals taken from all completed goal forms (n = 19, number of trainees completed both goals and scores for these at the different time points). Figure 6 (shown below) suggests that the highest score change was for goals related to developing the ability to provide and receive feedback. The formation of the graph was to a large degree influenced by the thematic categorisation of goals described in the first section (for the raw data refer to the Appendix 4). This was used to create graphical data shown on Figure 6 (below).

The graphs may suggest that goal attainability within a case discussion group is dependent on the nature of the goal identified. However data from Figure 6 needs be treated with caution, owing to limitations associated with the categorisation of goals. Analysis of interviews from Phase 2 could not be used to eliminate ambiguities that arose from goal categorisation based on the written goals because not every participant who formulated goals was involved in the interviews. Figure 6 should thus be used primarily as a means of determining whether trainees met their goals through attending the case discussion, rather than to judge which goals were accommodated by the group.

Overall, the results suggest that, by attending a case discussion group, trainees are more likely to achieve their identified goals. It also may hint that the nature of goals brought to the case discussion group can influence the attainability of the goals. The pattern of increase from baseline to midpoint suggests that perceived sense of goal attainability is more obvious within the first half of the groups, regardless of the nature of the goals. In other words, regardless of the nature of goals identified, trainees were more likely to get a sense of reaching goals within the earlier half of a twelve week case discussion group period.
Table 4: Mean changes for data integrated from Strands 1 and 2 in Phase 1

<table>
<thead>
<tr>
<th></th>
<th>Outset</th>
<th>Midpoint</th>
<th>End</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased knowledge about different psychotherapeutic Approaches</td>
<td>2.33 (SD=2.51)</td>
<td>3.34 (SD=2.40)</td>
<td>3.93 (SD=2.24)</td>
</tr>
<tr>
<td>n=12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-development</td>
<td>2.41 (SD=0.38)</td>
<td>3.06 (SD=3.23)</td>
<td>3.66 (SD=3.16)</td>
</tr>
<tr>
<td>n=16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To give and get feedback from the group</td>
<td>1.89 (SD=2.13)</td>
<td>2.81 (SD=1.83)</td>
<td>3.80 (SD=1.87)</td>
</tr>
<tr>
<td>n=10</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 8: to show the change in goals scores for each of the identified clusters.
PHASE 2

4.4 Qualitative Findings

In this section, findings from the final Phase of the research, data from the semi-structured interviews are presented. Interview data was analysed using grounded theory (Strauss & Corbin, 2008) with the aim of answering the following research question: What are the experiences of trainee counselling psychologists who attend a case discussion group? Analysis generated four categories (see Table 5 below), including ‘establishing safety and trust’, ‘engaging with boundaries and structure’, learning from being in a group’ and ‘renegotiating goals from attending a case discussion group’.

Table 5: Experience Categories

<table>
<thead>
<tr>
<th>Category</th>
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<tbody>
<tr>
<td>1. Establishing Trust and safety</td>
</tr>
<tr>
<td>2. Engaging with boundaries or structure</td>
</tr>
<tr>
<td>3. Learning from being in a group</td>
</tr>
<tr>
<td>4. Renegotiating goals from attending a case discussion group</td>
</tr>
</tbody>
</table>

Category 1: Establishing Safety and Trust

Participants across groups emphasised the importance of feeling safe in the case discussion groups. Feeling safe in the group moderated what trainees shared within the group and what they received from the group. A sense of safety involves gaining the trust of other group members. The case discussion method is viewed as a platform for establishing a sense of safety and trust, based on the advice members had to offer one another. Interviews suggested that trainees sought ways to establish a sense of safety in the presence of one another. This was moderated by what one chose to disclose in
the group or an ability to give feedback to others, without feeling that one’s feedback was of little value. It was evident that both group and individual factors created conditions facilitating feelings of safety in individuals. Sense of safety was not based entirely on the nature of relationships between members outside the context of the group but on being in a group with others who were at a similar stage of professional development:

I remember initially reporting in the first few sessions, I was quite nervous because this was something that was new to me and then after a few sessions I reported that anxiety had gone and I was beginning to feel safe around people and the group appreciated that honesty and how we relate to one another so that helped me (P4, first year).

It’s kind of a place to get to know people and feel safe and share things you’re feeling kind of vulnerable about without feeling judged, say, or worrying about how that might impact how others view you and I do think that’s an important aspect to, say, this, to what’s happening for me this year. The actual learning from other people is probably less; I’m learning less from other people than I was last year (P6, 2nd year).

There’s something about being with peers that, I suppose it’s supportive in the sense that we are all in the same boat. I kind of, I don’t know if I ever brought a case that I really didn’t know what to do with, I think I could go to my supervisor to sort that out but I think I learnt from the process of bringing cases. Does that make sense? (P2, 2nd year)

According to the extracts above, the sense of reassurance arises from the experience of being ‘in the same boat’, so that there is a focus, not on the content of the session, but rather on the process of being part of a group. The sense of cohesion or safety was not necessarily a product of feeling safe in one's therapeutic work but rather feeling that one is part of a wider group of people who are at a similar professional stage in their lives. Reference was made to the benefits of hearing how other trainees struggled with aspects of training which made one feel they were not alone in their struggle. Even though reference was made to the breadth of experience of members in the group, the ability to relate to one another was an important aspect of belonging within the group. Groups consisted of trainees from different years and with different levels of experience. Establishing trust with other members in the group meant that trainees felt able to give advice to others, regardless of their level of clinical experience.

When you’re working in the consultant role and you are giving your feedback, there is also a bit of uncertainty and maybe I question what I can provide to someone who has been in practice a really long time and I am just starting off so what can I offer, so that was bit of anxiety there but in the end I felt it didn't matter what level we came from (P4, 1st year).
Having a mixture of trainees from different groups and with different levels of experience meant that, for each individual, feeling they could trust group members was paramount to what they felt could bring to the group and take from the group. Personal feelings of trust and safety were manifested as the issues or content trainees brought to the group. The benefit of raising issues in the group not solely related to clinical work was emphasised. One first year trainee mentioned the benefit of being able to introduce issues beyond client formulations and case conceptualisation to the group. Some of the issues introduced to the group were similar to those discussed in structured supervision. The added benefit of the group, however, was a collective empathy that could not necessarily be accommodated for in dyadic supervision.

So having the time around the client stuff but then a space where a different person might bring in something different and not about their client. Kind of the thing you take to supervision but getting feedback from others is useful... The emphasis on the client stuff is key but then having space for that other stuff is helpful because those are the things we are trying to develop in ourselves and you can't always find that information in a book (P4, 1st year).

The extract above suggests that the capacity for the group to accommodate such issues encouraged trainees to reflect upon the purpose and function of the groups. It should be noted that most of the trainees who spoke of feeling safe in the group were in their first year, and this may be linked with being new to the group experience. The use of a shared space meant that trainees 'could just check in with each other' (P4, first year); something there is no time for when enrolled in an intensive training course. Consequently, the group was considered a space for socialising and networking, as well as for learning.

Establishing a sense of safety in the group was conducive to being able to exercise a sense of involvement in and contribution to the running of the group. The interviews revealed that in one of the groups there was a tacit understanding that to be a moderator one had to have a higher level of training. Consequently, one trainee recalled an instance in which the group hierarchy had been questioned and challenged:

So one of the examples was that in our group, we weren’t happy that first years couldn’t be moderators. So we challenged that right up front and we got back from [course tutor] that okay we could have a first year as a moderator. So I moderated the group last week, but that was the culture of our group, we felt safe to do that, there was a dynamic that meant we were more challenging of the things that had been imposed on us, we sort of managed to take some of the structure out and have it how we wanted it (P6, first year).
Trainees shared relatively few disadvantages of groups and did not expand much on how goals were not met. Instead in instances in which trainees had experienced a discrepancy between their goal and their actual experience of the group, they justified the gap by questioning or re-examining the meaning of their goal. As one trainee noted, they felt the 'dialogue could only go to a certain level and not beyond that sort of depth' in the case discussion, suggesting there is a ceiling for how far trainees can use the group to discuss these kinds of issues in depth.

Really nice and supportive but I do feel that sometimes there is some drama or some negative feelings that are held back, like I pick undercurrent from certain people and it's more like I feel there something but I don't say it all but that is that generally for most people they always there is always an dialogue and I don't think we can't get to that level of dialogue in this group because they're too short-term (P5, second year).

Yeah exactly I mean what I would say, 'oh you make me feel quite nervous' how would you respond to that so it things about notice but I wouldn't necessarily vocalise in the group but I do have an awareness of, of it going on when I'm in there. Ultimately it depends on your level of comfort with everyone so in my year group and we can say whatever but that with the second and third years who I'm not as comfortable with and if I'm not that familiar with them then it's hard to know what to say and questions like can I say that or is that not appropriate in this context, you know how much to share, do I share what I'm really feeling today or...there are those types of questions of how open can you be in a group like this (P4, first year).

Category 2: Engaging with Structure and Boundaries

Almost all the trainees commented on the model that was employed for the structure of these case discussion groups. Engaging with boundaries and structure was important for trainees when entering a case discussion group. Before the group, none of the trainees stated goals relating to boundaries and structure, but after the groups had finished, trainees talked about how the model of the case discussion method employed in the groups had significantly shaped their experience of the group. Trainees evaluated the utility of such structures, especially in relation to their learning goals and stage of professional development. In particular, there was a sharp contrast in how trainees evaluated the utility of having a clear model on how the group operated. It was evident that, though the case discussion model encouraged everyone to be 'consultants', some trainees distinguished amongst members providing advice:

Because of [moderator's name] expertise specifically within the trauma fields because he was seeing that through the eyes of someone who is a practitioner within the trauma fields, so that
is something that I don't get very often, having some of the student say to me you have experienced me or experience someone else, I have heard a lot of that before so I find this less useful but I feel a certain dedication or loyalty to the group which means I haven't stopped coming (P5, second year).

The extract above demonstrates that, for this trainee, learning in and experience of the group is moderated by expectations and personal goals, formulated prior to group participation. In this particular case, the goals are centred on learning from members of the groups whom they perceive as having more clinical experience. There was one qualified counselling psychologist in each group, who also served as a member of the programme team in two out of three of running groups. Within the interviews, numerous references were made to their presence and perceived impact on the group. Trainees felt their role was important in groups and that their presence influenced how the group was run. Trainees evaluated their presence in different ways. For some members, having a moderator in the group represented a sense of safety, as there was a non-peer present in the group: 'I felt the moderators, they were good at holding the group. Very professional, so I think it would have been more difficult if that boundary wasn’t there' (P2, 2nd year). On the other hand, another trainee further in the training process, felt that the presence of a moderator inhibited the group experience because it meant there was an implicit hierarchy and members became reluctant to challenge the model or boundaries:

Even then when there was talk about other people wanting to be moderators, it always remained that person, the moderator apart from one occasion, so we never changed, the tone never changed, it was all set (P1, third year).

The extract above illuminates the dynamic of a case discussion group consisting of trainees at different levels. For this trainee, the group thus resembled didactic supervision, with members further in training providing advice to those in the earlier years of their training:

I think that is something about us and the role that we are in and we are trying to, maybe we are trying to be clever, maybe we are trying to, maybe we all feel that we have got to say something, maybe we all feel that we have got to come up with the best answer and then that bit at the end where the psychologist has to say ‘what are you going to take away?’ Maybe people want it to be your bit, to take away your bit? I don’t know but I wonder whether there is something in the trainee position that perhaps the group could work harder at, preventing that kind of like everybody throwing stuff in (P1, third year).
More than one trainee noted a pressure to say something even when they felt they had nothing to say. This was most prevalent amongst first year trainees, and may have been moderated by group dynamics: another trainee noted the pressure but added that, in their group, 'if people didn't want to speak, they did not speak' (P2, second year). How the model was translated into the functioning of the group varied as is evident from interviewing trainees who belonged to different case discussion models. The realisation of the impact of the model was made possible through their experience of being in two different groups, which provides evidence for how members become aware of group dynamics and processes as part of the changing of groups. Various references were made to the consequences of a prescribed case discussion model. Some suggested they had to deliver advice at a certain time:

I think sometimes maybe in part it is about going round the group and saying everybody offering something, which means that you could hear people sometimes saying ‘oh I don’t know what to say that hasn’t already been said’ so it is almost as if people are trying to come up with different...something different to add (P1, third year).

However, other trainees noted the safety and sense of comfort that came from the process of systematic turn taking. Other members questioned the use of a structured model in its potential to interfere with experiential learning in the group whilst for some it created an experience of relief by providing a clear framework and was conducive to establishing a sense of safety in the group. The extracts below support a degree of polarisation when it came to experience of being in a group where members were each given a specific role.

I mean the structure of my group has been really systematic so that everyone speaks. There is a clear protocol of what you do in there so you know your role, which is not dissimilar to the other groups I guess. That whole process takes us till the end. It’s a really useful structure, and works well and suits me because I like structure. Otherwise if people just talked as they wanted to if would become messy and make it difficult for the case presenter to focus on the peers’ feedback. That means that sometimes things get repeated because everyone presents it in a way that carries a certain context (P4, first year).

