

**Teaching and Training Experiences Within Applied Master's in  
Psychology Programmes During the COVID-19 Pandemic: Students'  
Perspectives**

By

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**Mini-dissertation submitted in partial fulfilment of the requirements for the degree of  
Master of Social Science in Clinical Psychology**

in the

**Department of Psychology**

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at the

**University of the Free State**

**Bloemfontein**

**Supervisor: Dr L Nel**

**October 2023**

## Declaration

I, Keitumetse Colleen Molete, hereby declare that the research title is a result of my own work, unless otherwise stated. I have provided full acknowledgement of the sources referred to in the text. This study has not been submitted before for any degree or examination at any university.



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## Permission to Submit

I, as the supervisor of the study, hereby confirm that the mini-dissertation titled, “Teaching and Training Experiences Within Applied Master’s in Psychology Programmes During the COVID-19 Pandemic: Students’ Perspectives”, which was completed by Keitumetse Molete, accurately reflects the research regarding the topic. I herein grant permission that she may submit the research paper for examination purposes. I further confirm that the mini-dissertation submitted is in partial fulfilment of the prerequisites for the degree Master of Social Science in Clinical Psychology at the Bloemfontein Campus of the University of the Free State. The article may also be submitted to the *South African Journal of Psychology* for publication purposes.



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Dr L Nel

Research Supervisor

10 October 2023

Date

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I would like to express my sincere gratitude to all the individuals who willingly consented to participate in this research study. I appreciate your willingness to express and share your personal experiences openly. I believe your contributions will be valuable to the field of Psychology and to upcoming studies.

To my supervisor, Dr Lindi Nel: Thank you for your invaluable insight and support throughout this journey.

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To my mother—my anchor and confidant: Your love and support are immeasurable. Thank you for all the sacrifices and the emotional support and for standing in the gap of mothering the boys.

To KB and DT: You have been my source of inspiration and motivation. I love you.

Bo rra Matlawe, rra Tlhakanye, rra Maseko le bo rra Molete, ke lebogela lesedi le thekgo ya lona.

Above all, I am grateful to our Creator for bestowing His grace on me and for giving me the courage and perseverance to pursue my dream while carrying out this assignment with His guidance.

*“And we know that God causes all things to work together for good for those who love Him and for those who are called according to His purpose.”*

Romans 8:28

## Preface

The mini-dissertation consists of three sections:

- Section A: Overview of the study
- Section B: Manuscript to be submitted to the *South African Journal of Psychology*

The manuscript comprises the research questions, the research objectives, the methodology, results and conclusion. The technical and referencing style of the dissertation will remain consistent throughout this mini-dissertation. The manuscript will be amended for journal publication after feedback is received from the examiners.

- Section C: This section presents the conclusions, contributions, limitations, and recommendations in addition to a personal reflection.

## Editor Declaration



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I, Lydia Searle, performed the copy edit for the mini-dissertation titled, "Teaching and Training Experiences Within Applied Master's in Psychology Programmes During the COVID-19 Pandemic: Students' Perspectives" by Keitumetse Molete.

Language and grammar issues were approached using the MSWord Review (Track Changes) function. Punctuation and layout issues were addressed according to the guidelines of the *Publication Manual of the American Psychological Association* (7th ed.).

The reference list and the citations were edited following the referencing and citation style recommended by the American Psychological Association.

I am not accountable for any changes made to this document by the author or any other party subsequent to my edit.

Yours faithfully,

Lydia Searle

Member: Professional Editors' Guild RSA (PEG)

Member: Academic and Non-Fiction Authors' Association of South Africa (ANFASA)

## Summary

The 2020 COVID-19 pandemic posed challenges to Applied Master's programmes in Psychology, altering traditional teaching and training methods. While extensive research has explored the pandemic's broader implications for higher education, insights into its influence on postgraduate Psychology education remain limited. This study addresses this gap, employing Rønnestad and Skovholt (2003) counselor development model to analyse the impact on students' developmental paths.

This study uses a qualitative research design to investigate eight distinct cases of Applied Master's Psychology students across various South African universities. Through semi-structured interviews, data were gathered and subsequently analysed through thematic analysis. Five main themes emerged from this exercise: 1) Lose and lost, 2) Not knowing, 3) Going virtual, 4) I am in need, and 5) Rising from the experience. Collectively, these themes highlight the multiple influences of the pandemic on the academic experiences of Applied Master's in Psychology students.

This research's significant contribution is how it aligns the identified themes with Rønnestad and Skovholt (2003) model, offering deeper insights into how the transition affected key aspects of counselor/therapist development. Additionally, the study emphasises the significant role of institutional support and innovative teaching methodologies in enhancing learning experiences amidst a sudden virtual transition. The findings highlight the need for adaptive strategies and reforms within Applied Master's Psychology programmes, advocating for flexible educational strategies that equip future psychologists to navigate global crises effectively.

*Keywords:* Applied Master's, COVID-19, online learning, Psychology, teaching,  
training



## Table of Contents

<b>Declaration.....</b>	<b>ii</b>
<b>Permission to Submit.....</b>	<b>iii</b>
<b>Acknowledgements .....</b>	<b>iv</b>
<b>Preface.....</b>	<b>v</b>
<b>Editor Declaration .....</b>	<b>vi</b>
<b>Summary.....</b>	<b>vii</b>
<b>List of Tables.....</b>	<b>xiii</b>
<b>List of Figures.....</b>	<b>xiv</b>
<b>Section A: Literature Review .....</b>	<b>1</b>
1.1 Introduction .....	1
1.2 Pedagogy .....	1
1.3 Teaching and Learning in the COVID-19 Pandemic .....	4
1.4 Applied Master’s in Psychology Training.....	6
1.5 Additional Theoretical Frameworks.....	8
1.6 Rønnestad and Skovholt’s (2003) Model of Development .....	10
1.6.1 Rønnestad and Skovholt’s Phases of Development.....	11
1.6.1.1 Phases 1 to 3.....	12
1.6.1.2 Phases 4 to 6.....	14
1.6.2 Rønnestad and Skovholt’s (2003) Themes of Counselor/Therapist Development..	17
1.6.2.1 Themes 1 to 4.....	17
1.6.2.2 Themes 5 to 9.....	19
1.6.2.3 Themes 10 to 14.....	21
1.7 Aims and Objectives of the Study .....	24
1.8 Methodology .....	24
1.8.1 Research Design .....	24

1.8.2 An Inductive Approach Towards Data Analysis .....	25
1.8.3 A Deductive Approach to Data Analysis .....	26
1.8.4 Sampling and Participants of the Study .....	27
1.8.5 Data Collection .....	28
1.8.6 Data Analysis .....	29
1.8.7 Themes .....	32
1.9 Trustworthiness of the Study .....	32
1.10 Ethical Considerations .....	33
1.11 Conclusion .....	34
<b>References .....</b>	<b>37</b>
<b>Section B: Manuscript .....</b>	<b>43</b>
Journal Guidelines to Author .....	43
Abstract .....	46
2.1 Introduction .....	47
2.2 Methodology .....	48
2.2.1 Research Design .....	48
2.2.2 Sampling Strategy .....	49
2.2.3 Demographics .....	49
2.2.4 Data Collection .....	50
2.2.5 Data Analysis .....	50
2.2.6 Trustworthiness of the Study .....	51
2.2.7 Ethical Considerations .....	51
2.3 Results .....	52
2.3.1 Theme 1: Lose and Lost .....	52
2.3.1.1 Subtheme 1.1: Compromised Interaction with Patients .....	53
2.3.1.2 Subtheme 1.2: Being Lost Myself .....	53
2.3.2 Theme 2: Not Knowing .....	54
2.3.2.1 Subtheme 2.1: Sudden Change .....	55
2.3.2.2 Subtheme 2.2: Fear of the Unknown .....	55
2.3.3 Theme 3: Going Virtual .....	57
2.3.3.1 Subtheme 3.1: How to Learn Online .....	57

2.3.3.2 Subtheme 3.2: My Online Patient .....	58
2.3.4 Theme 4: I am in Need .....	59
2.3.4.1 Subtheme 4.1: Emotional Needs .....	60
2.3.4.2 Subtheme 4.2: Practical Needs. ....	60
2.3.5 Theme 5: Rising from the Experience .....	62
2.3.5.1 Subtheme 5.1: Personal Growth. ....	62
2.3.5.2 Subtheme 5.2: Student-Professional Exhilaration. ....	63
2.4 Discussion .....	64
2.4.1 Emotional Component Involved in Becoming .....	64
2.4.2 The Need for Structure and Exposure in Becoming.....	65
2.4.3 The Developmental Nature of Becoming.....	67
2.5 Conclusion.....	70
<b>Reference .....</b>	<b>71</b>
<b>Section C: Critical Reflection of the Study.....</b>	<b>77</b>
3.1 Limitations .....	77
3.2 Strengths of the Study .....	79
3.3 Implications.....	81
3.4 Future Research Flowing from the Study .....	82
3.5 Conclusion.....	83
3.6 Personal Reflections.....	84
<b>References.....</b>	<b>87</b>
<b>Consolidated References .....</b>	<b>88</b>
<b>Appendices.....</b>	<b>98</b>
Appendix A: Research Study Information Leaflet.....	98
Appendix B: Research Study Consent Form.....	101
Appendix C: Ethical Approval GHREC Feedback .....	102
Appendix D: Ethical Approval Letter .....	103
Appendix E: Interview Questions .....	104
Appendix F: Frequency of Codes.....	106