I think as we were having a discussion around whether the model was too structured or not structured enough, and for me there was something about the structured nature of it that makes it a safer space to be able to share things like that (P8, second year).

For me the formality of the group is not something I’m that comfortable with, I prefer the organic process of being able to say and pass a comment when it occurs to me but I guess as
part of my personality and the way I think and work, so...that wouldn't work for everyone and I think we have to be democratically aware of what the majority wants (P5, first year).

Use of a structured model is questioned in its potential to interfere with experiential learning in the group. Others appreciated a clear framework, finding it conducive to establishing a sense of safety in the group.

Category 3: Learning gained by being part of a group

The benefit of being around peers with different levels of experience was mentioned frequently. This was not limited to seeking out others' knowledge of psychological models per se, but extended to how trainees sought guidance on how to be part of the groups (both inside and outside the group). For some, especially those in their first year of training, being in the group was a new experience. An important part of the group was to be able to learn vicariously from peers, regardless of their individual level of counselling experience:

One of the trainees in the groups, she just started talking [about] working with clients in trauma but she didn't have much training in the field, for example she didn't know what flashbacks were and she went up and read on it and then realised what was normal reactions and sensations versus more severe reactions. So that gave me an indication that sometimes I might have similar cases and I would go and then do my own reading which is kind of cool, but it's kind of scary but its also challenging and inspiring because it means no one is telling you what to do (P4, first year).

Similarly, numerous references were made to trainees beginning to consider other frameworks and philosophies in counselling psychology. Trainees reported benefitting from listening to others talk about various psychotherapeutic models. This may be a product of the kind of goals that trainees formulated in professional development, such as wanting to seek more knowledge about other therapeutic modalities. This theme extended across trainees from different years:

I think hearing about different people’s experiences with different clients has just left me a little bit more flexible, a little bit more open, that I can incorporate their experience and hold that alongside my own. I haven’t got a radical change, I think more of openness and holding the different views a bit more lightly rather than holding on to something, you know, dearly (P1, third year).

I think seeing how other people practice has kind of broadened out my view thing, so hearing other people’s suggestions was good in ways that I would not even have think of or conceived because obviously, there’s only so much we can learn and only so much one person can do. I mean learning personally, so listening to another group member say oh, well I would have
come across it this way or would have done that or maybe we could think about this”. I think that taught me a lot more about therapy as a whole (P2, 2nd year).

The extracts above demonstrate the ways in which trainees benefitted from the group. As stated in Part I, almost all trainees had the goal of improving their knowledge of modalities and ways of working. In contrast, after the groups had finished, trainees reported learning benefits focused rather on the processes and experiences of being in a group. Being exposed to other perspectives appears to be less about teaching therapeutic models and more about the process of therapy itself, which includes learning to tolerate ambiguity as one goes through training.

In the context of the current study, the case discussion groups changed every semester, which led to the finding that, as one spends more time in a case discussion group, the feeling of safety becomes increasingly beneficial. It may also suggest that trainees entering this mode of training are aiming to develop their skills when working in a group, or that it takes longer than twelve weeks for group members to become familiar with one another. One trainee stated that 'how you experience the group at the start is fundamental to how safe you feel to bringing issues'. Another first year trainee (P6) commented on the absence of other trainee members, especially those considered more experienced because they were in a later stage of their training. In the extract above, the trainee relates his feelings about what might be achieved if the groups were maintained; showing that what is important in the groups is not so much the context but rather the idea of being with others:

And it’s like is that then preventing more in-depth learning because you’re feeling safer to bring more, I don’t want to say topical issues, but issues, core issues to the group which you’re not going to bring because you’re starting a new group again. So is that in some way, all this chopping and changing, inhibiting the potential learning that could be achieved if there was a group that you stuck with but I can see the reasons why they need to change for course and stuff and new people coming on board (P9, first year).

Overall, trainees suggested that helpful or more obvious functions of the group related to the processes and management of these, rather than the transfer of technical knowledge per se which helps explain why goal formulation and evaluation were not deemed reliable tools. Analysis of the goal forms before the groups suggested that trainees wanted to learn technical knowledge from peers, but when in a group they
reported the benefits of learning from peers who were more or equally experienced in terms of clinical work.

Category 4: Renegotiating Goals

The final category refers to one of the major findings that emerged from the use of qualitative interviews. The use of goal forms in the interviews allowed trainees to reflect on the meaning and relevance of their goals, after they had completed attendance of a case discussion group. During the interviews, trainees tried to label what they perceived as being the aim or the purpose of a case discussion group. Part of this process of labelling involved making comparisons to clinical didactic supervision that all trainees were simultaneously involved in. The participants whose responses formed this category provided different perspectives on what the defining feature of a case discussion group was for them. In some instances, it emerged that, by taking part in the interview and the process of verbalising one's experience of being part of a case discussion, trainees re-examined their goals and gains. By talking about their experience of the groups, trainees began to question and reframe their goals. From the interviews, it became apparent that members had a sense of uncertainty as to what their role in the group was at times, particularly if they were allocated a specific role as defined by the case discussion model. This had implications for how trainees evaluated their goals in the interviews.

Prior to the start of the groups, members had little idea what to expect, even those who had previously attended the group. Case discussion groups were conducted in the context of higher institutions. Trainees thus shared the experience of being asked to formulate goals related to educational and pedagogical learning or more experiential learning. This meant questioning the meaning of the scores given to goals and the direction of movement of these goals:

As I started on placement, I remember in January it was really hard at because we just came out of the fitness to practice groups so we kinda of been given the model of what would be happening in the group and I didn't quite have a peg to hang it on so I thought this is what I'd like but I'm not sure if that's going to be the case. I was kinda in the dark and as I got more experience of being in the group, I realised how they work so my goals I guess have changed (P5, first year).
Even for trainees who had prior experience of the groups, formulating goals was influenced by a number of processes.

I suppose in some ways I wasn’t quite sure what to put. So certainly for the very first one I guess I was kind of putting down more what I thought should be goals of doing case discussion rather than necessarily what were my goals. Then the more I went through that process, as we came back to review, I thought no, these are actually good goals (P8, second year).

In trying to label or re-evaluate the functions of attending the case discussion groups, a few trainees shared the view that the experience of attending a case discussion group had a different feel to that of supervision group and there were some certain differences. During this process, goals were re-evaluated suggesting that previous experience of supervisory space helped formulate goals. Once trainees started the groups, they found themselves questioning the relevance of their initial goals:

I think they [referring to goals] would have changed now if I were to write this now today. The goals, I think they would have been met more but I think that’s just because I’ve stopped looking at these groups as a supervision process, more as exploratory and I think that’s helped developed the skills more and we’ve reflected on different approaches (P9, first year).

Whilst wondering why their scores have not improved, they reflect on how they were unsure whether changes were purely due to the use of groups and not to other factors in the training process. In this case, the difficulty of using numbers is to do with the process of the case discussion group, which aims to bring what one is not aware of into the awareness. Trainees reported that the process of growth cannot be represented by a numerical score system. Another trainee, during the interviews, questioned whether one could ever know where one is in terms of development to be able to accurately represent this on a numerical Likert scale.

[S]o this year I think I’m probably a 3 but I do think this is one of the hardest things to do. Yes, so that’s why I said. I guess that shifts every year and I suppose it’s true for all of them but this is the one I feel that’s almost like that’s a misrepresentation. I shouldn’t have put a 3 last year because I really didn’t know how to give feedback and now I maybe have a very slight inkling of how to give feedback but I don’t feel like I’ve improved from 3 (P6, second year).

This demonstrates the challenges inherent in trying to measure self-narrated goals as part of a case discussion group with a quantitative approach. Part of the challenge is deciding how far one has already gone towards achieving a goal; trainees were asked
to numerically ‘rate’ their progress towards a goal as they progressed through the group. In the extract above, the meaning of the numbers is questioned, as well as the validity of the baseline scores. The Likert scale was also considered too simplistic to measure progress or change in development during training on the basis that the student himself might be unaware of his learning needs.

4.6 Summary of Chapter
In this chapter, I have presented the findings from all three strands of the current research project. Grounded theory analysis generated four categories, including ‘establishing safety and trust’, ‘engaging with boundaries and structure’, learning from being in a group’ and ‘renegotiating goals from attending a case discussion group’. Importantly, the types of experiences in a case discussion group may have little association with the type of goals trainees perceive they might get from attending the groups: increase knowledge about different psychotherapeutic approaches, self-development and developing an ability to give and receive feedback within the groups.

In summary, goal formation before commencement of a case discussion group is a useful exercise for members. Overall attendance of a case discussion group can help members to attain their objectives, as demonstrated by quantitative analysis of goal. However, the in-depth interviews demonstrated that, after members begin to attend a case discussion group, their goals and learning objectives might change. Use of a case discussion group for trainees in counselling psychology, suggests that at the very least, the aim of being part of case discussion group did not present itself easily during training. It was evident that prior to the start of the group, most of the trainees had little idea as to what expect to gain from attending a group.
CHAPTER 5 – METHODLOGICAL CONSIDERATIONS

5.0 Introduction to the Chapter

Within this chapter, I present an overview of some of the inherent methodological processes in this study. Whilst the findings provide evidence that case discussion groups are beneficial to the training of counselling psychologists, before discussing the relevance of these findings in the context of the broader body of literature, I want to consider the methodology used to study the research question. This requires coalescing the findings from Phase 1 and 2, which were presented in Chapter 4. In this section, I will outline some of the factors that have influenced the research process adhered to throughout this thesis, as well as the method of data analysis. Furthermore, I will reflect on the significance of employing a mixed methods design; that is, using both quantitative and qualitative analytic techniques and discuss how each process elucidates the other. In terms of analysis, the reader should be reminded that data was only integrated during Phase 1 (between Strands I and 2). Interview data was analysed using purely qualitative methods (Phase 2). In the final part of this chapter, I reflect upon the experience of being both a researcher and a member of the case discussion groups.

5.1 Methodological Discussion of Phase 1 (Formation and evaluation of goals)

During the first stage of the research process, all trainees were asked, firstly, to formulate their goals and, secondly, to numerically evaluate their progress towards these goals at various intervals throughout a twelve-week case discussion group. Informed consent was obtained from participants. Data was analysed with the aim of understanding the nature of expectations and goals trainees may have before starting a case discussion group, and whether attending a case discussion group might help them achieve these goals. For Phase 1, a questionnaire format was used in order to capture the immediate perceptions of trainees in terms of what they would like to achieve by attending the groups. Forms were administered prior to the start of the first case discussion group. Trainees received no guidance as to the number or kind of goals they should specify (refer to interview schedule, Appendix 3). Furthermore, goal formation was part of an evaluation procedure, which meant that some trainees might have felt pressured to formulate goals. Interview responses revealed that, even for trainees with
prior case discussion group experience, goal formation was still complex. Semi-structured interview data from Phase 2 revealed that formulating goals before commencement of the case discussion groups was not easy for members, and that participants might have benefited from engaging in the group prior to forming their goals. Analysis of questionnaire data revealed ambiguities regarding the meaning of the goals. Although some researchers exclude ambiguous data from their final analyses (Fleming et al., 2011) in the current study, all goals were categorised under either of the clusters; identification of new ways of working, self-development and developing ability to give and receive feedback within the groups.

Once goals were clustered, they were integrated with the results of the quantitative analysis (Strand 2; see Figure 6 in chapter 4 for the product). The integration of results raises the notion of whether benefits of case discussion groups depend upon the nature of the goals members bring to the group. One might infer that goals that focus on the development of interpersonal skills may be more likely to change during these groups than those that focus on acquiring knowledge or developing self. Owing to the methodological limitations inherent to goal categorisation however the results do not confirm that case discussion groups facilitate certain goals more than others. Furthermore, considering the relatively small and unequal sample size from which quantitative data was gathered, statistical testing would not have been a suitable method with which to analyse differences in goal attainment before and after attending the group (Squires, 2007 and Field, 2013).

Within the findings in Phase 1, there was integration of quantitative and qualitative methods at this stage (refer to section 4.3 in chapter 4 for the result of this). Therefore I briefly discuss what I believe to be the implication of this in relation to the wider thesis. The integration of qualitative and quantitative data was not conducted with a view to understanding which goals might be better suited within a case discussion group. Integration of results within Phase 1, consisting of goal identification (strand 1) and goal evaluation (strand 2) raises the possibility that within the current context, goals that were formulated under the category to 'gain and receive feedback' showed the highest change in direction from outset to midpoint, compared to the other categories of goals ('self development ' and 'to increase knowledge about different
psychotherapeutic approaches'). Having acknowledged that such an integration is in large influenced by my dual role of both researcher and case discussion group member, it raises questions around the benefits of this type of integration which is a common feature in mixed method design (Ivankova, Creswell and Stick, 2006). At the very least, it suggests that future studies around the use of case discussion groups would benefit from a research design that examines whether certain goals or objectives in the training of counselling psychologists are differently accommodated according to the method adopted within groups.