Appendix G: Consolidated Codes .....	112
Appendix H: Rønnestad and Skovholt (2003) Article .....	163

## List of Tables

Table 1. Demographics .....	28
Table 2. Demographic Information of the Participants.....	49

## List of Figures

<b>Figure 1</b> .....	12
Phases of Counselor/Therapist Development .....	12
<b>Figure 2</b> .....	30
Data Analysis Steps and Description .....	30
<b>Figure 3</b> .....	32
Themes: Teaching and Training Experiences Within Applied Master’s in Psychology Programmes During the COVID-19 Pandemic: Students’ Perspective .....	32
<b>Figure 4</b> .....	52
Theme 1: Lose and Lost.....	52
<b>Figure 5</b> .....	54
Theme 2: Not Knowing .....	54
<b>Figure 6</b> .....	57
Theme 3: Going Virtual .....	57
<b>Figure 7</b> .....	59
Theme 4: I am in Need.....	59
<b>Figure 8</b> .....	62
Theme 5: Rising from the Experience .....	62

## **Section A: Literature Review**

### **1.1 Introduction**

In this chapter, the theoretical groundwork of various pedagogical approaches and paradigms that influenced the educational dynamics of the Applied Master's programmes in Psychology during the COVID-19 pandemic is discussed. This study is underpinned by the theoretical work of Rønnestad and Skovholt (2003) whose counselor development model posits the merging of professional and personal selves as a cornerstone of professional development. The model is central to this study since it elucidates how the professional and personal selves do not develop in isolation but rather converge, illuminating the transformative journey from student to professional. This perspective is vital because it provides a dynamic and holistic lens through which to view the professional development of Psychology students, a key focus of this study. The model's applicability to online learning environments necessitated by the pandemic remains largely unexplored and is thus central to this investigation.

This chapter begins with the exploration of diverse pedagogical methodologies, transcending into technology-supported learning during the pandemic and culminating with an examination of the Rønnestad and Skovholt (2003) counselor development model. As the subsequent sections are explored, each topic is considered for its unique and synergistic contributions to understanding the students' perspectives during these challenging educational times.

### **1.2 Pedagogy**

Pedagogy, at its core, is the method and practice of teaching. It is the vehicle that enables educators to shape and tailor their actions, judgements, and instructional strategies to the evolving educational context and the multifaceted needs of their students (Loughran, 2013).

Approaching pedagogy within the domain of Applied Master's programmes in Psychology necessitates a keen focus on the distinct pedagogical methods that are especially pertinent to the training of future psychologists. This section introduces the specific pedagogies that are relevant to the context of teaching and learning in Applied Master's programmes in Psychology, including behavioural, cognitive, and experiential learning theories.

Behaviourism is one of the foundational pillars of pedagogy. Based on the works of researchers such as Mumford (1980), behaviourism asserts that learning occurs when students can demonstrate either knowledge or a skill that was previously unfamiliar to them and which culminates in a substantial change in performance. This change manifests as the ability to execute a previously unachievable task. As such, this theory allows for the measurement of behavioural changes as indices of learning and provides a valuable tool for detecting learning outcomes manifested as behavioural transformations (Toker & Avci, 2015).

Teaching Psychology using a behaviourist approach involves employing techniques such as operant conditioning and positive reinforcement to facilitate learning (Mcleod, 2015). The class structure can also be modelled to favour a repetitive, drill-and-practice style that encourages habit formation. Behaviourist teaching methods were most likely greatly challenged during the pandemic since virtual classrooms do not easily facilitate the traditional reinforcement methods that are central to this approach.

Complementing behaviourism is the cognitive learning theory, which focuses on the processes underlying the acquisition and assimilation of knowledge. Cognitive theory demystifies how experiences are transformed into knowledge and subsequently embedded and processed into intellectual and cognitive schema (Bigge & Shermis, 1992). This theory thus equips educators with insights into the mental processes that students undertake in processing new knowledge, thereby enabling the development of intellectual skills anchored on a firm understanding of cognitive processes.



Cognitive learning theory applied to teaching Psychology includes strategies such as problem-solving tasks, concept mapping (Joshi et al., 2022), and metacognitive exercises to encourage students to engage in and understand their own learning processes. During the COVID-19 pandemic, instructors might have adopted technology to create interactive online tasks that required students to apply, analyse, and synthesise psychological concepts. However, it is conceivable that the abrupt shift to remote learning could have presented unforeseen challenges in implementing these activities effectively.

Similarly, experiential learning is an equally integral yet frequently overlooked pedagogical approach in training future psychologists. This theory extends the focus from mere intellectual and behavioural changes to include direct experience as a critical part of the learning process. Experiential learning revolves around the idea of learning by doing (Bradberry and De Maio, 2019) and argues that authentic, first-hand experiences are not only a rich source of knowledge but also facilitate deep, transformative learning.

Experiential learning in the context of teaching Psychology is frequently embodied through internships, laboratory work, field studies, and practical simulations (Kolb, 2014). These 'real-world' experiences help students to make connections between theoretical knowledge and practical applications. However, the onset of the COVID-19 pandemic brought with it restrictions that possibly limited such hands-on learning experiences. Psychology instructors may have had to innovate and create virtual simulations or remote projects to replicate these experiential learning opportunities.

By incorporating behaviourism, cognitive theory, and experiential learning, this discussion offers an all-round view of the pedagogical landscape in the context of Applied Master's programmes in Psychology during the COVID-19 pandemic. Ultimately, the goal is to offer meaningful insights that can guide the teaching and training of future psychologists, ensuring that they are well equipped to face the complex challenges of the profession.

### 1.3 Teaching and Learning in the COVID-19 Pandemic

In South Africa, most in-person learning programmes were transitioned to remote formats by mid-March 2020 because of the COVID-19 pandemic. According to Laher et al. (2021), implementing nationwide strategies aimed at reducing the spread of COVID-19 while observing the associated regulations considerably disrupted individuals' customary way of life. These strategies included the compulsory adoption of remote work and study arrangements. Usher et al. (2021) reported that the COVID-19 pandemic had a global effect on university students' lives and resulted in their inability to engage in in-person training activities, which consequently affected their overall learning experiences.

According to Adedoyin and Soykan (2020), certain educators may have been inadequately equipped to manage the widespread shift to entirely virtual teaching and were afforded minimal time to modify their instructional methods. The shift from traditional in-class teaching and learning to virtual instruction led to different student and educator experiences. This change necessitated a paradigm shift in providing and receiving quality education. A recent paper by Pokhrel and Chhetri (2021) underscores the difficulties of online-based learning and teaching. The most common problems were found to be cost, adaptability, accessibility, and adjustment to a new learning pedagogy. Pokhrel and Chhetri (2021) note that the identified primary challenges were related to the availability of digital devices and reliable internet connectivity.

Students frequently express dissatisfaction with remote learning due to the absence of opportunities for interaction with peers and lecturers, which they consider an important aspect of their study experience (De Haas et al., 2020). According to Wilczewski et al. (2021), students perceived their educational experiences as challenging and inferior to pre-pandemic times. This was attributable to how haphazardly internet learning operates and

how virtual classrooms generally do worse than traditional classrooms. Additionally, inadequate internet infrastructure in certain underdeveloped regions or unfavourable study circumstances within households interfered with students' full participation in online education (Kapasia et al., 2020). Incorporating online learning and employing e-learning platforms such as Canvas, Microsoft Teams, Blackboard, and Google Classroom were made possible by the COVID-19 pandemic. These tools introduced new teaching and learning functions that facilitated the creation of educational courses, training, and skill development programmes.

According to Pokhrel and Chhetri (2021), implementing effective pedagogical strategies for online learning depends on educators' and learners' proficiency and familiarity with information and communications technology (ICT). It is, therefore, imperative to employ appropriate and pertinent methods for online education since there is no universal approach that can be used. According to the research of Wu (2021), some educators have demonstrated creativity and efficiency in conducting online lectures through various means such as online presentations, interactive group activities, collaborative assignments, synchronous audio-visual discussions with the entire class, and practical assessments.

The present discourse highlights the educational achievements associated with a Master's degree in Psychology and the wider pedagogical transformations since 2020. Despite this, a research gap exists concerning students' individual experiences in particular programmes. This study examined the learning experiences and educational encounters of graduate students pursuing an Applied Master's degree in Psychology, specifically in relation to the pedagogical transition in teaching and training amid the COVID-19 outbreak. Implementing a stringent lockdown in South Africa by March 2020 was necessitated by the COVID-19 pandemic outbreak, and this led to a significant change in the prevailing circumstances.