Having described the inherent limitations around the formation of discrete goal categories, I now consider the methods that were used to rate goals. Before discussing the quantitative findings, the process of data generation is briefly reviewed. On completing a goal form, one would need to specify or formulate goals and then score the progress they perceived they had made towards such goals, whilst and after attending the groups. Members were asked to complete goal forms and rate any change in their goals (at Week 7 and week 12) on the scales provided in the form. Goals were rated with a five point numerical Likert-type scale.

During the interviews (Phase 2) it was evident that some trainees questioned the meaning of their identified score and the direction of movement within these scores. Particular emphasis was drawn to the scores that trainees gave themselves to an identified aim or goal from attending the case discussion group and what the changes in scores represented. Table 3 (in chapter 4, for the raw data please refer to the Appendix 4) shows that all trainees reported at the very least, no change or an increase in goal attainment compared to their baseline scores as they progressed through the case discussion groups. Only one trainee out of nineteen reported a decrease in direction of goal attainment for one of their goals. If we consider the findings within Phase 2 at this point, it raises questions around the exercise of measuring self identified goals. One of the core categories generated from the qualitative interviews is that as trainees start the groups, they begin to renegotiate the meaning of their goals so that identified goals shift or change. Considering the emergence of this category, it is surprising that none of the trainees reported a decrease in goal attainment scores. An increase in goal attainment was particularly evident within the first half of the case
discussion groups (between week 3 and week 7) and less so within the latter half of the groups (week 7 to week 12 at which point the groups finished).

The use of Likert-type scales within quantitative studies, although widely used, has considerable flaws (Cohen, Mannion and Morrison, 2000). The nature of these flaws cannot be fully addressed in this section. Furthermore, exploration of such a debate takes us away from the focus of the research question; that is in view of the ratings, how did trainees experience the use of case discussion groups? At this stage, there is an apparent contradiction in findings because whilst benefits of the groups were widely reported within Phase 2, which is supported by the quantitative data, trainees acknowledged that through attending the groups, they have shifted the meaning of personal goals. A reported shift would have suggested that in the latter half of the groups, quantitative evaluation of goals shows a decrease in overall goal attainment scores however this was not the case.

Ogden and Lo (2012) suggest that use of Likert-type scales are typically affected by the wider context that people are in when they are presented with such scales. The implication of this within the current study, whereby case discussion groups are embedded within a higher education institution, is therefore significant. As previously mentioned, the inherent culture of an academic environment where focus is on knowledge acquirement and accomplishing extrinsically set milestones may clash with the ethos of counselling philosophy in which goals around personal growth and development lie on a continuum (Irving and Williams, 1999). In this sense it is feasible that the wider context of the case discussion groups has had an influence on how trainees rated their identified goals, so for example in the current context, a compulsory requirement for trainees to attained case discussion groups may have had an impact on how goals forms were scored.

Confounding variables may also have been a factor on perception of goal attainment. Multiple training competencies are assessed during counselling psychology training (Cross, 2011; Kumary and Baker, 2001). Personal and professional development may be affected by factors outside the context of the academic institution. Participants of a relatively small sample rated their goals at baseline, mid-point and completion of the
case discussion group, thus it was not feasible to apply statistical analysis in order to examine the strength of the correlation or effect size. Changes in scores are presented according to goal clusters (see Figure 6). Quantitative evaluation suggests that, between midpoint and baseline, the most change was recorded for goals related to developing the ability to provide and receive feedback. The goal of self-development showed the most uniform rate of change throughout the process. For all trainees, increase in goal attainment was most apparent in the first half of the group. Qualitative findings suggest this may be linked to the phenomenon whereby, once trainees begin the case discussion group, their goals change. This raises questions about the internal validity of the quantitative evaluation and the limitations of relying on quantitative analysis alone which has been discussed in the previous chapter.

5.2 Methodological limitations associated with Phase 2

Qualitative analysis of the semi-structured interview data collected during Phase 2 indicated that a major theme to emerge was that, through attending case discussion groups, trainees renegotiated the meaning of their goals. This raises questions about the validity of Phase 1 findings. Figure 6 (shown in chapter 4) indicates score increases for all goal clusters throughout the duration of the case discussion group; it shows that the greatest score change occurred during the initial few weeks of the group (between week 3 and week 7 of the group). One may infer two points from this; that case discussion groups are useful for a limited time only; or that when trainees attend these groups, the meaning of their goals changes, which influences the rating of these changes. Aspects that remain 'functional' during a case discussion group are difficult to determine before beginning a group. It is useful to consider whether this is part of the methodological process, or a distinct feature of this research phenomenon. A previous mixed methods study on the experiences of trainee counselling students who attended a personal development group as part of their training suggested that there is a discrepancy between what people report gaining from a group and what they actually gained from attending the group (Lennie, 2007). Therefore these contradictions may have been the result of interview dynamics or of the experience of attending the case discussion group itself.
Overall, interview data suggest that, for the majority of trainees, goal formulation and evaluation was useful. However, they also revealed that relying purely on a goal-based approach to structure the interviews is methodologically flawed. For trainee counselling psychologists in this context, being part of a case discussion group leads trainees to re-evaluate their goals and how they evaluate their progression towards those goals. The actual benefits of being part of a case discussion group are therefore different in nature to the perceived benefits that members anticipate prior to starting a group. Whilst this raises questions about the legitimacy of a goal-based approach in the current research design, the discrepancy itself is interesting to consider. The latter lends support to the use of a mixed method paradigm in the current context. Had goal formation and evaluation been assessed based purely on goal forms and quantitative evaluation, these contrasting findings would never have come to light.

### 5.3 Managing Reflexivity

Central to the practice of counselling psychologists is the belief that humans are embedded in a context and culture and that this has a significant impact on how we create meaning and understand our situation (Strawbridge & Woolfe, 2010). In research involving human participants, data is inextricably linked to the interview context. Such an interaction affects all research studies (Morrow, 2005; Pontoretto, 2005), but is commonly neglected during the interpretation of the findings. The obvious implication is that the researcher is also ‘caught up’ in the research context, and therefore that their assumptions and observations are influenced by the research process itself. In this section, I aim to share my own experiences, both of engaging in research activities as well as being in the case discussion group, as recommended by Etherington (2007).

Reviewing my reflexive journal, which collates my experience of categorisation of both the goals from Phase 1 and themes from the interviews in Phase 2, I realised I experienced significant uncertainty during the analysis, before deciding on final themes. I doubted the 'objectivity' of my coding. I used a range of mapping techniques to categorise themes, in both Phases 1 and 2. Such uncertainty was reinforced partly through my previous research experience, which was dominated mainly by quantitative paradigms. The experience of the research process in the current study, in particular the categorisation process, caused me to reconsider some of my
methodological choices. I chose grounded theory analysis techniques based in part on the need to have a systematic external framework through qualitative data analysis. I eventually accepted my subjective evaluation of themes, and accepted that my categorisation was in part influenced by my perspective of the groups and by my own counselling psychology and professional doctorate training. For this reason, I consider my own participation in the research study as recommended by Etherington (2007):

Reflexive research encourages us to display in our writing/conversations the interactions between ourselves and our participants from our first point of contact until we end those relationships, so that our work can be understood, not only in terms of what we have discovered, but how we have discovered it (2004, p. 601)

In my review of my journal entries as well as the data from phase 2, I was left with uncertainty about what trainees were trying to convey when analysing their individual transcripts. Although initially I put this down to lacking experience in conducting qualitative research, by the end of the data analysis process I questioned whether this was because of potential conflict that participants experienced from trying to articulate their experience of attending these groups. Based on personal experience of the groups which was often fluctuated; at times feeling a comforting sense of belonging and group cohesion to times where I felt an explicit sense of restlessness within the groups, it might be expected that colleagues had similar experiences One of the major core themes to emerge in phase 2 was that as trainees went through groups they began to reconsider the meaning of their goals and within the interviews questioned the suitability of these groups for the groups they had attended. On this premises, I expected that for at least some of the trainees who formulated goals and then scored them on a quantitative scale whilst engaged in the group (phase 1), they might convey this mismatch as a decrease in scores. However with the exception of one trainee for one of their goals, no one reported a move in the negative direction on the goal forms, which includes trainees who were not involved in interviews in phase 2.

I now consider possible reasons for this, mainly linked with my role as a dual researcher and being member of the group that I was studying. I realised the inherent process of non-disclosure when I myself was interviewed by a peer who was a trainee on the course but not a participant in this study. It bears mentioning that in this instance, I considered myself to hold a good relationship with this peer that extended beyond the context of the course which was not true case for all my participants who
engaged in my study. Therefore the choice to be interviewed significantly facilitated this process of reflexivity and allowed me to understand how trainees may have experienced the process of being interviewed by a fellow trainee. Notes from my reflexive journal suggested that at times when I wanted to share something with the wider groups, I held back so as to be mindful of my dual relationship with members. It is likely that such an occurrence was prevalent for my participants. When I recall the transcripts such a statement was even explicitly said by at least one person. Future case discussion groups or any medium of training would need to be aware of this dynamic when being evaluated so that it does not impact the data. Another reason for this may be related to the trainees’ own ambiguity and comfort with the groups in question which has been cited in a previous studies around the experience of clinical psychologist trainees engaged in groupwork within a doctoral training programme (Knight, Sperlinger and Maltby, 2010; Binks, Jones and Knight, 2013).

Further reason to consider the absence of reporting of hindering events within the groups might be related to my own ambiguity and experience of the groups I was also researching but experiences that I have not been able to label or for which I have not become fully aware. This raises a methodological issue of how I searched for open codes. As recommended by Strauss and Corbin even a 'theorist works with conceptualisations of the data rather than the data per se' (1990, p.420). This necessitates transparency and reflection around the process behind the isolation of meaning units. Within the open coding process that formed the initial stages of the data analysis, I noticed that some of the content was around what trainees wanted to be happening, based on their past experiences or held assumptions (see examples in the table below). Consequently, it was decided that these would not be coded. This was based on my belief that as such events did not stem from active experience and was rather sourced from what the preconceptions or theoretical position members held around the intended function of the groups.

5.4 Researchers’ goals and experience of attending a case discussion group
As recommended by Etherington (2007) in the final part of this section, I present my own experiences of attending the case discussion groups. I also share how I experienced the process of engaging in the research study itself. As stated by Lennie and West (2006), the research process is in itself will influence the researcher so it is important to share this with the reader. In particular understanding my response to the findings can help me understand where I have come in this study and where I am now. To remind the reader briefly, I did not consider myself as a participant in my own study. However as part of the research process, I engaged in the same activities that I asked fellow trainees to undertake as part of their participation in this study. This was done in the hope that is would enrich my reflexive practice in this study.

I firstly present the goals I identified on the goal forms, followed by a brief account of the main themes that emerged after listening to my own interview on the experience of attending the case discussion groups. A peer, who was also a counselling psychologist in training but not a participant in the current study, interviewed me. At time of the interview, this peer was not a fellow member of my case discussion group, but had an understanding of how such groups worked, having attending these previously. The choice to seek out a peer who was also in training came from a belief that they would be a co-constructor of my experiences of attending these groups (Morrow & Smith, 2000; Morrow, 2005). Ultimately, such a choice was grounded in the belief that this would lead to improved insight into the experience of being a participant in the current research process. As already noted in Chapter 3, this was not carried out with the intention of trying to bracket my preconceptions or experiences of the case discussion group from the experience of my participants (West, 2011). Rather, in presenting my account, my aim was to inform the reader of my own experience of participating in this study.

Phase 1- Strand 1 (Goal Categorisation)
I identified personal and professional goals prior to the start of the case discussion group. As did my participants, I evaluated my goals using a Likert-type scale at Weeks 3, 7 and 12 of the case discussion group. These ratings are presented in Table 5.4, adjacent to the goals. In this sense, I positioned myself as an active member researcher.
Adler and Adler (1987) define this as being an inside researcher, who is involved with the core activities of the group.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>To understand the difference in how I practice as a counselling psychologist before and after practice.</td>
<td>Outset- 1, Mid point- 1, Endpoint -3</td>
</tr>
<tr>
<td>To feel comfortable with myself as a therapist.</td>
<td>Outset -2, Midpoint- 3, Endpoint -4</td>
</tr>
<tr>
<td>To be able to give others feedback comfortably.</td>
<td>Outset- 2, Midpoint-3, Endpoint-5</td>
</tr>
<tr>
<td>To feel I can talk about most things in the group and my struggles with integrative practice.</td>
<td>Outset-1, Midpoint-3, Endpoint-2</td>
</tr>
</tbody>
</table>

Seeing these goals written made me aware of the similarities between them and those of my participants’ (especially, Goals 3 and 4). This observation facilitated considerable reflection around the categorisation process I conducted for the goals of my peers as part of data analysis for Phase 1. Categories included: increasing knowledge about different psychotherapeutic approaches, self-development, and development of the ability to receive and provide feedback in the group. Whilst some of my goals may be perceived as falling into these categories, others cannot. This has made me reconsider my position as an insider researcher in the current context. Asselin (2003) suggests that, whilst one may assume they are part of a group, they may be unaware of sub-groups in the research culture of which they are a part. Three case discussion groups ran concurrently at the time of this study and participants from all groups were recruited. It is therefore likely that some interviewees considered me an outside researcher. Both my reflexive journal and my interview suggest that my experience of being in a group was largely moderated by individual differences, such
as my background and my motivation to train professionally in counselling psychology. I might therefore plausibly be considered both an insider and an outsider to this research.