#### **1.4 Applied Master's in Psychology Training**

A professional Master's degree in Psychology in South Africa is an accredited qualification that is aligned with the National Qualification Framework for Education, the Health Professions Council of South Africa (HPCSA, 2019), and the National Framework for Human Resources for Health in South Africa. Such conformity ensures that the content of the degree encapsulates the necessary theoretical understanding, therapeutic proficiency, and competency regarding ethical, safe, and effective practices and adheres to set performance standards. Achieving these competencies requires a well-structured pedagogical approach that typically includes direct supervision, case presentations, role-playing, patient interaction, and group work, all traditionally implemented within in-person teaching and learning environments. Predominant pedagogical models such as Kolb's experiential learning (Kolb & Kolb, 2017), Vygotsky's social constructivism theory of learning (Vygotsky & Cole, 1978), and Albert Bandura's social cognitive learning theory (Bandura, 2005) have been effectively employed in these contexts.

Enrolling in an Applied Master's program in Psychology in South Africa goes beyond just meeting specified academic requirements. It often involves a rigorous and meticulous selection process that enables the faculty members to measure each applicant's commitment and potential. Students must show proof of their academic competency, which is often a degree with honors in Psychology or any other similar qualification offered by institutions such as the University of South Africa (UNISA) (UNISA, 2023). This requirement guarantees that candidates have the requisite knowledge and are ready for the advanced research and study undertaken in the course. Additionally, as required by UNISA, the application includes a comprehensive research proposal that should demonstrate an

applicant's ability to conceive and formulate a research idea (UNISA, 2023) – a crucial skill in postgraduate psychological training.

The selection process is also complex and is determined by different subjective characteristics that can increase an applicant's chances. These include, but are not only limited to age, gender, race, and ethnicity; academic capability; English language proficiency and maturity; self-reflectiveness; an individual's life and work experiences; voluntary activities; group dynamics; as well as a mysterious 'X-factor' that sets the candidate apart from others (Cognition & Co., 2023b). However, each university applies its own standards. Still, it's important to recognize the fact that South African psychology programs have limited capacity, as they only enrol between 6 and 12 students per year per program – less than 7 percent of applicants annually (Cognition & Co., 2023b).

The assessment of potential students typically takes the form of a multi-stage interview that involves individual interviews, group discussions, and written assignments (Cognition & Co, 2023a). These metrics are used to assess not only the academic suitability of these candidates but also their interpersonal, analytical, and adaptability skills (Cognition & Co, 2023a). This type of selection ensures that the program gets not only academically qualified students but also those with the personal traits that will make them succeed in the highly demanding and ever-changing field of psychology. This is especially important in Psychology, where theoretical knowledge, empathy, ethical judgment, and teamwork is also necessary.

Furthermore, the professional orientation of the Applied Master's in Psychology demands a specialised pedagogical approach. Vocational training differs from purely academic learning because it seeks to equip students with a repertoire of skills that directly correspond to their future roles as practising psychologists. This often requires a hands-on, practical focus on the real-life scenarios and issues that psychologists typically encounter.

This form of learning resonates with the situated learning theory (Lave & Wenger, 1991), which postulates that learning is most effective when it is contextual and involves active participation. In a practical sense, Psychology often involves immersion in clinical or counselling settings, allowing the trainee to observe, interact with, and eventually counsel patients under supervision. This experiential component is not merely an add-on but is fundamental to the training of Applied Master's students in Psychology since it complements the theoretical learning with the necessary practical experience. This complex interplay between theoretical knowledge and practical experience ensures a more holistic and dynamic understanding of psychological concepts and therapeutic strategies, ultimately promoting more competent and effective practitioners.

As such, the nature of this training significantly influences the student's experience of the programme, with pedagogical practices being crucial in facilitating their professional development. The shift imposed by the COVID-19 pandemic from in-person to online-learning environments necessitated a rethinking of these practices, with the need to adapt and innovate to ensure the continuing development of effective, ethically sound psychologists.

### **1.5 Additional Theoretical Frameworks**

Amongst the theoretical paradigms of pedagogy, the three foundational models that are pertinent to this study are Kolb's experiential learning theory, Bandura's social cognitive theory, and Vygotsky's social constructivism theory. These frameworks serve as the groundwork to understand the intricacies of the teaching and training experiences in the Applied Master's programmes in Psychology during the COVID-19 pandemic. By focusing on these models, the review remains relevant and specific to the chosen subject matter and

aligns closely with the framework of Rønnestad and Skovholt (2003) that underpins the research.

In interpreting the pedagogical shifts caused by the pandemic, the experiential learning theory (Kolb et al., 1984) presents a critical lens that expands on the earlier works of Piaget (1961) and Habeshaw (1990) and proposes a four-step cyclical learning model. Beginning with concrete experience, the student engages with a new task, emphasising participation over passive consumption. The second stage, reflective observation encourages learners to critique and question their experiences. The third phase, abstract conceptualisation, urges the student to interpret and analyse their experiences based on their existing understanding, thus pushing the student to draw comparisons and assumptions. Finally, in active experimentation, students apply their newly acquired knowledge to real-world situations. The experiential learning theory suggests that effective learning requires students to be dynamically involved in their educational journey, actively reflecting, inferring, and applying their insights in a cyclical and continuous manner.

While experiential learning stresses individual engagement and comprehension, Bandura's social cognitive theory (1991) introduces the crucial social aspect of learning. Bandura (1986) diverged from traditional psychological perspectives and proposed that learning is significantly influenced by observing the behaviour and consequences of others' actions (Bandura, 1986). The theory posits that learning involves attention (Wood & Bandura, 1989), retention, reproduction, and motivation. Bandura (2001) emphasises the significance of individual agency in learning, with students making conscious efforts (Bandura, 1997) towards their education. Furthermore, self-regulation (Boekaerts et al., 2000) and self-efficacy (Bandura, 1991) are significant elements of Bandura's theory that highlight students' self-initiated thoughts, behaviours, and emotions in achieving personal goals.

However, the social cognitive theory only begins to explore the extent of social influence on learning. To address this, the focus is placed on the social constructivism theory (Vygotsky & Cole, 1978), which outlines the necessity of social interaction and cultural influences on cognitive development. Vygotsky (1987) asserts that knowledge construction is inseparable from its social context, and individuals understand their environment through cultural and language constructs. Hence, learning is not an individual endeavour but a shared venture that benefits from dialogic interactions. This theory underscores the importance of fostering a collaborative (Olorode & Jimoh, 2016) learning environment, even in remote learning scenarios.

The theoretical models reviewed herein offer a solid yet flexible pedagogical framework for this study. Moreover, by incorporating the Rønnestad and Skovholt (2003) model, this study acknowledges the need for a balanced interplay of experiential learning processes, social cognitive elements, and socially constructed dialogue and collaboration. This literature review forms the basis for a nuanced and multi-theoretical analysis that acknowledges the complexity of teaching and learning experiences within the Applied Master's programmes in Psychology during the COVID-19 pandemic.

### **1.6 Rønnestad and Skovholt's (2003) Model of Development**

The development of Psychology professionals, although a critical aspect of professional growth, has received little empirical attention in the literature. In the past, professional development has typically relied on supervision models for conceptual advancements (Loganbill et al., 1982). However, this limited perspective does not fully encompass the complete growth and development of Psychology professionals. Therefore, it is wise to broaden the scope and explore theories and models that provide a comprehensive viewpoint.

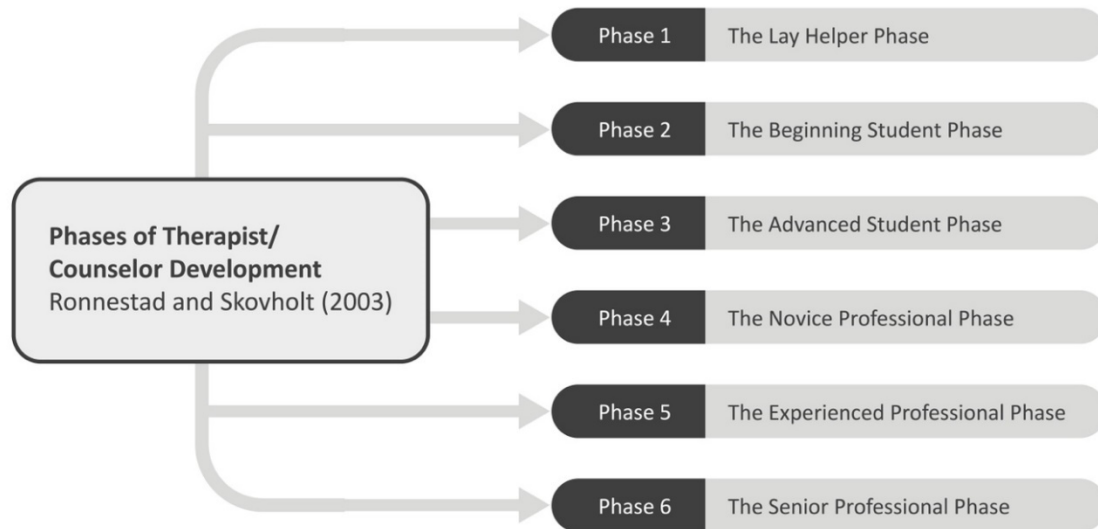


The Rønnestad and Skovholt (2003) model is a valuable addition to this discussion because it includes a wide range of elements that go beyond what supervisory models cover.

To frame this conversation, it is important initially to outline the purpose of professional development models in the field of Psychology. These models are designed to provide insight into the various phases of growth experienced by Psychology professionals and offer frameworks to guide individuals through the intricacies of their professional journeys. When discussing these developmental stages, the integrative developmental model (IDM) often surfaces, delineating various levels of competency development in psychotherapists (Bradley et al., 2001). While the stages of the IDM offer valuable insight into therapist development, its application might not fully encapsulate the unique experiences of Psychology students in the COVID-19 pandemic, the focus of this research.

### ***1.6.1 Rønnestad and Skovholt's Phases of Development***

Unlike their predecessors, Rønnestad and Skovholt (2003) embarked upon an inquiry into the full professional lifespan of therapists. Their model arose from a qualitative longitudinal study involving interviews with 100 therapists at various career stages and captured many perspectives (Rønnestad & Skovholt, 2003). These researchers charted a developmental path from the Lay Helper to the Senior Professional stage, providing a more expansive framework than the IDM (Rønnestad & Skovholt, 2003) that was more suited to the current study.

**Figure 1***Phases of Counselor/Therapist Development*

Note. Rønnestad & Skovholt, 2003

**1.6.1.1 Phases 1 to 3.** In the Lay Helper Phase (Phase 1), students, as early-career professionals, have typically had prior supportive experiences before their professional training. Drawing on the findings of Rønnestad and Skovholt (2003), this phase recognises that future therapists often serve in assistance roles, offering guidance and support within their personal lives to others such as parents, children, friends, and colleagues. It is within this phase that lay helpers use their personal epistemology and common knowledge to aid individuals in distress. This study considers how such experiences interacted with the unique challenges presented by the COVID-19 pandemic and shaped their entrance into formal training. Furthermore, the impact of the COVID-19 pandemic added a new dimension to the Lay Helper Phase. This unprecedented crisis presented an immense emotional challenge to individuals globally as they not only faced their personal struggles but also sought to aid others in navigating through the uncertainties and anxieties of the pandemic. Consequently,

this period amplified the importance of emotional self-regulation for lay helpers. It prompted them to understand their emotional boundaries better and to manage their emotional responses while offering support, thus enhancing their potential for empathic engagement in their professional training.

As they transition into the Beginning Student Phase (Phase 2), novice trainees frequently view the onset of professional training as both exciting and challenging. In this stage, the beginning students are influenced by numerous variables, including theoretical constructs and research findings, interactions with clients, and the counsel of professional authorities such as professors, supervisors, mentors, and personal therapists (Rønnestad & Skovholt, 2003). Additionally, the students are influenced by personal life experiences, relationships with peers and colleagues, and the broader sociocultural environments in which they operate. Since this study focused on the experiences of Psychology students during the pandemic, this phase and the subsequent Advanced Student Phase (Phase 3) were crucial areas of exploration. Moreover, as the pandemic compelled a significant part of therapy to go online, meeting clients for the first time may have been an entirely virtual experience for many students. The issues faced by clients due to the pandemic such as heightened anxiety, depression, and stress (Pfefferbaum & North, 2020) could have made it more challenging for the students to maintain focus and cognitively process the therapeutic sessions. They would have needed to learn how to interpret non-verbal cues over video calls and build rapport in a virtual environment, adding further complexities to their learning experience.

In the Advanced Student Phase, the focus shifts towards acquiring fundamental proficiency. Many students strive for academic excellence, moving beyond mere avoidance of errors and frequently grappling with increased pressure to perform tasks flawlessly. These three stages witness students navigating a flood of new theories, research, and professional influences while aspiring to academic excellence, all against the backdrop of a global health

crisis. During these phases, supervision is considered a key influence and resource, and it plays a critical role in honing the professional skills of the advanced student. However, the COVID-19 pandemic significantly altered the nature of this supervision, forcing both students and their supervisors to adapt to remote forms of guidance and oversight. The inability to observe senior practitioners closely, coupled with the increased reliance on virtual interactions, may have increased the perceived distance between students and their mentors, leading to greater self-reliance and independence in the students' professional development. Conversely, the expanded use of digital platforms could have broadened students' exposure to diverse therapeutic models and styles by providing them with the ability to observe and learn from a wider range of professionals across different locations and contexts.

**1.6.1.2 Phases 4 to 6.** Upon completion of their academic programmes, practitioners enter the Novice Professional Phase (Phase 4). This phase, which generally spans the initial years post-graduation, is marked by both intrigue and intensity. Practitioners engage in ongoing conceptual and behavioural reformulation during this period. Notably, the early years of professional practice present a series of shifts; practitioners initially validate their training and then face unmet professional challenges, leading to potential disillusionment followed by an intensified exploration of the self and the profession. Phase 4 is a unique blend of challenge and freedom as practitioners independently test their learned skills, free from the scrutiny of academic assessments. For students transitioning into this phase during the pandemic, the experience may have been particularly intense given the testing of school learning in uncharted territories.

The need for a supportive professional network is even more vital for novice practitioners in the pandemic context. Guidance and mentorship of experienced professionals can provide not only strategic direction in dealing with novel situations but also emotional support in times of personal overwhelm. Thus, the challenges posed by the pandemic,

although formidable, may have served as a catalyst for professional growth and self-reflection amongst novice practitioners. These challenges may have further underlined the role of adaptability and resilience as key attributes in the face of unpredictable professional terrain, thereby leading to a deeper understanding of the complexities of their profession. Notably, these insights could form a valuable foundation for curricula development in the future, making the curricular more rigorous and relevant for unforeseen public health emergencies.

Upon entering the Experienced Professional Phase (Phase 5), practitioners are often well versed in the field through having interacted with diverse individuals across a multitude of settings. As the name implies, professionals in this phase have significant expertise and need to create a counselling position that is very similar to how they see themselves and that reflects their beliefs, interests, and attitudes. This will help them to use their professional competence in a genuine way. Furthermore, it is critical to highlight the role of these professionals in the mentoring and development of younger cohorts. In the context of the pandemic, their ability to use adverse personal experiences constructively in their work could have served as an inspiring model for students facing various challenges caused by the global crisis. Their life stories and resilience might have fuelled the students' motivation, helping them to see beyond the immediate crisis and to focus on long-term professional growth. In addition, these professionals, having negotiated their roles and boundaries over years of practice, bring forth a unique ability to balance personal and professional lives. They have learnt to separate their professional role from their personal roles effectively, and this could have offered essential insights to students grappling with the blurred lines of work-life boundaries amid the work-from-home scenario enforced by the pandemic.

The Senior Professional Phase (Phase 6) typically succeeds many years of practice and symbolises a professional's progression into an experienced practitioner. This phase

manifests distinctive problems, with professionals frequently wrestling with unease, sorrow, and apprehension originating from declining health, diminished vigour, and constraints in personal and occupational accomplishments (Rønnestad & Skovholt, 2001). This phase, evoking the cyclical nature of existence, demands resilience and flexibility as professionals approach the apex of their professional journey. The pandemic situation brought a distinctive lens to examine the resilience and adaptability of the senior professionals, particularly regarding their continued commitment to grow professionally. Remote teaching and virtual clinical practice required them to acquire and adapt to digital platforms rapidly, thereby expanding their repertoire of skills in unexpected ways. This development, while challenging, could also be viewed as a form of continued professional growth during the senior phase as they incorporated new technological competencies into their established practices.

Each stage is demarcated by a distinct set of developmental tasks, interpersonal methods, and cognitive patterns. This paradigm is entrenched in comprehensive empirical research and buttressed by a strong theoretical groundwork, drawing insights from developmental, cognitive, and sociocultural Psychology theories. Comprehending the professional growth trajectory, as conceptualised by Rønnestad and Skovholt (2003), is fundamental to understanding the impacts of the COVID-19 pandemic on the teaching and training experiences in the Applied Master's programmes in Psychology. This worldwide crisis revolutionised traditional teaching strategies, obliging students and educators to acclimate to novel learning environments and methodologies that intersected with the stages of professional development uniquely.

Rønnestad and Skovholt (2003) identified 14 distinct themes that encompass the progression of counselor development, and the presentation offers an extensive comprehension of the trajectory that goes beyond the phase-based model. This meticulous investigation into the themes furnishes a valuable framework for scrutinising the experiences

of Psychology Master's students during the COVID-19 pandemic, taking into account the pandemic's unprecedented challenges and its repercussions on the student's professional evolution, especially within the South African milieu.