Phase 1 - Strand 2 (Quantitative evaluation of researchers' goals)

In line with the proposed research design stated in Chapter 3, I asked trainees to rate scores in the groups themselves at Weeks 3, 7 and 12. Scores were rated for ethical reasons, in order to protect research materials. Like some of my participants, my initial focus was on the direction of goal movement, which I prioritised over the process of exploring what meaning the numbers denoted. I noted that, for one of these goals (Goal 4: to feel I can talk about most things in the group), there was a decrease in the overall movement of direction. An extract from my interview is provided below, to illustrate this rating:

Interviewer: Why do you think you couldn't share struggles that you said you wanted to in your goals, within the groups?

Me: I'm not always sure why I couldn't share certain things...I think the structure of the group led to this at time. The structure tells you when to speak and when not so to some degree I felt bound by this

A decrease in goal attainment was a phenomenon I noted as almost entirely absent in the scores of my participants. Rarely did trainees report a negative direction of goal movement (except in one case), even though during the interviews some participants reported holding back on exploring some topics. It is possible that such an occurrence was related to the experience of being in a case discussion group with peers, a phenomenon reported in both personal development groups used with training counsellors (Lennie, 2007; Robson & Robson, 2009) and peer supervision groups (Fleming et al., 2010; Christensen & Kline, 2001; Linton, 2003). In such groups, members often struggle to provide corrective as opposed to positive feedback. In my journal, I noted that difficult or unhelpful events in groups were widely underreported compared to benefits and gains. This led me to question whether such a process was projected onto the research interview itself. During interviews, trainees rarely spoke of aspects of the group that were considered detrimental to their growth or goal attainment.
Phase 2- Researchers’ Qualitative Interview

Data analysis was not conducted on themes that emerged from my interview. I kept these themes separate, and used the data to guide reflexivity, in order to become aware of the impact of my own experience of the case discussion groups on the research process itself. For this reason, I present an account of my journaling straight directly following my interview:

I like the stability of the groups, throughout the training process and the benefits of having a shared space. I would have liked to stay longer in the same group. I realised that through being in the group, many of my struggles around my training were normalised. One of the personal difficulties I acknowledged was around the model of the group. I felt like at times the model was inhibiting and compromised the discussion of processes within the group. Whilst I acknowledged this was part of my agenda, I felt like this was an important part of developing as a counselling psychologist. At times I felt that I was saying the same thing as others or that when I presented my case, the amount of advice I got left me with little idea of how to apply this within my work. Over time I got more used to the structure but I questioned the aim of the structure. Like some of my participants, I questioned how my goals could be implemented in the group and whether having completed the group they were still relevant. Therefore whilst like my participants I found my goals were not fixed, the discussion around the experience of attending a group would have been harder to formulate without involvement of a fellow group member.

5.5 Potential Impact of being an inside researcher in this study

As part of managing reflexivity, I now describe the experience of being an 'inside researcher' and how this impacted the research activity. To become more aware of how my interview style may have affected the trajectory of individual interviews, I recorded my experience of interviewing immediately after each interview as part of reflexive journaling, as recommended by Morrow (2005) and Fassinger (2005). The following extract is from an entry I made after listening to an audio recording, generated by interviewing a trainee in the same case discussion group as me:

This interview was really interesting because it involved someone in my group but somehow after listening to the audio, I felt something was missing. They talked about times in the group that they had felt 'overwhelmed' when all the members had offered advice...after they said it, the interview went quite for a bit. I remember thinking 'yes I really relate to that experience' but held this back because I didn't want my experience of the group to take us way from what they were sharing. Consequently they moved on to a different subject and I felt that I had lost something by not facilitating them to expand what they had just said. This felt like a shame. Am I being a bit too much of a 'blank slate' as an interviewer? I think I could try and bring a bit more of myself in the interviews
Notes from my journal suggest that, by presenting trainees with their goal forms at the beginning of the interviews, prior to turning on the audio recorder, this significantly influenced the direction and nature of themes. At times, I felt this happened at the cost of enriching the data from the qualitative interviews, insofar as asking trainees to consider their goals (as directed in the interview schedule) compromised the introduction of themes other than goal attainment. In addition, certain factors moderated the interviewing process. One of these was whether participants belonged to the same case discussion group as myself: three separate groups were in progress at the time of this study. Use of goal forms to guide the interviews may initially have facilitated the containment of my experiences of the groups from 'influencing' my peers. However, on reflection of my interviews, this came at the cost of making my position as a dual researcher more explicit and transparent in the interview process itself.

Consequently, in facilitating further interviews, I found myself relying heavily on the use of the interview guide (see Appendix 3). In retrospect, one of the potential implications of this for the findings was that trainees may not have introduced 'other' significant themes or experienced phenomena in the group unrelated to goal progression. The latter represents the conflict between a goal-based approach and the group experience, which is largely idiosyncratic. The wider context of case discussion groups also influenced the interview trajectory, as the case discussion group under study was embedded in a professional doctoral course. Thus, whilst there was an expectation of learning, there might also have been a sense of 'needing to be a certain way to pass a course' (Lennie, 2007, p. 126). Interview data suggests that, because of dual relationships, expressing how one really felt about the group was not always possible. For example, in the extract below, the trainee talks about being feeling unable to say certain things in the group because of dual relationships:

Ultimately it depends on your level of comfort with everyone, so in my year group and we can say whatever but that with the second and third years who I'm not as comfortable with and if I'm not that familiar with them then it's hard to know what to say and questions like can I say that or is that not appropriate in this context, you know how much to share, do I share what I'm really feeling today or...there are those types of questions of how open can you be in a group like this (P4, first year).
It is likely that this process may have manifested during the interviews as difficult or unhelpful events in the groups. However, these were widely underreported compared to benefits and gains, suggesting that grounding the interviews in the progression of goals was useful in this context. The use of a mixed methods design therefore proved considerably advantageous in this study, even though the use of a goal-based approach, potentially influenced the types of themes arising from the interviews. In view of this perceived phenomena, interviews may have benefited from what Oakley (1981) labels as a participatory model of interviewing. Such a model involves the researcher by bringing their personal role into the research relationship. Fundamentally, it differs from traditional semi-structured interviewing by offering the participants a chance to ask the researcher questions about the topic of interest, so that the process is reciprocal. In view of the nature of my dual relationship with trainees and my membership of one of the case discussion groups in question, such a design would have been well suited.

5.7 Chapter Summary
I have considered the methodological process associated within Phases 1 and 2, separately. The use of a mixed method design demonstrates that, whilst members found the use of goal formation and evaluation useful, their experience of being part of a case discussion group rarely reflected the way they formulated their goals. In other words, what they expected from the group and what they actually derived from the group, differed. This brings into question the appropriateness of the scoring and rating goals. The finding is arguably a phenomenon unique to this setting. The considerable differences between the nature of the goal categories generated during Phase 1 and the types of themes generated during Phase 2, suggests that, whilst forming goals helped manage the dynamics of the dual relationships in interviews, trainees still managed to use the interviews to talk about experiences in the groups that were not part of their identified goals. Whilst using goals formation was beneficial, I still experienced considerable tension with the mixed method design, mainly due to my role as a dual researcher. Finally within this chapter, I have shared my own experiences of engaging with the research activities and attending the case discussion groups.
CHAPTER 6 – DISCUSSION

6.0  Introduction to the chapter

In the previous chapter, the methodological strengths and limitations of quantitative and qualitative analysis were discussed. In this chapter, the results of the study are discussed in the context of the wider literature. Consistent with the previous chapter, goal formulation is described first, as well as the conclusions that may be drawn from the score changes for certain goals, following attendance of a 12-week case discussion group. The main research question, concerning the experiences of attending a case discussion group as part of a doctoral programme, is addressed in the main body of the discussion. Findings are compared to those from previous work on the impact of groups for the training of counselling psychologists and counsellors.

6.1  The process of goal formation

Questions aimed at understanding how trainees experienced the process of forming goals before starting a case discussion group were included in the interview guide. Participation in this thesis study was optional. However, attendance of the case discussion groups was compulsory. It is therefore important to understand how trainees experienced being asked to form goals before the start of the case discussion group by a researcher who is also a fellow classmate; my dual role may have made trainees feel obligated to participate. Understanding the process of goal formation is also important for ethical reasons, as being asked to form a goal before one begins a process is difficult. By including an explicit question about the experience of forming goals, I hoped to be more aware of any potential ambivalence or reluctance to engage with this process. 23 of the 28 trainees informed about the study completed goal forms prior to the start of the groups. Of these 23, nine volunteered to be interviewed. All trainees interviewed, regardless of the year of training they were in, reported experiencing goal formation as useful.

Trainees associated the process of goal formation with helping them maintain focus when attending the case discussion group. They considered goal formation as an articulation of what they already knew but of which they were not fully aware. This can be likened to the process of memo writing or journaling, in which one is
encouraged to write down goals and revisiting them at different stages of training (Bolton, 2010). A second year trainee described the process of forming goals as allowing 'one to be savvy about what they want from the group'. What this reveals is that the context of goal formulation, which was promoted as part of a wider thesis, did not necessarily influence how trainees formulated goals. This is significant because it contributes to the validity of the goals, providing evidence that such goals were not formulated solely for the sake of the research project or because of my dual relationship with trainees.

Goal formulation appeared most difficult for first year trainees, which may be expected. At the time of completing the forms, they would not have experienced attending such groups. Even so, the absence of adequate access to a group did not mean their goals were irrelevant. The interviews suggested that goal formation might enrich the experience of being in a case discussion group. Whilst goal formation was perceived as useful, goals did not necessarily remain 'fixed' as members progressed through the group. Interview data suggested that a significant experience of being part of a case discussion group was that members questioned the 'fit' of their goals in relation to the aims of the group. Many of the reported benefits differed from the goals formulated prior to the start of the groups. This may be due to the fact that goal formation prior to starting the groups was influenced by extrinsic factors, such as what people believe they are expected to gain during training as a counseling psychologist. Within the context of psychotherapy evaluation, goals that are intrinsically motivated lead to better outcomes than those that are not (Michalak, Klappheck and Kosfelder, 2004).

Having completed the interviews, findings from Phase 2 can be considered at this stage. Given that one of the major categories to emerge from Phase 2 was 'Re-negotiating goals', using goal formation as a valid tool to capture the types of expectations and learning goals trainees will bring to a case discussion group, is debatable. It is interesting to note the kind of goals trainees set for the case discussion group, considering the educational context in which this study was embedded. Of particular interest is that before the start of the case discussion groups, most trainees indicated wanting to learn alternative ways of working in their practice. For those who were interviewed, this aim appeared to be rooted in expectations of using the group in
a didactic way in the aim of increase one's knowledge base around psychotherapeutic models which is presented in greater detail in the next section.

6.2 Phase 1: What type of goals do trainees identify prior to beginning a case discussion group?

All trainees were provided with goal forms prior to the start of the first case discussion group session. They were informed that they would be invited to be interviewed about their experience of the case discussion groups and that the forms would provide the basis of this. Three categories or clusters of goals were generated: to increase one's knowledge around different psychotherapeutic approaches, to use the groups for self-development and to use the groups as a way of developing the ability to provide and receive feedback from one another. At the start of the group, it appeared that most indentified goals were orientated towards using the group to gain knowledge about alternative approaches to working therapeutically. Trainees in counselling psychology at this stage are fundamentally focused on being able to carry out their primary role as therapists. During the interviews, reference was made to members in the case discussion group who provided advice around cases through a specific psychotherapeutic framework.

The review of the literature indicates that the nature of the goals formed in this study differ little from the types of goals members have for supervision groups not based on a case discussion model (Linton, 2010; Fleming et al., 2010; Christensen 2008). The majority of goals were categorised under 'Increasing knowledge around different psychotherapeutic approaches'. Goals focused more on increasing knowledge of therapeutic ways of working than on developing knowledge of processes and issues that come up during the facilitation of therapy. This may be partly attributable to the higher proportion of first year trainees completing goal forms, as compared with third years, who had the lowest completion rate. Another factor here are the teaching aims of the professional doctorate students were enrolled in. In this context, there was a explicit focus on adapting an integrative style of working within in practice. Integration may be defined as ‘attempts to combine diverse theoretical concepts into a coherent new theory’ (Hollanders, 1999, p. 483), suggesting that, in addition to
knowledge of theory and empirical evidence for different schools of therapy, it is instructive to combine these models into new coherent models.