### ***1.6.2 Rønnestad and Skovholt's (2003) Themes of Counselor/Therapist Development***

The 14 themes of counselor development presented by Rønnestad and Skovholt (2003) each highlight a crucial facet of the developmental journey of counselling professionals and provide a solid theoretical foundation to investigate the unique challenges and opportunities that the pandemic presented in Psychology education. The unique circumstances of the pandemic, with the abrupt transition to remote learning and the consequent blurring of personal and professional boundaries, offer a unique vantage point to examine these themes and their implications for students' professional development trajectories critically. This section explores each theme individually, examining the nuanced challenges and the potential growth opportunities that the COVID-19 pandemic presented within the context of teaching and training experiences in Applied Master's programmes in Psychology. The aim is to offer a rich understanding of how these unprecedented circumstances shaped the students' professional development, thus adding a significant layer to the literature on counselor development.

**1.6.2.1 Themes 1 to 4.** Theme 1 highlights the *dynamic interaction between a counselor's professional and personal identities* and maintains that the connection between these personas solidifies over time. Therapists become skilled at incorporating self-reflection organically within their therapeutic approach, promoting the integration of the personal and professional self. However, the pandemic blurred the lines between professional and personal lives, forcing many students to confront new personal challenges that could not be disentangled from their developing professional identities. One can surmise that these

challenges could reinforce or obstruct the natural, integrative process, leading to distinct development trajectories amongst students.

Theme 2 presents *dramatic shifts in focus over time*. During pre-training, counselors often adopt conventional approaches that may be direct, may be based on personal experiences, and may express sympathy rather than empathy. However, as student therapists undergo training, their modus operandi tends to be externally driven; they tend to rely heavily on theoretical knowledge and empirical methods, which leads to a decrease in their natural behaviour during counselling sessions. Post training and as experience builds, therapists often adopt a more internal and flexible approach that is marked by increased confidence and flexibility. This progression, however, may have been significantly disrupted by the forced pedagogical shift to remote learning. Students were likely compelled to display professional adaptability prematurely, leading to questions regarding the implications of such an accelerated development. While this could potentially foster resilient practitioners who are able to navigate abrupt changes, there is also a concern about the potential compromise of fundamental skills and technique mastery.

Theme 3 considers *the imperative of continuous reflection*. Engaging in continuous reflection propels optimal learning and professional development. Reflective practice helps therapists to understand themselves, their clients, and the procedures involved in their practice better. The pandemic, having imposed an array of psychosocial stressors, may have stimulated heightened introspection. The struggles in navigating remote counselling sessions and personal and professional upheaval could have catalysed profound self-reflection, enriching students' understanding of their professional identity and approach to therapeutic practice.



Theme 4 underscores *the importance of a deep-seated commitment to learning* and a willingness to take ethically appropriate risks to enhance professional competency. This commitment might have been starkly tested in the face of the pandemic as students grappled with the unfamiliar terrain of virtual learning environments and navigated new and unknown ethical situations.

**1.6.2.2 Themes 5 to 9.** Themes 5 and 6 draw attention to *the transformation from reliance on external expertise to the somewhat slow and non-linear nature of internal and professional development*. Given the abrupt shift to online learning and the necessary self-reliance, the usual trajectory of cognitive map alteration may have been disrupted or expedited. The sudden switch to online learning could have left some students feeling lost, especially those who were just beginning their training. Furthermore, the pace and pattern of professional growth might have been influenced by pandemic-induced obstacles and stressors, inviting an investigation into the variability of developmental timelines amongst students.

The concept of Theme 7, *development as a life-long journey*, asserts that learning transcends the academic setting and permeates postgraduate years and further professional life. The pandemic's precipitous onset necessitated swift adaptation and resilience from students. Its pressing demands inadvertently encouraged students to mature early into their roles as mental health advocates, teachers, and consultants, thus gaining significant developmental momentum early in their professional journeys. One consequence of the outbreak was an immediate interest in understanding how remote learning and its associated challenges affected the professional growth of the postgraduate (Chick et al., 2020). Increased competence, better handling of challenges, and the skilful regulation of responsibilities could potentially take on new meanings in an altered academic landscape. Likewise, mentorship, teaching, and consultancy roles may be reshaped by the rise of digital

platforms, thus influencing how senior practitioners contribute to their juniors' growth.

Exploring these alterations could offer insights into how professional development is affected and reshaped during and post an event such as the COVID-19 pandemic.

Theme 8 explores *anxiety, a common experience for beginners*, which may have been heightened during the pandemic. The additional stressors such as fear of contracting the virus, social isolation, and the abrupt transition to remote learning might have compounded the typical anxiety experienced by beginners. The anxiety once reserved for meeting their first clients, fearing unsuitability for therapy work, or lacking professional knowledge and competence, now accompanies every unfamiliar terrain induced by the pandemic. Yet this challenging scenario also harboured an opportunity for students to mature their coping mechanisms, gradually mastering their anxiety and in turn, becoming more proficient, empathetic, and resilient therapists. An integral aspect of this theme's exploration involves understanding how the pandemic-induced stressors and anxiety informed students' development and influenced their eventual transition from fear to competence.

Theme 9 recognises *clients as a potent source of influence* and considers them primary teachers for counselors and therapists. The pivot to virtual interactions due to the pandemic could have altered this dynamic in ways that were previously unexplored (Békés & Aafjes-van Doorn, 2020). Despite the physical separation, the close interpersonal contact established through virtual platforms still allows for real-time feedback from clients, which continues to influence practitioners. However, the nuanced changes brought about by virtual client-therapist interaction, particularly in terms of student therapists' receptivity to feedback, warrant investigation. The pandemic-induced shift may have heightened the vulnerability of inexperienced practitioners to client feedback and possibly amplified the impact of negative client feedback on student therapists. This brings forth questions about how these experiences influence professional learning and development in both the short and long term.

**1.6.2.3 Themes 10 to 14.** Theme 10 underscores *how personal life influences professional functioning and development throughout the professional lifespan*. By intermingling personal and professional spaces, the pandemic likely amplified this influence. Students and professionals alike faced unprecedented personal challenges that could not be isolated from their professional development. The impact of these challenges on their therapeutic style, their attitude towards colleagues, and their coping mechanisms in practice form essential areas of exploration. Furthermore, significant personal experiences, both negative and positive, are considered influential factors in professional growth. The COVID-19 pandemic, as a shared global adversity, can be seen as a catalyst for significant shifts in professional functioning and development. An examination of how this crisis affected therapists, especially regarding its long-term consequences, would provide a deeper understanding of this theme in the current context.

Theme 11 discusses *interpersonal influences that propel professional development*, and posits that interpersonal sources of influence have greater propulsion than ‘impersonal’ sources. Therapists have reported that meaningful interactions with clients, supervisors, mentors, professional peers, and personal connections have been crucial catalysts for their growth (Moss et al., 2014). During the pandemic, traditional in-person exchanges were replaced with virtual interactions, raising questions about the effectiveness of these virtual interactions in fostering professional development. The shift to online learning and counselling might have amplified the role of impersonal sources such as reading relevant books or journals and attending online courses or seminars. This change could have affected the usual interpersonal-driven learning preference, necessitating the exploration of alternative learning modalities and their effectiveness.

Theme 12 explores *strong affective reactions towards graduate training and professional elders*. The power dynamic within the student-professional and elder

relationship often induces strong emotional responses, with students either idealising or devaluing their seniors. The pandemic might have intensified these affective responses since most interpersonal interactions had been relegated to the digital realm. Because students could no longer engage with professional elders face-to-face, they might have found it more difficult to model the behaviours and characteristics that they admired in their seniors. The implications of these altered dynamics on the development of the professional identities of the student therapists and the students' eventual transition into the profession warrant careful consideration. For instance, the potential of technology to mediate these affective reactions remains an under-researched area.

Theme 13 examines *the heightened acceptance, appreciation, and recognition of human variability*. This theme underscores the profound impact of personal and professional experiences in fostering wisdom and self-acceptance. The global crisis brought about by the pandemic undoubtedly exposed student therapists to extensive human suffering. This unprecedented experience could have accelerated their appreciation for human variability and enhanced their ability to empathise with a broad spectrum of human experiences. It is crucial to investigate how this heightened exposure to suffering during a crucial stage of their professional development might have influenced their resilience, mental health, and therapeutic approach.

Finally, Theme 14 considers *realignment from self-as-hero to client-as-hero*. Over time, therapists typically realise that their role is not to rescue their clients but to empower them to become their own heroes. The pandemic, with its attendant upheavals, may have accelerated this process of realisation for student therapists. As they grappled with their own vulnerabilities and limitations, they might have gained early insight into the inherent limitations of their role as therapists. However, this premature confrontation with the 'series of humiliations' that therapists experience could have had ramifications on their confidence

and sense of competence. A key area for exploration would be how this rapid realignment affects their therapeutic efficacy and professional development trajectory.

The enforced physical distancing might have significantly altered interpersonal dynamics and affected professional development trajectories. Similarly, increased personal suffering caused by the pandemic might have expanded students' understanding of human variability and pain, thus influencing their therapeutic practice. Rønnestad and Skovholt (2003) argue that professional growth is a multifaceted process that calls for constant reflection. The authors highlight a reciprocal relationship between therapists' experiences of stagnation or growth and their ability to handle client relationship challenges (Rønnestad & Skovholt, 2003). This relationship becomes even more prominent in a global crisis, which undeniably presents various difficulties in client relationships.

A contextual reinterpretation of the 14 themes proposed by Rønnestad and Skovholt (2003) can serve as a strong analytical lens for understanding the impacts of the COVID-19 pandemic on the teaching and training experiences of Psychology Master's students in South Africa. This analysis could potentially generate meaningful insights, inform future pedagogical practices, and contribute to the broader dialogue on professional development in Psychology. While the abrupt pedagogical shifts and associated challenges precipitated by the pandemic created unprecedented disruptions, they also presented unique opportunities to examine and learn about the resilience and adaptability of students and the flexibility of our educational systems.

## **1.7 Aims and Objectives of the Study**

This study aims to gain a holistic understanding of the multi-dimensional effects that COVID-19 has had on academic and career trajectories for students pursuing Applied Master's programmes in Psychology in South Africa. In pursuit of this aim, a sharp focus is placed on capturing the student perspectives and experiences that emerged during this unprecedented global health crisis. To achieve this overarching aim, this research is guided by the following specific objectives.

**Objective 1:** The first objective is to explore and discuss the training and teaching experiences within the South African Applied Master's programmes in Psychology during the COVID-19 epidemic.

**Objective 2:** The second objective is to ground the identified experiences in the professional developmental framework proposed by Rønnestad and Skovholt (2003).

## **1.8 Methodology**

This section briefly describes the research methodology that was employed and outlines the steps that were undertaken to address the research questions.

### ***1.8.1 Research Design***

In exploring the training and teaching experiences within the Applied Master's programmes in Psychology during the COVID-19 pandemic in South Africa, this study adopted an exploratory and descriptive qualitative approach (Christensen et al., 2015). This research strategy was suitable because it provides profound insights into phenomena that necessitate a more nuanced understanding. The study's exploratory nature enabled the researcher to delve into the largely uncharted territory of the sudden shift in teaching modalities from traditional in-person to online instruction that occurred during the pandemic.

The incorporation of the professional development theory presented by Rønnestad and Skovholt (2003) served as a solid conceptual framework, informing the investigation of how these educational experiences influenced students' developmental trajectories. This approach fostered a rich understanding of the reciprocal relationship between the contextual challenges posed by the pandemic and the consequential developmental implications for Applied Master's students in Psychology.

In accordance with a multiple case study design (Yin, 2018), this study treated each instance of altered teaching and training experiences during the pandemic as a unique case. A multi-case framework allowed for the exploration of the richness and complexity of the phenomena under study, offering more rich findings than a single-case analysis. As Saunders et al. (2016) proposed, the exploratory nature of this study was enhanced by the incorporation of open-ended questions, which created an avenue for a deeper comprehension of the subject matter. This approach, in turn, facilitated the emergence of new insights that contributed significantly to the existing body of knowledge on the pedagogical experiences during the COVID-19 pandemic.

### ***1.8.2 An Inductive Approach Towards Data Analysis***

As articulated by Creswell (2012), the inductive method employed in this study served as a potent tool for deriving emergent themes and addressing the central research questions. According to the research of Rhodes et al. (2008), comprehending human behaviour necessitates an inductive approach since our knowledge is typically obtained through inductive reasoning rather than through the direct observations of individuals. The suitability of an inductive approach was considered appropriate for this study because the phenomenon being investigated had not been previously explored.

While the primary method underpinning the current study was inductive, it is crucial to expound how the theoretical framework (the model of Rønnestad and Skovholt, 2003)

enhanced the research. The incorporation of this framework provided a broader lens through which the emerging themes could be viewed, thereby contributing to a more informed and rich understanding of the students' experiences. The model played a pivotal role in structuring the research question, guiding data interpretation, and framing the ensuing discussions.

The inductive approach to the analysis allowed the students' voices to emerge naturally from the data, while the theoretical framework of Rønnestad and Skovholt's (2003) model of counselor development contextualised these voices within the broader discourse of professional development in Applied Psychology. This dual approach granted both validity and depth to the results, providing a nuanced understanding of the students' experiences within Applied Master's programmes in Psychology during the COVID-19 pandemic.

### ***1.8.3 A Deductive Approach to Data Analysis***

This study simultaneously employed a complementary deductive approach. By grounding the study within Rønnestad and Skovholt's (2003) developmental framework from the outset, the researcher could better interpret and contextualise the emergent themes within an established theoretical perspective. This theory-driven approach enabled the researcher to test the applicability and validity of Rønnestad and Skovholt's (2003) model in view of the unique context of the pandemic-induced transition in teaching and training methods.

Combining the inductive and deductive approaches allowed for a comprehensive, nuanced exploration of the research question. The inductive approach facilitated a 'bottom-up' understanding, letting themes emerge organically from the students' experiences. Conversely, the deductive approach offered a 'top-down' framework that provided theoretical grounding and interpretative context for the emergent themes. Hence, the combined methods ensured a rich, multifaceted understanding of the training and teaching experiences of



students in the Applied Master's programmes in Psychology during the COVID-19 pandemic.

#### ***1.8.4 Sampling and Participants of the Study***

The selection of participants for this study was informed by purposive sampling as delineated by Christensen et al. (2015). This strategic approach enabled the recruitment of participants who were uniquely positioned to provide information-rich narratives of their first-year experiences as Applied Master's students in Psychology amid the tumultuous landscape of 2020.

A sample of eight (8) participants was drawn from various universities across South Africa, embodying diversity in both academic affiliations and programme specialisations. This broad sampling frame encompassed students from counselling, clinical, and educational Psychology programmes, ensuring a comprehensive representation of the array of master's disciplines in Applied Psychology.

The researcher approached potential participants who expressed interest in contributing to the study, underscoring the voluntary nature of participation and commitment to ethical research practices. The recruitment process emphasised the inclusion of those who could offer unique insights into the spectrum of teaching and training experiences during the pandemic.

**Table 1***Demographics*

	<b>Age</b>	<b>Sex</b>	<b>Programme</b>	<b>University</b>
Debby	25	Female	Educational Psychology	University of Johannesburg
Bonolo	29	Female	Counselling Psychology	University of Pretoria
Michelle	36	Female	Clinical Psychology	North West University
Lerato	42	Female	Clinical Psychology	Sefako Makgatho Health Sciences University
Sam	30	Male	Clinical Psychology	University of KwaZulu-Natal
Kamo	31	Male	Clinical Psychology	University of South Africa
Ruby	25	Female	Educational Psychology	University of Pretoria
Keke	27	Female	Clinical Psychology	Rhodes University

**1.8.5 Data Collection**

For a comprehensive understanding of the participants' experiential realities, data were accumulated via virtual semi-structured dialogues as stipulated by Creswell (2012). Each interview was conducted in order to probe into the individual teaching and training experiences of the participants regarding the Applied Master's courses in Psychology throughout 2020.

The semi-structured design of the dialogues facilitated flexible interactions that encouraged participants to reflect on their experiences openly and concurrently and to grant the interviewer the liberty to seek further clarification or elaboration when deemed necessary.

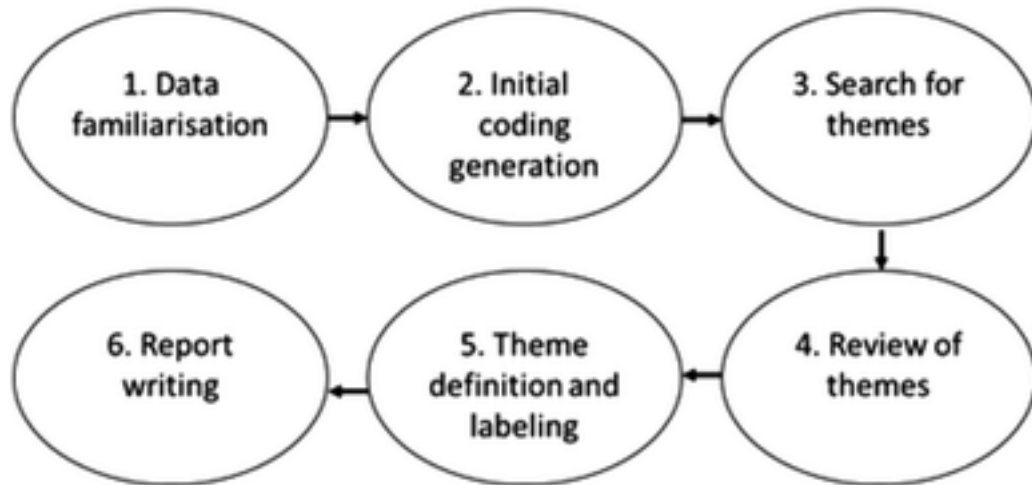
The interviews were conducted via the Zoom platform to accommodate the geographical dispersion of the participants, most of whom were undertaking community service placements or finalising their research modules.