Lowdnes and Hanley (2012) found that for trainees in counselling, undergoing integrative training in a university programme, there was a feeling of anxiety attributed to being taught within such a framework. Ronnestad and Skovholt (2003) reviewed research on the developmental stages of therapists and counsellors, and found that those at the junior level are often most in need of abiding by a theoretical model to deliver therapy, which may explain the nature of the goals formed in this cluster. Gold (2005) suggests reasons for this anxiety: he attributes this to the complexities and ambiguities of psychotherapy training itself which early on in one's training are partly contained through identification or allegiance with a specific model or school of psychotherapy. Skovholt and Ronnestad (2003) lend further support to this claim. They state that novices, counsellors or therapists are looking for easy models and frameworks that can be used because of the ambiguity of training. This is expressed by students who actively want to learn by being directly instructed on how to deal with situations when beginning their clinical practice (Skovholt and Ronnestad, 2003). Analysis of the interviews suggested that some trainees placed a priority on hearing advice from peers who they perceived as having more clinical experience. Didactic learning from more experienced members is important, and novices and experts occupy different roles in groups (Christensen and Klein, 2001).

Knapp, Handlesman and Gottliebb (2005) propose that integration in applied graduate training should mimic the form of integration we experience when entering a new culture. In this, they propose that, for any psychologist in training, the process should be akin to an acculturation process. The term 'acculturation process' is used to describe the lived experience of a person encountering a new ethnic identity and their consequent response to this change (Berry and Sam, 1997). The latter framework suggests that adaptation of a human being when entering a new culture can be categorised into one of two categories: at one end of the spectrum, the individual reacts by fiercely maintaining their original cultural traditions and values; at the other end, individuals respond by giving up their own values and traditions and absorbing the values and traditions of the new cultural identity. There is evidence that integration in
any acculturation process is the most effective psychological form of adaptation in a new environment. (Berry and Sam, 2005). In the context of applied psychology training, Knapp, Handlesman and Gottlieb (2005) propose that integration in applied graduate training should mimic the form of integration we experience when entering a new culture. The integration of a person is largely influenced by their environment. For the counselling psychology student in training, the environment will represent a composite of the values and philosophy of their peers, academic and clinical tutors as well as the academic milestones that are needed to succeed.

I now consider the nature of goals formed represented by the cluster, using the group 'to develop and give feedback'. This cluster had the most goals after the cluster represented by goals that were around increasing one's knowledge around different psychotherapeutic approaches. Regardless of group format, feedback from other novices is favoured over that of experts (Mastoras, 2011). Perhaps trainees find it difficult to express such feedback during dyadic supervision, which is more commonly used in counselling psychology training. Within the process of goal formation, a number of trainees wrote down goals explicitly related to using the group to either obtain feedback or provide their feedback.

Through analysis of the goal forms alone, it was not easy to clarify whether feedback was sought in the groups towards the aims of practicing counselling skills within the groups or towards personal self-development. The use of qualitative interviews did not in this case eliminate ambiguities in relation to the intended meaning of written goals. Previous research suggests that trainees are as motivated to complete counselling courses to learn about themselves as they are to help others (Wheeler, 1991; Christensen & Kline 2001; Fleming et al.; 2010). Prior to beginning the case discussion, all trainees were orientated to the aims of the group as a platform for seeking feedback in relation to clinical cases.

Quantitative evaluation suggests that, between midpoint and baseline, the most change was recorded for goals related to developing the ability to provide and receive feedback within the group. In view of these quantitative findings, it supports the finding that case discussion groups are well suited to facilitating the process of sharing
and gaining feedback within the group (see Figure 6 in Chapter 4). This raises questions around the nature of learning that a case discussion group facilitates for its members. Through a qualitative account of the experience of psychologists attending peer supervision groups within a seven year period, Akhurst and Kelly (2006) suggested that the learning gained in this group was different from that in dyadic supervision. Therefore the authors differentiated between the types of supervision gained from the peer supervision group and that gained from dyadic supervision. This learning style gained from attending a case discussion group may share similarities with the type of learning that lends itself to peer supervision groups (Akhurst & Kelly, 2006). Peer supervision groups operate differently to case discussion groups, though there are similarities between them. Specifically, Akhurst and Kelly (2006) claim that peer supervision occurs when 'members supervise each other and negotiate the structure and function of meaning of the supervision' (p.5). In contrast to a case discussion model, peers are not presented with a specific aim of focus around case conceptualisation. Another crucial difference is that peer supervision will rarely have external trainers or even internal trainers or members who have a different level of expertise to students. In Akhurst and Kelly's (2006) study there were no trainers or members outside of the peer group.

Counselman and Weber (2004) suggested that within a case discussion group, the presence of leader could be detrimental to the flow of feedback between peers. Yourman (2003) discusses the dyadic supervisory relationship and the strain psychotherapy trainees feel sharing negative or difficult encounters with a person they deem an expert or an assessor. When there is no explicit hierarchy or leader in a training group, sharing such experiences is perceived to be easier (Counselman and Weber, 2004).

Even so, importantly, the presence of trainers within the current case discussion groups did not appear to interfere with members’ efforts’ to align themselves with their goals and use the group to both gain and share their feedback. In view of the findings from the study by Akhurst and Kelly (2006) which used a peer supervision model, it suggests that experience gained from attending a case discussion group is not widely different from attending a peer supervision group. In the case discussion model that
was studied here, there was no allocated leader however as mentioned in chapter 2, each group had a member who was not a peer member but a qualified counselling psychologist. For two out of the three groups, the qualified member was also a member of the training programme team. During the interviews, some of trainees made comments that suggested the non-peer members were perceived as holding more authority within the groups as well as professional experience. However the findings from Phase 1 suggest that the presence of members who were not part of the training cohort did not interfere with the exchange of feedback between trainees which lends comparisons between a case discussion group and peer supervision groups.

The process of goal formulation, though not an easy one for trainees, was reported as a useful exercise whilst attending a case discussion group. The data generated from the goal forms does not confirm that goal stay fixed in nature as one proceeds through the groups. One of the major categories generated from the interviews was that, as trainees spent more time in a case discussion group, the meaning of their goals changed (which will be discussed in more detail further down). Consideration of an impact of the findings on each other raises some questions about the use of case discussion groups for counselling psychologists in training. Whilst it was suggested in chapter 5, that such a phenomena may reflect a methodological limitation of the current design, in so far as trainees were asked to form goals with little experience of the groups, it does raise broader questions around how the aims of a case discussion group present themselves to members. Future studies could gather baselines scores after trainees have attended four to five group sessions, to allow them to adjust and to understand the specific aims of the groups in which they are engaged. Even so, the finding has implications for understanding how case discussion groups work. The main findings from Phase 1 are summarised below:

- Trainees report that their attendance of a case discussion group helps them attain their self-narrated goals
- The most significant change occurs between baseline and midpoint
- The changes in scores may suggest that goals related to areas of interpersonal development are more important than those linked to gaining technical knowledge around models of psychotherapy from being in a case discussion group.
6.3 Phase 2- Qualitative Analysis

In this section, findings generated from the semi-structured interviews are considered. The aim of this project was to improve understanding of how trainee counselling psychologists make sense of the experience of attending a case discussion group - a compulsory part of their training. Prior to the start of the interviews, participants were given time to review their completed goal forms. The following question was reconsidered: How do counselling psychologists in training experience attending a case discussion group? In this section, I discuss themes in the wider literature.

Category 1: Establishing Trust and Safety

Trainees did not explicitly state feeling safe in a group as a goal. However, in the qualitative interviews, all trainees discussed establishing a sense of safety in the group. The experience of safety was paramount to what members chose to disclose to the group. Previous studies have demonstrated the importance of group safety in fostering learning and openness in groups of mental health professionals during peer and group supervision (Akhurst et al.2006; Mastoras, 2010; Fleming, Fujaski and Toner, 2011). To date, this phenomenon has not yet been studied in a structured case discussion group. In view of my professional experience as a therapy group facilitator, in the current study I was expecting that a considerable focus of the qualitative interviews would be around group processes. However my own goal form (presented in chapter 5) suggested that establishing safety within a group was not a goal that I carried to the groups.

Similarly, for my peers, during goal generation, reference was seldom made to instilling a sense of safety in the case discussion group. It is important to examine to what extent members in a case discussion group are aware of this state of safety when engaged in a group, and how it moderates their learning. In the existing research around the experience of groupwork employed in the training of counsellors and counselling psychologists, none of these studies have aimed to establish what personal goals members bring to the groups. However in all of these studies, members have emphasised the importance of establishing safety and trust through group cohesion, after attending these groups. Therefore the use of a goal form in the current study
extends our understanding of the current literature around the use of groupwork in training programmes for counsellors and counselling psychologists enrolled in a higher academic institution. The findings here suggest that establishing safety and trust is not always a conscious aim for trainees setting out in a case discussion group in a university setting. Understanding how and when members become aware of this during the attendance of a group is important, as previous studies associate a sense of safety with more effective learning (Starling & Baker, 1999; Christensen & Kline, 2001; Linton, 2010; Fleming et al., 2011; Robson & Robson, 2009).

Fleming et al., (2010) defined the notion of group safety as 'students feeling they were not at risk of psychological harm in the group' (p.198). Such a definition of safety lends itself to the feeling of safety commonly associated within the therapeutic rapport between the client and the therapist. The notion of safety in any sort of therapeutic relationship is viewed as paramount to behavioural change. 'Without achieving some level of safety and trust, it may be impossible to achieve any other treatment goals' (Astrachan, Bernandes & Herman, 2010, p. 295).

Whilst the aims of a case discussion group are far from therapeutic, reports of group safety here suggest that factors similar to those that enable change in a therapeutic dyad may be present in training groups and may moderate perceived benefits. The study by Fleming et al., (2010) which explored the experience of members in the counselling psychology profession attending group supervision provides an interesting comparison for this study. In the mentioned study, factors important to supervision groups were examined by asking members, who were also doctoral students in counselling psychology, and their supervisors to complete questionnaires at the end of each supervision session. The authors concluded that, when students reported feeling safe in a session, they learnt more from the group - about therapy, about their relationships with peers, and about themselves.

In view of the current findings that suggest that prior to experiencing a group, members may not be fully aware of the need to establish safety; it is argued that the definition of safety provided by Fleming may not apply in the current context. It is plausible that to be fully aware of the influence of group safety over learning, one needs to be attuned
to moments in the group at which members feel less safe or to unhelpful moments. Within the qualitative interviews, there was infrequent mention of how members experienced moments in the group when they felt uncomfortable or that their safety was 'threatened'. This was supported by the quantitative rating of goals which showed that for all trainees (except one) goals increased in their ratings. Within chapter 5, I have considered how my role as a dual researcher may have had an impact on disclosure of non-benefits within the interview process. Within the interview, factors important to establishing safety were not directly associated with inter-relationships amongst group members. In some instances, reference was made to feelings of group safety instilled by having a moderator who was a member of the university faculty or the benefits of hearing other peers who struggled with their therapeutic work within the groups.

In view of these findings, it is suggested that feeling safe in the case discussion group is more closely associated with a feeling of psychological containment then from a goal to be ‘safe from psychological harm’ from other members as Fleming (2010, p.198) suggests. Whilst containment and safety are often considered as one concept in group processes, Moss (2008) clarified the distinctions by using a psychodynamic explanation. He describes safety as 'being able to meet the basic needs of the infant' and containment as a 'sorting out function', which contributes to the interaction of conflicting experiences and may be viewed as a higher-level cognitive function. In this way, the container or the case discussion group thinks for the 'contained' infant, helping to make sense of the experience (2008, p. 189). An alternative approach of viewing this is from learning perspective. Schon (1987) argues that reflection can happen in two ways; when we are caught up in the action or after it has happened. Groupwork is directed to helping the latter of the two processes. In this sense the use of a case discussion group as a platform for labelling individual experiences, may contribute to the process of reflection in action which is a fundamental skill for counselling psychologists. It is arguable that such a skill is moderated by the experience of safety in a group.

An interesting finding of this study, compared with other studies of group processes, was the absence of reports of non-helpful events in the case discussion group. Whilst
there is a possibility that the model of a case discussion employed within the groups meant that members were immune to experiencing non-helpful events within the current context, this finding contrast widely with what has been reported in previous research around the use of groups in training (Mastoras, 2011) A potential explanation for the discrepancy is considered. It is well documented that trainees tend to report things that are going well and hide events that are not going as well in dyadic supervision (Yournam, 2003). Given the design of this study, which was a local evaluation, trainees may have been reluctant to share certain aspects of attending a compulsory case discussion group. Despite Zorga's (2001) recommendation of the advantages of research led by a member of the group, findings here suggest that such advantages may be highly moderated by the context in which the group is embedded.