Each interview was conducted online to facilitate open dialogue and thoughtful reflection and lasted approximately 50 minutes. The interviews were recorded to ensure accuracy and were thereafter transcribed verbatim to provide a faithful record of the participants' narratives, serving as the primary data for subsequent analysis.

The transcription process generated 42 pages of rich, detailed data. The substantial volume of data underscored the thoroughness of the research approach and the in-depth insights garnered from the interviews. Furthermore, effective probing techniques such as clarifying questions, well-timed pauses, and open-ended and reflective questions were systematically employed to delve deeper into the participants' experiences and perceptions, ensuring a nuanced and in-depth comprehension of their narratives. Probes were planned prior to the interviews but were also used spontaneously in response to participant discourse in order to clarify vague statements or to prompt further elaboration.

#### ***1.8.6 Data Analysis***

The data analysis was guided by the framework of thematic analysis as proposed by Braun and Clarke (2022). This method offered a systematic element to the data analysis through coding and allowed the data to be cohesively organised into themes. Braun and Clarke (2006) outline six distinct steps of the thematic analysis, and these were applied diligently in this research as indicated in Figure 2.

**Figure 2***Data Analysis Steps and Description*

Note. Adapted from Braun and Clarke, 2006

1. **Step A. Familiarisation with the data:** The preliminary step involved immersing oneself in the data, which was achieved by repeated reading of the text and attentive listening to the recorded interviews. This thorough process enabled the researcher to make initial observations, to understand the complexity of the data, and to discern patterns and commonalities.
2. **Step B. Generation of initial codes:** In this step, interesting features of the data were identified and coded systematically across the entire dataset. Thereafter, desirable information was categorised under each code. The data were tabulated using the table function of Microsoft Word, and keywords symbolising various ideas were assigned to individual data points. Notably, the researcher assigned over 130 open codes, a testament to the richness and diversity of the data.
3. **Step C. Searching for themes:** This step demanded the aggregation of the generated codes into prospective themes. Each theme was then populated with relevant coded data. The researcher accomplished this by methodically categorising related coded

extracts, forming potential themes within the data corpus. For example, preliminary codes such as ‘online learning challenges’ and ‘lack of in-person interaction’ were synthesised into the broader theme of ‘Going virtual’.

4. **Step D. Reviewing potential themes:** The focus during this step was to examine the generated themes in relation to the coded extracts and the entire dataset. As a result, a thematic map of the analysis was created. Certain themes overlapped, and some codes did not fit neatly into any specific theme. Those codes appearing once or twice were discarded, while recurrent codes were scrutinised further. The resulting thematic map, with over 30 major and minor themes, provided a coherent structure for understanding the student’s perspectives on Applied Psychology training during the COVID-19 pandemic.
5. **Step E. Defining and naming themes:** An iterative process was conducted to refine the themes and to discover subthemes. Each theme was carefully defined, outlining its scope and boundary. Not only were the themes refined and solidified but related subthemes were also identified and catalogued under the relevant themes. For instance, within the major theme of ‘I am in need’, subthemes such as ‘emotional needs’ and ‘practical needs’ were developed.
6. **Step F. Producing the report:** The final step entailed selecting and highlighting extract sequences that best illustrated each theme. These selections directly responded to the research question and were situated within the existing literature, offering a coherent narrative of the students’ experiences during the pandemic. The extracts provided an empirical backbone to the narrative, weaving together the thematic fabric of the students’ experiences.

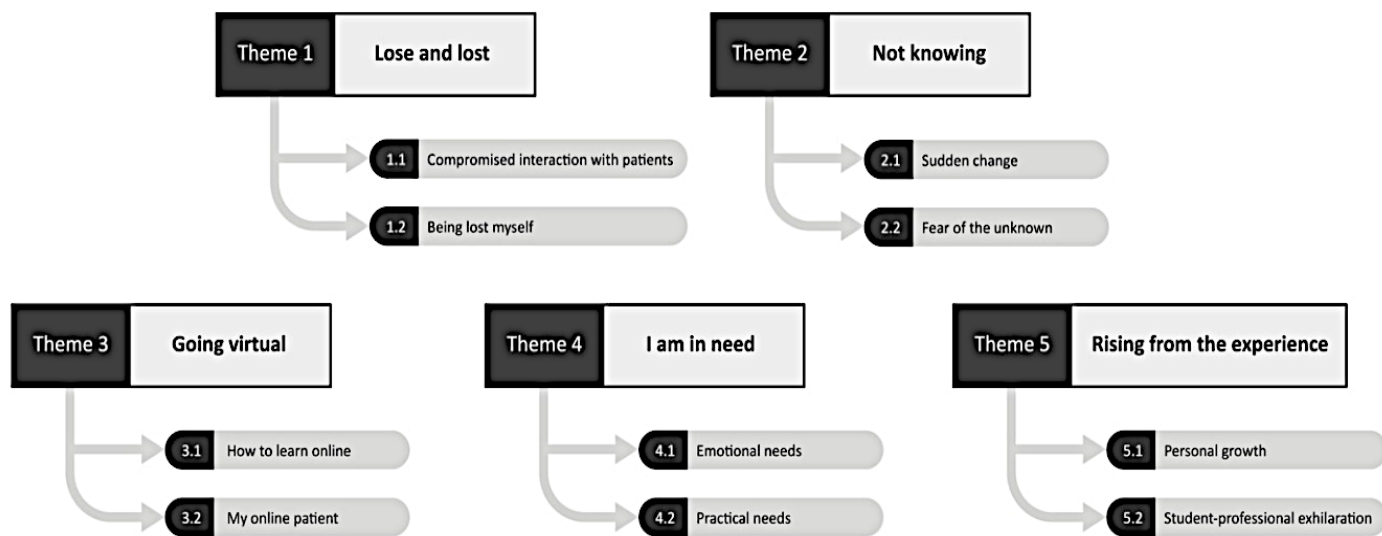
### 1.8.7 Themes

Figure 3 outlines the themes and subthemes extracted from the data.

**Figure 3**

*Themes: Teaching and Training Experiences Within Applied Master's in Psychology*

*Programmes During the COVID-19 Pandemic: Students' Perspective*



Note. Extracted themes and subthemes

### 1.9 Trustworthiness of the Study

The authenticity and reliability of this qualitative research were underpinned by the principles of credibility, confirmability/neutrality, dependability/consistency, and transferability/applicability, as posited by Lincoln and Guba (1985). To enhance the study's credibility, a triangulation method was employed, incorporating meticulously transcribed interviews and weaving together both researcher and theoretical perspectives (Shenton, 2004).

Demonstrating transferability required illustrating how the research findings could be applied to other circumstances, contexts, or situations. Detailed descriptions of the research

findings and context were provided to ensure that other researchers could understand the study and consider its relevance for their own work. It is worth noting that while this study provides extensive detail, its goal was not to generalise the findings but rather to understand a particular phenomenon deeply, namely the student experience within Applied Master's programmes in Psychology during the pandemic.

Confirmability was ensured by grounding the study's conclusions strictly in the participants' responses, vigilantly avoiding potential bias or the personal motivations of the researcher. An audit trail was maintained, providing transparency into the analytical decisions made throughout the research. This documentation enabled external audits to assess the research process and verify its neutrality.

Lastly, to establish dependability, the researcher meticulously documented all alterations and revisions in the research protocol.

### **1.10 Ethical Considerations**

Ethical approval for the research was granted by the General Human Research Ethics Committee (GHREC) at the University of the Free State (see Appendix D for ethical approval letter). All participants were provided with a participant information sheet and a comprehensive informed consent form, ensuring they fully understood the study's purpose, methods, potential risks, and their rights.

The autonomy of the participants was emphasised and they were notified of their freedom to leave the research at any time without repercussion. Privacy and confidentiality were upheld through the use of pseudonyms, and any potential distress caused through participation was addressed by providing contact details for the University of the Free State counselling centre. Fortunately, this counselling resource was not used since none of the participants experienced distress.

The security of the collected data was prioritised. Data were stored securely on a password-protected laptop, ensuring only authorised access. Once the data analysis was completed, all electronic files were slated for deletion, and any handwritten notes were set to be destroyed physically, reinforcing the commitment to confidentiality.

### **1.11 Conclusion**

Upon reflection of this research journey, it is evident that the tumultuous disruption caused by the COVID-19 pandemic on the educational landscape, particularly regarding the South African Applied Master's programmes in Psychology, has had far-reaching implications. This research sought to delve into the lived experiences of students, their challenges, adaptations, and the effects of these adaptations on their pedagogical development.

Drawing from the rich theoretical tapestry of the pedagogy, learning, and teaching strategies under pandemic conditions and the specific dynamics of Applied Psychology training, the researcher situated the analysis within a broad and intricate context. Notably, the models presented by Kolb, Bandura, Vygotsky, and most pertinently, the model of development of Rønnestad and Skovholt (2003) were instrumental in framing the researcher's understanding.