When trainees found it difficult to label aspects, this was moderated by their existing relationships outside the group context, which is interesting since goal formulation focused on 'gaining feedback' and on 'self-development'. Contrary to expectations, when a trainee enters a group, they appear to place priority on establishing a personal sense of safety, which supersedes the drive to meet one's goals. For some members, I was a fellow group member, and the interview process itself may thus have been fraught with similar dynamics. In other work on the use of groups in doctoral counselling psychologists (Kaduvettoor et al., 2009) and social workers (Golia and Govern, 2013), relationship quality was found to be moderated by pre-existing relationships in a group. As previously reported, doctoral conflict may be wider at this level (Kaduvettoor et al., 2009). In the current study though conflict was not directly reported, interview data suggested that group processes - especially peer-to-peer relationships - may have moderated what members felt comfortable sharing with the group.

An exploratory study from the perspective of master’s and doctoral students in clinical and counselling psychology programmes revealed that, when peers experienced other members as problematic, they regarded this as the responsibility of the trainers and therefore did not name these moments or attempt to address these issues amongst themselves (Rosenberg, Getzelman, Arcinue & Oren, 2005). The presence of a faculty member in each case discussion group in the current study may have led to a similar
expectation from trainees when faced with group members whom they experienced as frustrating or confusing. In my own case discussion group, I recall times when I felt an urge to attend to these dynamics. However, I notice from my reflexive journal that I was reluctant to attend to these openly, because I felt other members may not have wanted this and might have seen this as a departure from the agenda or the aims of attending a case discussion group. This raises the question of whether interpersonal dynamics and peer-to-peer relationships are as significant in case discussion groups as they are in traditional supervision groups. It is possible that the presence of a structured format in the current context and the expectation that members will share clinical cases moderated the phenomenon of group safety, but at the cost of addressing group processes. It is acknowledged that my own agenda within the groups is reflected in the understanding of the concept of establishing safety within a case discussion group. I now move to consider the second core category from the interviews which was labelled ‘Engaging with boundaries and structure’.

Category 2: Engaging with boundaries and structure

The study suggests that much of the experience of being in a case discussion group for trainees may be understood by how trainees respond to structure and boundaries when engaged in the group process. During interviews, trainees frequently reflected on their experience of being in a structured case discussion group. Differences emerged in the perception of group members of the model or presence of a pre-determined structure and model from which to work. Some trainees experienced the case discussion model as helpful to the experience of being in a group. Others felt the need to behave according to a specific model in the group, which impeded their experience of being in a group, as well as their ability to learn.

In the current context, members were from mixed year groups and consequently had different levels of experience. There was no correlation between the reported level of professional experience of trainees and preference for structure. Differences related more to how useful individuals found these boundaries and norms. The findings support those of Friedman (2007): preference for structured versus non-structured groups is moderated by trainee therapist personality, including professional and personal experiences. In group interactions, having boundaries provides a sense of
safety for individuals and models a clear set of expectations of safe behaviour (Rice & Rutan, 1987). Boundaries may allow the group space to become a vital playground, which has the function of a supervisory space (Schinder & Bermans, 2001). Those who felt more inhibited may have considered the room for this sort of 'playing' in a case discussion model insufficient. The role of course tutors within the groups for some trainees was significant. Group aspects moderating a sense of safety are often linked to the ability of group supervisors to maintain boundaries in the group (Fleming et al., 2010). There was no such allocated role in the groups under study here. In the absence of such a role, trainees questioned the benefits of the assigned case discussion model and how this translated into the functioning of the group.

For example, a few trainees felt the model 'forced' them to speak, and this was not always considered useful. Through the case discussion method, trainees learnt in relation to how they engage when presented with a theoretical model or framework for using the group sessions (in this case, the use of the Kim-Oliver model, 2012). The finding is particularly relevant considering the ethos of counselling psychology. The expectation in counselling psychology is that all trainees are 'able to contrast, compare and critically evaluate a range of models of therapy' in their work (Healthcare and Profession Practice, 2010, p. 19).

Furthermore, the way in which trainees describe their experience of being part of a prescribed case discussion model creates a dialogue as a product of one's reaction to authority, boundaries and power in a group (Counselman and Weber, 2004; Bion, 2004; Golia & McGovern, 2013). Proctor (2008) maintains that the experience of powerlessness is fundamental to understanding human distress and that exploring the reactions of trainee counselling psychologists to power is essential in self-development, whilst the ability to handle power dynamics in one's role as a clinician is also critical. It is thus unsurprising that one of the major themes in this study is how members engage with boundaries and structure when they participate in a case discussion group. Emergence of such themes may be linked to context: members were not given a choice of group structure or model. Robson and Robson (2009) who explored the experience of trainees attending a personal development group as part of counselling psychology training, found that a significant moderator of how members
experience the groups is their involvement within the contracting of the groups' aims. Connor (1994) goes so far as to say that open contracting can contribute towards building a sense of trust between trainees and trainers. Considering the actual presence of trainers in some of the case discussion groups studied, the implication of such a recommendation is important to consider here. As mentioned in Chapter 3, trainees were not involved in formal contracting to establish the aims of the case discussion that they would be engaged in. Instead trainees were orientated to the specific method of case discussion employed by trainers.

Robson and Robson (2009) suggest that pure contracting within a personal development groups can be detrimental to its aims. Considering trainees in both counselling and counselling psychology trainees will each have their own experiences of groups prior to training, the authors suggest that group contracting can 'become an exercise in which one is engaged without thought or commitment (2009, p. 375-376).

Whilst it is acknowledged that trainees were expected to engage with the model of case discussion, for trainees who were interviewed, this did not mean they did not question the assumptions of the model. Dialogue around the model of the group and the expectations of its members were facilitated within the case discussion groups. Such an interaction potentially increased the sense of adjustment and safety within the groups as well as the sense of self efficacy. Reports that the model sometimes hindered the group process may reflect the struggle of members to challenge the norms and boundaries of the group. Interviews with trainees from three separate case discussion groups suggest that members were prepared to challenge rules and structures and that this was dependent on the group they were in. For others, the strong framework instilled a sense of safety; it meant kept members focused on using the group for what they believed the aim of the group to be. One trainee reported that she perceived a difference in what she thought she could learn from and how she responded to those with more clinical experience.

In a qualitative study that explored peer group supervision in trainees undergoing counselling studies, Christensen (2008) reported that as group members spent longer in a group, they became more willing to depart from the structure and take risks in challenging the norms and status quo. He attributed this to a group phenomenon,
because the group went through distinct stages that may explain the need for structure and clear boundaries for students. Christensen (2008) named three stages: passive involvement (dependence), learning responsibility (independence), and personal involvement (interdependence and intimacy). She argues that, if members are emerged in a group long enough, they can experience each of the stages in a consecutive order, which makes them realise the importance of engagement with group processes and not just content. Research suggests that such a phenomenon is moderated by the length of time that members spend within a group together. Within Christensen and Kline’s study (2001), findings came about from qualitative accounts of counselling students engaged in a 15 week peer supervision group. In the current study, members remained in the same case discussion group for no more than twelve weeks. In view of reports from the interviews that this was not long enough, it suggests that the time length of a case discussion group is an important consideration for its implementation within a counselling psychology training course.

Christensen and Kline’s study raises a further point of interest around the use of a case discussion model within a training group. The authors suggested that in order for students to feel competent, they needed to be able to leave the group with the capacity to self-supervise, which relies on individual engagement with the distinct group stages (Christensen & Kline, 2001). Underlying these stages, is an assumption that as members spend more time in a group, they became increasingly autonomous and aware of their role and responsibility in facilitating group processes taking power away from a group leader that may be present. Christensen and Kline (2008) suggest a hallmark of the members reaching the last stage is the increased emphasis around exchange of feedback within he group. On the contrary, the early stages of the group is categorised by 'passive involvement' and a strong model or leader is required.

The suggested development trajectory of groups provides insight into the findings of this current study. As suggested by Robson and Robson (2009) and Zorga (2001), in a group where there is no explicit leader or facilitator as was the case for the studied case discussion groups, engagement with a model is useful at the start of the group. As evident from the interviews, however, trainees grow quickly dissatisfied with applying the model. It may take members more than 12 weeks to reach this stage (Christensen
and Kline, 2001). Changeover of groups after twelve weeks to coincide with the academic calendar therefore did not allow sufficient time for this process.

Category 3: Learning from being in a group

The next core category to emerge was how learning develops in the group. As evident from the use of goal forms, before trainees started the group they had expectations that group participation would improve their knowledge of therapy and their therapeutic practice. However, after completing the groups, they reported different gains. During interviews, trainees referred to other members of the group and how the presence of these members moderated their own learning. Linton (2003) found that, even in groups with a leader responsible for managing and guiding the groups, members placed more significance on hearing other peers talk. Trainees reported the benefits of hearing fellow peers share their struggles and concerns. This shows that, even in case discussion groups in which members are required to offer advice and support to one another for clinical cases, peer-to-peer contact is highly valued. Regardless of the context or type of group trainees are engaged in, members thus appear to benefit more from hearing novices than experts (Hillerbrand, 1989) which was supported in the current findings. In some instances, novice trainees did report benefits of having more experienced members in the group; this may have facilitated more guided, dyadic learning.

Another reported benefit of being in the groups was having role models or learning vicariously through others. Vicarious learning in a group is a widely reported phenomenon. Vicarious learning (or observational learning) is very simply a form of learning that occurs from observing the behaviour of those around us. Fleming et al., (2010) suggested that the extent of vicarious learning is moderated by the safety of the groups. Linton (2003) argues that when a group supervisor manages a group, vicarious learning is associated with that person (Linton, 2003). In the current study, members did not mention learning more from qualified counselling psychologists than from fellow members, which demonstrates how a case discussion model may function differently from more formal supervision groups. Skovholt and Ronnestad (2003) suggest that all trainee therapists go through discrete stages in their training trajectory, and that role modelling may be beneficial to the development of the novice when
anxiety is high. In a case discussion group, a mixture of skill use is therefore useful for its members as it means they are exposed to a variety of contrasting experiences and advice.

Interviews revealed that being part of two different case discussion groups influenced how trainees described their group experience: they used the experience of being in different groups to compare and contrast what they perceived as being the benefits and non-benefits of the case discussion group they were in. The case discussion groups did not call for explicit discussion of group processes, but qualitative findings suggest that members were still acutely aware of such processes. There is evidence that trainees appreciate the discussion of group processes and the impact this has on group safety (Fleming et al., 2010).

Category 4: Renegotiating Goals

The final category in the current study was that members might be less certain of the function of a case discussion group. During the interviews, almost all trainees questioned the relevance of their goals, once they had completed twelve weeks of attendance in a case discussion group. Use of quantitative analysis around the progression of goals may suggest that goal trajectory happens less quickly after the first seven weeks. This is consistent with the literature on the efficacy of therapy, whereby clients experience the most progress during the first few weeks of therapy, and this lessens as they progress (Cooper, 2008).

In this study, being part of a case discussion group meant that members renegotiated their goals as they progressed through the group. This was apparent through the use of goal forms, which were presented in the interviews and which prompted the renegotiation of goals through questioning their function. Trainees often noted that the aims of the group were unclear, which caused them to re-examine the meaning of their goals. This poses a challenge to the validity of goals set prior to such groups. In any group process, there are unknown variables, and especially in group supervision, the utility of what is useful remains unknown (Prieto, 1996).
As discussed in Chapter 2, case discussion groups differ in goal and focus from supervision groups (Fleming et al., 2010). Because few studies have measured self-narrated goals before a group and then compared trainees’ actual experience to those goals, it is difficult to comment on whether this is a common phenomenon common to all training groups or relevant only to this particular context. Group theory suggests that what is gained from a group may be unknown to individuals (Friedman, 2007). This is important here, because although trainees enter a group with a certain objective, this frequently changes when engaged in the group itself. This suggests that being part of a case discussion group is an iterative process for an individual, and that learning is influenced by the meaning one attributes to the process.

6.4 Summary of the main discussion points

Whilst the quantitative findings provide evidence for the benefits of attending a group, they do not identify the specifically beneficial factors. Grounded theory analysis elucidated the experience of being a case discussion group member whilst in training. Findings suggest that, whilst goal formation is important to the group, goals may change once members start a group, so that the experience of being part of a case discussion group is more of an iterative process. The quantitative measurement of goal evaluation revealed that most change occurred at the start of the group, when trainees were still orienting to the formalities and culture of the group. Less change was reported towards the end of the group process.

This study has shown that within a professional taught doctorate, case discussion groups can provide students with benefits. However, use of case discussion groups also raise questions over how they can allow the member to be both an active and reflective learner, as some of the goals and functions they provide may be unknown to the member before they start the group. This is a significant finding if we consider that counselling psychologists are trained on the basis they can use their self, therapeutically within their clinical practice (Scott, 2003). The use of qualitative interviews found that one of the major themes to emerge was that with the attendance of a case discussion group comes renegotiation of one's learning objectives. Quantitative evaluation reveals that goals related to gaining knowledge and learning of therapeutic methods per se have the least growth in a case discussion group. With
view to the qualitative interviews which suggest that the meaning of goals change, one must treat the interpretation from the quantitative data carefully. However, use of mixed design supports the notion that goals related to giving feedback to each and goals around self development are the ones that change the most.

The qualitative findings also suggest that learning within a case discussion group is influenced by the model or framework that the group adopts and how the members interact with such a framework. This presents as one of the major findings here as few studies have been conducted with trainees actively involved in a case discussion group as part of their training within counselling training. Unlike counsellors, counselling psychologist are expected to be able to use a wide approach of therapeutic models in their clinical work (Lowdnes and Hanley, 2010).

The use of a structured case discussion group revealed how trainees learn and interact in a group. Interview data presented various contradictions in reported themes, such as the sense of safety in a group versus withholding certain thoughts; and feeling that the structure allowed clarity and focus versus the reported reluctance to suggest changes to the structure of the group and the utility of learning from others, despite reporting that, at times, too much advice was given. Such an experience seems crucial for how one delivers therapeutic models within their clinical practice. As suggested by Robson and Robson (2009), within personal development groups, difficulties in the group were attributed to there being a lack of common goal of focus within the group. The current study suggests that use of a case discussion model within a group does not make the group immune to such tensions as similar concerns were raised around the unity of the group.

Shortfalls of being in the case discussion group may have been related not to the group per se but to the length of time for which the groups ran. The findings of this study suggest a time frame of longer than 12 weeks are necessary to allow members to fully benefit from the process. A case discussion group lasting 12 weeks allows trainees to get a sense of safety and support from the group as was shown by the findings from the interviews. This time period is interesting to consider as it allows trainees to learn more about themselves in different groups as they spend time amongst peers with
different levels of experience. Many trainees reported that would have liked to be in the same group for longer; this supports the hypothesis that counselling psychology trainees may benefit from regular groups that are sensitive to group processes. The use of goal assessment prior to the start of the group suggests that, whilst in training, trainees may not be aware that these processes are shaping their professional and clinical self and that having a regular group space in the form of case discussion may facilitate this development.

The main findings suggest that the experience of attending a case discussion group is beneficial to the development of trainees. However, a better understanding of this subtle process is required. The initial ideas trainees have about how they will benefit from a case discussion group, and how they actually benefit, are quite different. Before starting the group, trainees were eager to increase their knowledge of specific models and to learn new techniques. However, these goals were no longer central once the groups started. This might be attributable to methodological limitations. Nevertheless, despite these limitations, findings suggest that peer-to-peer interaction is central to the group experience. Quantitative analysis of the rate of self-reported progress towards goals supports this conclusion.

6.5 Summary of this Chapter

In this chapter, I have presented a summary of the main findings from both Phase 1 and Phase 2. Specifically I have considered how the findings from the different Phases can expand one another. In view of the sequential mixed method design, goal identification was carried out prior to the qualitative interviews in Phase 2. For this reason, I have considered the nature of goals formed in the current study and what the quantitative ratings reveals about these. In view of the ambiguous nature of the identified goals, I have mainly focused on understanding the themes generated from Phase 2 by comparing the findings to other studies that have used qualitative methods to explore the accounts of members of the counselling, counselling psychology and clinical psychology profession who engage in groupwork during training.
CHAPTER 7 - CONCLUSION AND SUMMARY

7.0 Introduction to this chapter
In this chapter, the findings of the study are presented. To help the reader contextualise the findings, I briefly present recommendations about the use of case discussion groups in a professional doctoral course for counselling psychology students. As a counselling psychology student, my primary aim is to make recommendations to support other students as well as qualified counselling psychologists. Suggestions are made in relation to the research questions and to future research. In conclusion, I consider the personal benefit I gained from conducting a study that extended beyond the subject area, and the impact this had on my practice.

7.1 Recommendation for trainees and trainers
In the last decade there has been a significant increase in the members belonging to the division of counselling psychology (Division of Counselling Psychology, 2014). Data has been collected from counselling psychologists in training; therefore it is acknowledged the findings are based on a specific training context and cannot be generalised to other training or healthcare settings. However, the findings raise questions not only for those actively engaged in training, but those considering training, for qualified counselling psychologists and for course trainers.

The design of this study meant that prior to starting the case discussion groups, members were asked to formulate goals that they might have from attending the groups. After the groups had finished, a group of these trainees volunteered to be interviewed around their actual experience of the groups. For the majority of trainees who were interviewed there was a sense that their goals did not align with the goals or the aims of the case discussion groups that with which they were involved. Overall the results of this thesis suggest that trainees who attend case discussion groups within counselling psychology doctoral training report benefits even though they may experience an internal state of dissonance when they actual attend such compulsory groups. Such a state of dissonance is explained by the fact that all the trainees interviewed reported a mismatch between their expected learning outcomes and the actual experience of attending a group. Such a phenomenon is most likely related to
the expectations that trainees held around compulsory attendance of case discussion group which to some degree manifested themselves in the form of goals that were recorded on goal forms for this study. Thematic analysis of these goals indicated that there were three categories of goal type; to increase knowledge about different psychotherapeutic approaches, self-development and developing their ability to give and receive feedback within the groups. The results of this thesis were limited in so far that they did not reveal the degree of perceived mismatch in relation to the different categories of goals. Even so a basic quantitative analysis of goal attainment that was conducted in phase 1, suggests that overall, trainees who attend a case discussion group are more likely to experience personal benefits around goals that are related to personal and self-development than benefits that are around increasing knowledge base. Such a conclusion is drawn from the methodological design employed which not only asked trainees to form goals but to also rate attainment of these on a Likert scale as they progressed through a case discussion group.

These findings which are limited to the context in which they were found raises questions around the intended function of a case discussion group. These findings combined with my own experience of the groups, have made me consider the use of the term ‘case discussion’ for groups in the context under research. My experience of attending groups within the context under study led me to believe that peers were willing to share cases beyond their realms of their practice. At times there was a departure from purely using the group in order to deliver more effective therapeutic work. Members shared issues around their personal development as much as their professional development, which is supported by the findings from phase 1 of this study. On this premises, a term more fitting for the current context might be a ‘consultation’ group. Consultation is a term used by Counselman and Weber (2004) as part of a study exploring the use of peer groups within the training of psychotherapists and is given below:

Consultation is more typically focused on a specific clinical dilemma with insight, resolution, and professional growth as the goals. While the consultant may be a more senior clinician, the authority relationship is less significant because the consultee is free to accept or reject the advice and the consultant does not have responsibility for the patient' (Counselman and Weber, 2004, p. 126).
They use this term to define groups within the training of psychotherapists where there is a ‘regular meeting of individuals from similar professional backgrounds with various levels of experience, to share knowledge with and support one another’ (2004, p.126). Such a term perhaps extends the notion of a group where members can exercise choice to seek support on increasing their understanding around content or processes within their counselling practice and does not carry the assumption that trainees should only present cases that involve their work with clients.

Another important finding of this thesis was that negative experiences or hindering events from attending the groups were rarely mentioned by trainees in the interviews. Considering that reports of trainee distress has been cited by other authors who have investigated the use of compulsory groups within the training of applied psychologists and counsellors, the findings of this study represent a novel findings within the area of groups and training. There may be a number of reasons for such a phenomenon occurring, least of all was my dual role with participants, the context in which the groups are embedded and the presence of course tutors within the groups. Regardless of the reasons for the occurrence of such a phenomenon in this setting, the results of this study suggest that even within a case discussion group where there is an explicit structure and agenda, group processes can play an important role in the experience of members who attend them. Future studies around the use of case discussion groups adopted with counselling psychology training would benefit from increased understanding around how a case discussion group can attend to group processes that arise. This lends itself to certain implications for trainee counselling psychologists who are already engaging in groups as part of a professional doctoral programme as well as for course trainers who have the task of designing these programmes. I first consider the implications of the findings of this study for members of the counselling psychology profession who are currently in training.

Whether or not the experience of distress is an inherent part of attending a group, the findings of this study agrees with previous studies in so far that members experience a dissonance or mental conflict at times when attending a formal assessed group with peers as their experience of the group contrasts with what they expect to gain from attending. One of the major findings in this study suggests that trainees who belonged
to the counselling psychology profession in this study group did not openly report uncomfortable or hindering events that they experience from the attendance of a case discussion group. It is notable that for trainees engaged in clinical psychology, literature citing the experience of discomfort from the process of attending peer groups within training is more apparent (Knight et al., 2011 and Binks et al., 2013). Given the absence of the reporting of potentially uncomfortable experiences in the group and my potential role as fellow peer and dual researcher, it is strongly likely that such experiences of distress may be linked with the current context. As previous authors state, learning to deal with other people’s distress inevitably can allow the trainees to feel a distress of their own and the handling of these groups needs bear an important consideration of trainers.

Whether groups like this should be compulsory or optional for those involved is one the questions that the findings of this thesis raises. Binks et al., (2013) recommended that depending on the motivation of trainees, they should be able to have options as to the type of group they want to be part of during training, so as to enable a match between reflective learning approaches and personality. Given the perception of trainee and wide range of experiences that arises from mandatory attendance (Robson and Robson, 2009; Knight et al., 2011), counselling psychology training programmes may also wish to consider whether trainee engagement would be increased by offering a range of different methods for developing reflective skills, with reflective practice groups as one option. It bears mentioning that in the current context, groups were not designed with the aim of pure reflective practice but with an explicit agenda around a discussion of cases involving the trainees. Even so there is a clear overlap between the use of a case discussion group and that of a reflective group space as suggested by the qualitative findings in this study.

There is not enough evidence from the findings here to decide whether having course tutors in the case discussion group who also serve as assessors and researcher supervisors to members in the current context can have a hindering impact on the experience of the trainees in the group. Within the current study, none of the trainees made reference to feeling they could not disclose certain aspects within the group because of the presence of a tutor. However given that distress or uncomfortable events
were rarely mentioned and that having a member within a group who is a member of the programme team carries its own challenges, further studies should be carried out to understand how trainees understand the role of the group facilitators within similar kind of groups. Future groups need more exploration into the impact of selected facilitators, to ensure they are responsive to the needs of the group and can potentially attend to group processes which may normalise or help members label hindering events. Overall the themes above and the results of this study suggest that the role of the course tutors in such groups needs more attention as their presence influenced how trainees experienced each of the groups.

Based on the findings here, it is feasible that having group facilitators who also serve as members of the course programme can present potential obstacles in terms of what members of the group choose to disclose. However, in view of the experienced distress of peers it can also be argued that the absence of a course tutors within peer groups during training can lead to difficulties around group containment and boundaries. Importantly, regardless of the relationship of tutors who are allocated to case discussion groups within a training course, this study highlights the need that group facilitators are adequately supported and guided and supervised to understand their impact on the experience of individual trainees within the group (Binks et al., 2013). This can also enhance understanding around whether in fact trainees in counselling psychology do experience the groups in different ways to other applied psychologist in training, in so far that they under report distress from attending the groups because of the numerous pressures they may face alongside the training programme that clinical psychologists in training may not experience. Such a finding may influence how course trainers for doctoral programmes in counselling psychology design admission criteria and the qualities they look for in potential recruits for a professional doctoral programme in counselling psychology.

Overall the themes emerging from the interviews indicate the benefits to trainees of using case discussion groups in a professional doctorate training programme. Qualitative interviews revealed how trainees experience a case discussion group. The findings emphasise the importance of trainees contributing to research activities around their training whilst enrolled as a student. Regardless of the type of group one
engages in during training, the findings suggest that articulating what one wants from a group prior to starting them is beneficial. Although the nature of goals do not necessarily remain fixed as one progresses through a case discussion group, acknowledging what one wants from a group is important. Such a recommendation is made in light of one of the main findings of this thesis; that the aims of a group might not always present itself easily to the group member. Whilst case discussion models for groups might especially benefit trainees who want to focus on using the group to improve their practice, trainees should be aware that additional benefits might arise from a deeper level of interaction with the group and its processes. Trainers considering the use of a case discussion group should reflect on how such a group might allow members to simultaneously improve their practice and to engage with broader training issues. Finally, the results suggest that an important consideration in implementing case discussion groups which this study raises is the timeframe allocated to these groups.

The groups studied here changed in terms of membership relatively frequently, compared to training groups presented in the existing literature. Interview data suggest that members experienced this as limiting and would have liked to remain in the same group for a longer period of time. In the current study, groups ran for a duration of 12 weeks before changing in membership and for many of the participants this was considered too short. This supports the earlier suggestion that when employing structured groups like a case discussion group, group process and dynamics are inevitable and that trainees of counselling psychology are motivated to explore these issues in more depth; in the current study, the majority of participants voiced a preference to stay more than a period of 12 weeks in the same group. These findings also raise the question of whether future groups of this type should engage members in a contracting process in order to orient them to the aims of the group, before the group commences. Such an approach is consistent with the philosophy of counselling psychology as a discipline. The findings also suggest that it is advantageous for trainees to contribute to research activities relevant to their own training. It is recommended that group members adopt a more active role in leading research in the group, alongside trainers and external researchers. However such activities need consider the importance of dual process and of managing reflexivity when the
researcher is a member of the group under study. Such a recommendation stem from my own experience of the complexities inherent to my dual status as both researcher and student in the current context where I have tried to understand the experience of peers attending a group which I have been a member of.

**Table 7: Showing a summary of main the findings of this study**

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<th>Findings:</th>
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<td>• Overall the use of compulsory groups within training programmes is</td>
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<td>reported as a useful experience by trainees engaged in doctoral</td>
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<td>counselling psychology however the aims from attending these kinds of</td>
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<td>groups do not present themselves easily to members.</td>
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<td>• In view of this finding, it has been suggested that within the current</td>
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<td>context, the term ‘case discussion’ group may be replaced with the term</td>
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<td>‘consultation’ group. This reflects that trainees commonly introduced</td>
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<td>themes beyond their realms of their clinical work, extending to self-</td>
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<td>development and using the group as space to developing ability to give</td>
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<td>and receive feedback within the groups.</td>
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<td>• The results of this study also suggest that useful experiences in the</td>
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<td>group were reported widely however, within the interviews there was no</td>
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<td>sharing of hindering events within the group. Reasons for this may be</td>
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<td>related to the fact that such events maybe outside the awareness of the</td>
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<tr>
<td>attendees as supported by the mismatch in goals. Other reasons are likely</td>
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<td>to be tied with the context of the research group and the dual</td>
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<td>relationships within the group.</td>
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**Recommendations following findings:**

• Further studies should be carried out to understand how trainees engage
  with compulsory group attendance as part of post graduate training.

• An important consideration in implementing case discussion groups is
  the timeframe allocated to these groups.

• Given the potential for uncomfortable events to occur within a case
  discussion group, the findings of this study may be useful to current

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trainees who are involved in counselling psychology or those who may be contemplating training by enrolling within a professional doctorate and especially course trainers who want to facilitate growth in the student

- Findings may also bear recommendation for how course trainers design admission criteria and the qualities they look for in potential recruits for a professional doctoral programme in counselling psychology.
- The themes that have emerged from this study suggest that the role of the course tutors within a case discussion groups needs more attention. In the current context, the presence of course tutor in the group influenced how trainees experienced the group. In view of this, future studies around the use of groups within training need consider the selected facilitators and their relationship with the course programme team and the members of the group.

7.2 Personal development from completing a thesis

In this section, I discuss the impact that conducting doctoral level research has had on my development as a counselling psychologist. Whilst completing this study, I have engaged with many organisations I would not have otherwise encountered. The experience of being an outsider in these organisations has been challenging. The widespread disillusionment and feelings of dissatisfaction attending counselling psychology or psychotherapy training are well documented (Rizq, 2004; Ronnestad & Skovholt, 2003). Beyond the various theoretical orientations and models, a significant aspect of my training has been the realisation of the influence others—and their approach to the field—has on me. This doubtless influenced me to situate my thesis in the area of groups. My experience of being a member of a case discussion group leads me to understand how a case discussion group may facilitate such self-awareness during training.

Despite the constant interface with research during training, the literature that suggests that, after qualification, counselling psychologists distance themselves from research (Kasket, 2012), despite division of counselling psychology requirements that practitioners remain committed to enriching research ‘grounded in the primacy of the counselling or psychotherapeutic relationship’ (2005, p.1). Many doctoral students
complete their thesis purely as a qualification requirement; these are rarely published. The publication output of even qualified counselling psychologists is limited (Hanley and Gordon, 2013).

This might reflect the personal anxieties and ambivalence of counselling psychologists about research, and a general sense that there is a discrepancy between research and practice (Moran, 2011). Whilst my interest in and experience of group work outside the university setting motivated me to understand the experience of case discussion groups in training, I was also influenced by engaging with the framework of practice-based research. Henton (2012) suggests that such a framework offers an alternative approach to evidence-based practice, which may be inconsistent with the values and philosophy of counselling psychology. Fundamental to the framework of practice-based research is that is conducted in a naturalistic setting, as I have attempted in this case.

The use of a mixed method design in this study represented the first time I had conducted qualitative interviews with the aim of research. This in itself taught me a considerable amount about the counselling process. Whilst the aims of a research interview carries differ from those of a counselling interview, engaging in these activities simultaneously may be beneficial (King, 1996).

This learning was informed not only by conducting qualitative interviews with my peers but also by engaging in qualitative analysis. Qualitative research can be challenging, particularly to novice researchers from a quantitative background (Pontoreetto, 2005). The myriad potential themes and categories emerging from data analysis lead to an overwhelmingly intense sense of anxiety, which at times made me doubt the completion of this thesis and my professional doctorate. When faced with the quantitative analysis of scores, I found myself questioning the meaning of these scores and their implications for the project.

I explored the processes of completing the research within therapy and supervision. Carrying out research influenced my personal development in a way I did not think possible. By analysing qualitative data, I realised the importance of tolerating
ambiguity in the research process. This ability or skill is not dissimilar from that of 'tolerating of ambiguity' in practice:

The microscopic examination, understanding, and improvement of the emotional life of humans—the most complex of all species—is much more difficult than the novice can imagine. To understand the ambiguity of the human condition, practitioners must use thinking patterns that are not linear, logical, or sequential. Expertise within the web of ambiguity takes years to master (Skovholt & Ronnestad, 2003, p. 46).

Lowdnes and Hanley (2011) suggest that an integrative framework in the training of counsellors may help trainees develop the tolerance of ambiguity Ronnestad and Skovholt (2003) believe an essential competence in the newly qualified therapist. Through completing research, I believe this skill has translated itself into my practice. Prior to training, I was more focused on learning and applying models of psychotherapy in my practice; now, I feel content having access to these models without feeling compelled to use them unnecessarily. I believe this embodies what Mcleod and Cooper (2012) suggest are the inherent challenges of helping others, whilst remaining committed to an ethical relationship that emphasises the importance of being with the client in a way that does not 'reduce them down to a set of finite laws, characteristics and traits' (2012, p. 7). Exploring and understanding my research based on an interpretivist framework has inspired me to foster these skills.
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McLeod, J. (2001). "Developing a research tradition consistent with the practices and values of counselling and psychotherapy: Why counselling and psychotherapy research is necessary." Counselling and Psychotherapy Research 1(1): 3-11.


Appendix 1

Participant Information Sheet

*Understanding the use of case discussion groups for trainee counselling psychologists*

*Please take the time to read the following information carefully; if there is anything that is not clear or that you would like more information about then please do ask.*

**What is the purpose of the research?**
This is an exploratory study that aims to explore how members of a case discussion group experience the attendance of such a group.

**Who is carrying out the research?**
The research is led by Pariya Habibi, a Counselling Psychology doctoral trainee student of the University of Manchester and supervised by Dr. Terry Hanley. This will form part of a thesis project.

**Why have you been invited to take part?**
You have been invited to take part because you are a trainee counselling psychologist who attends the case discussion groups and have attended at least five of these sessions before and are also engaged in counselling practice. You have also been invited because you have completed a goal form which allows you to generate learning goals and evaluate these alongside your weekly attendance in case discussion.

**What will happen if you decide to take part?**
Participation in this research is entirely voluntary. If you decide to take part in the study you will be asked to confirm that you have read this information sheet and to sign a consent form. If you have completed the goal form you might be asked at a later stage to engage in an interview with myself around the goal form. For this I would ask that you are able to bring the goal form with you to the interview. This interview is expected to last between 45 minutes to one hour. This will be audio taped so that is
can be transcribed and analysed by myself at a later date and may form part of my thesis

**What happens if you decide at any point that you do not want to carry on with the study?**
You may withdraw from the study at any time up to publication and any data collected from you will be destroyed.

**What are the benefits/risks of taking part?**
This study's results have the potential to contribute to a better understanding of trainee’s experience of case discussion group, which may help other trainees in their training trajectory as well as provide useful tips to course trainers for counselling psychology education. It is possible that by talking about your experience around the case discussion groups, it may bring up difficult emotions or similarly you may find my role as both a member of the peer group and a researcher within this study as uncomfortable. If you do experience discomfort in the interview, please make this known to myself after the interview. If you have any concerns about how the interviewing was facilitated, you are advised to contact my supervisor, Dr Terry Hanley around these concerns. Please be aware that within interview, no reference should be made to other members of the groups in a way that makes them identifiable.

**Will my participation in the study be kept confidential?**
It is important to understand that I am the principal researcher in this study and it is intended that I will listen to the contents of the audiotape however there is a possibility that some of the audio recordings will be transcribed by an external transcriber who is not known to the university. For this purpose, names, personally identifying information, place names etc will be stripped out. Furthermore, in any resulting study write-up, only anonymised quotes will be used. All information collected for the study will remain confidential; data stored on computers will be password protected.

**How will the data from this study be used?**
The intent is to use data from this project for thesis project. The data may also be used for additional research projects. In all cases anonymised extracts from the data may be
quoted in publications and conference presentations arising from the research. The
demographic data for all of the participants may also be compiled into a table and
reported in any publications or presentations arising from the research.

**What if there is a problem?**

If you have concerns about any aspect of the study you can contact the researchers:
Pariya Habibi
pariya.habibi@postgrad.manchester.ac.uk

Supervisor:
Terry Hanley, Lecturer in Counselling Psychology, at the University of Manchester
Email : terry.hanley@manchester.ac.uk
Phone : 0161 275 8815

If there are any issues regarding this research that you would prefer not to discuss with
the researcher or his supervisor, please contact the Research Practice and Governance
Co-ordinator by either writing to 'The Research Practice and Governance Co-
ordinator, Research Office, Christie Building, The University of Manchester, Oxford
Road, Manchester M13 9PL’, by emailing: Research-Governance@manchester.ac.uk,
or by telephoning 0161 275 7583 or 275 8093
Appendix 2

Understanding the impact of case discussion groups for counselling psychologists in training

CONSENT FORM

If you are happy to participate please complete and sign the consent form below

I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.

I agree to the use of anonymous quotes

5. I agree that any data collected may be passed to other researchers and transcribers

6. I agree that any data collected may be published in anonymous form in academic books or journals.

I agree to take part in the above project

Name of participant ________________________________ Date ______________ Signature __________________________

Name of person taking consent __________________________ Date ______________ Signature __________________________
Appendix 3

Interview Schedule

First of all, thank you for agreeing to share your experiences of case discussion group. Before I start the interview, I would like remind you of the procedures within the interview.

As you were informed in the information sheet around the interview, I will be recording our interview today. This is for the purpose of transcription. Your interview is therefore likely to be transcribed by either myself or an external transcriber. For this reason, I would like to remind you to not make direct reference to the name of any individual within your case discussion group. Please also be aware that after the transcriptions have been produced, all the audio recordings will be deleted and the transcribed material will be kept within an encrypted file.

Does this still sound okay with you?

It is expected that interview will last around 45 minutes to 1 hour maximum. I have specific questions to ask you around your goal form. Please be aware that you do not have to share the nature of your written goals with me. Furthermore, if at any point you don't want to answer a question in relation to one of your goals or anything else please let me know.

For this purpose, I want to give you a bit of time before I turn the audio device on for you to look at the goals you have indentified as well as any scores you might have given them. Again please be aware you do not need to share this information with me at any point.

Once you are ready for us to begin, please let me know so I can start the audio recorder.

Thank you for agreeing to participate in this interview. The overall aim of today is to understand your experience of attending the case discussion groups. I have asked that you bring the goal forms that you used to identify goals within the groups. I will start
off by asking specific questions around these, mainly around how you think you have met them/ or not them. Please be aware as this interview is intended to be semi structured, you do not have to answer the specific questions and can talk about other aspects of your experience of attending these groups at any time.

Do you have any questions before we begin?

Part 1- Exploring the process of identifying goals

You may or may not have identified goals on the forms that you were provided with before the start of the case discussion groups. If you have identified goals on these forms or any along the way, can you describe to me your experience of being asked to identify goals and your experience of writing down those goals.

Potential expansion point: how easy or difficult did you find the process of coming up with personal goals or aims

Part 2- Now I want to ask you around your experience of the group. Specifically I would like to start off by asking how you felt the groups helped you with meeting any of your goals?

Potential expansion point: do you think having goals was helpful to your experience of attending case discussion groups?

Part 3- Were there any goals that you felt were not met?

Potential expansion point: If there were any goals not met, how do you come to this conclusion?
Part 4- In general would you say you met your identified goals overall?

(At the end of the interview)

Thank you for participating. Is there anything further you’d like to add to the interview which is related or not related to your goals and their attainment.
### Appendix 4

<table>
<thead>
<tr>
<th>Increase knowledge around different psychotherapeutic approaches</th>
<th>Self Development</th>
<th>Learning and Receiving feedback from others</th>
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To develop skills in using other therapeutic approaches in client care.

To contribute to a device space for colleagues.

To be able to give genuine feedback.

To be more confident in giving feedback to the team.

To learn how to respectfully challenge others.

Be able to support colleagues in a constructive and helpful way.