An innovative path that intertwined the inductive and deductive approaches was followed, allowing for the exploration of emergent themes while concurrently testing the hypotheses within the conceptual framework. Such an approach enhanced the depth of the findings and gave a refined perspective on the experiences and personal development trajectories of the students.

Notably, the Rønnestad and Skovholt (2003) model of development provided an effective lens to gauge the pandemic's effects on the growth of the Master's students. From this perspective, it was determined how crises can stimulate transitions between stages,



challenging students to navigate uncertain situations and in turn, fostering resilience and adaptability—competencies that are invaluable in the professional practice of Psychology.

The sampling, data collection, and data analysis procedures revealed nuanced insights into the student experience, presenting themes and subthemes that reflected the diversity and complexity of learning in a time of a pandemic. The multifaceted implications of the pandemic on pedagogical approaches, interpersonal dynamics, and personal growth were explored, further underscoring the relevance and value of this study. As the trustworthiness of the study was considered, the researcher was aware of the necessity of maintaining rigorous ethical standards. The research journey upheld this standard, ensuring participants' rights and dignity, maintaining confidentiality, and assuring the validity and reliability of the results.

In line with our objectives, this study offers a thorough exploration of the impacts of the COVID-19 pandemic on Applied Master's programmes in Psychology from the student perspective. The insights gathered are poised to make a significant contribution to the discourse surrounding the Psychology education system, specifically regarding how learning and teaching is approached during a crisis. The study also highlights the pressing need to adapt pedagogical strategies and foster resilience in students, thereby providing them with the tools to succeed and thrive despite the difficulties that they may encounter.

The implications of this study go beyond the immediate context of South African Master's programmes. The findings and discussions have relevance for all educators and stakeholders in the field of Psychology and higher education, particularly in times of global crisis. They implore a reflective process and the necessity to rethink our educational practices, highlighting the importance of adaptive learning, the student-teacher relationship, and the critical role of resilience in the face of adversity.

To conclude, it is essential to view this study as a foundation for further research. The narratives that emerged from this research should serve as the catalyst for further

investigations into how we can best support our students in the face of future disruptions. The pandemic has taught us that our educational practices must remain flexible and adaptable and must always be centred on the well-being and development of our students. In the face of uncertainty, our students' voices have been our guide, and they will continue to show the way as we navigate the future of education in the field of Psychology.

## References

- Adedoyin, O. B., & Soykan, E. (2020). Covid-19 pandemic and online learning: The challenges and opportunities. *Interactive Learning Environments*, 1-13.  
<https://doi.org/10.1080/10494820.2020.1813180>
- Bigge, M., & Shermis, S. (1992). *Learning theories for teachers* (5th ed.). Harper-Collins.
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50(2), 248–287. [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L)
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman & Co.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52(1), 1–26. <https://doi.org/10.1146/annurev.psych.52.1.1>
- Bandura, A. (2005). The evolution of social cognitive theory. *Great Minds in Management, 2005*, 9–35. <http://www.uky.edu/~eushe2/BanduraPubs/Bandura2005.pdf>
- Békés, V., & Aafjes-van Doorn, K. (2020). Psychotherapists' attitudes toward online therapy during the COVID-19 pandemic. *Journal of Psychotherapy Integration*, 30(2), 238.  
<https://doi.org/10.1037/int0000214>
- Boekaerts, M., Pintrich, P.R., & Zeidner, M. (Eds.). (2000). *Handbook of self-regulation*. Academic Press.
- Bradberry, L. A., & De Maio, J. (2019). Learning by doing: The long-term impact of experiential learning programs on student success. *Journal of Political Science Education*, 15(1), 94–111. <https://doi.org/10.1080/15512169.2018.1485571>

- Bradley, L. J., Gould, L. J., & Parr, G. D. (2001). Supervision-based integrative models of counselor supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (pp. 93–124). Brunner-Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://doi.org/10.1037/qup0000196>
- Chick, R. C., Clifton, G. T., Peace, K. M., Propper, B. W., Hale, D. F., Alseidi, A. A., & Vreeland, T. J. (2020). Using technology to maintain the education of residents during the COVID-19 pandemic. *Journal of Surgical Education*, 77(4), 729–732. <https://doi.org/10.1016/j.jsurg.2020.03.018>
- Christensen, L. B., Johnson, R. B., & Turner, L. A. (2015). *Research methods, design, and analysis* (13th ed.). Pearson.
- Cognition & Co. (2023a). *Interview Process*. Cognition & Co. <https://cognitionandco.co.za/studying-psychology/masters/interview-process/>
- Cognition & Co. (2023b). *Selection Process*. Cognition & Co. <https://cognitionandco.co.za/studying-psychology/masters/selection-process/>
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE.
- De Haas, M., Faber, R., & Hamersma, M. (2020). How COVID-19 and the Dutch’ ‘intelligent lockdown’ ‘change activities, work and travel behaviour: Evidence from longitudinal data in the Netherlands. *Transportation Research Interdisciplinary Perspectives*, 6, 100150. <https://doi.org/10.1016/j.trip.2020.100150>
- Habeshaw, T. (1990). *Encouraging independent learning*. Standing Conference on Educational Development (SCED).

- Health Professions Council of South Africa (HPCSA). (February 2019). Minimum standards for the training of Clinical Psychology. *Professional Board for Psychology*, 2–8.
- Joshi, R., Hadley, D., Nuthikattu, S., Fok, S., Goldbloom-Helzner, L., & Curtis, M. (2022). Concept mapping as a metacognition tool in a problem-solving-based BME course during in-person and online instruction. *Biomedical Engineering Education*, 2(2), 281-303. <https://doi.org/10.1007/s43683-022-00066-3>
- Kapasias, N., Paul, P., Roy, A., Saha, J., Zaveri, A., Mallick, R., Barman, B., Das, P., & Chouhan, P. (2020). Impact of lockdown on learning status of undergraduate and postgraduate students during COVID-19 pandemic in West Bengal, India. *Children and Youth Services Review*, 116, 105194. <https://doi.org/10.1016/j.chilyouth.2020.105194>
- Kolb, A. Y., & Kolb, D. A. (2017). Experiential learning theory as a guide for experiential educators in higher education. *Experiential Learning & Teaching in Higher Education*, 1(1), 7–44. <https://nsuworks.nova.edu/elthe/vol1/iss1/7/>
- Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development*. FT Press.
- Kolb, D. A., Rubin, I., & McIntyre, J. M. (1984). *Englewood Cliffs organisational psychology: An experiential approach to organizational behavior*. Prentice Hall.
- Laher, S., Bain, K., Bemath, N., de Andrade, V., & Hassem, T. (2021). Undergraduate psychology student experiences during COVID-19: Challenges encountered and lessons learnt. *South African Journal of Psychology*, 51(2), 215–228.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge University Press. <https://journals.sagepub.com/doi/full/10.1177/0081246321995095>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*, 3–42. <https://doi.org/10.1177/0011000082101002>
- Loughran, J. (2013). Pedagogy: Making sense of the complex relationship between teaching and learning. *Curriculum Inquiry, 43*(1), 118–141. <https://doi.org/10.1111/curi.12003>
- Mcleod, S. (2015). *Operant conditioning: What it is, how it works, and examples*. Simply Psychology. <https://www.simplypsychology.org/operant-conditioning.html>
- Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity development: A grounded theory of transformational tasks of counselors. *Journal of Counseling & Development, 92*(1), 3–12. <https://doi.org/10.1002/j.1556-6676.2014.00124.x>
- Mumford, A. (1980). *Making experience pay - management success through effective learning*. McGraw-Hill.
- Olorode, J. J., & Jimoh, A. G. (2016). Effectiveness of guided discovery learning strategy and gender sensitivity on students' academic achievement in financial accounting in colleges of education. *International Journal of Academic Research in Education and Review, 4*(6), 182–189.
- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine, 383*(6), 510–512. <https://doi.org/10.1056/NEJMp2008017>
- Piaget, J. (1961). The genetic approach to the psychology of thought. *Journal of Educational Psychology, 52*(6), 275–281. <https://doi.org/10.1037/h0042963>
- Pokhrel, S., & Chhetri, R. (2021). A literature review on impact of COVID-19 pandemic on teaching and learning. *Higher Education for the Future, 8*(1), 133–141. <https://doi.org/10.1177/2347631120983481>

- Rhodes, M., Brickman, D., & Gelman, S. A. (2008). Sample diversity and premise typicality in inductive reasoning: Evidence for developmental change. *Cognition*, *108*(2), 543–556. <https://doi.org/10.1016/j.cognition.2008.03.002>
- Rønnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice*, *32*(2), 181. <https://doi.org/10.1037/0735-7028.32.2.181>
- Rønnestad, M. H. & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, *30*, 5–44.
- Saunders, M., Lewis, P., & Thornhill, A. (2016). *Research methods for business students* (7th ed.). Pearson Education.
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, *22*(2), 63–75. <http://dx.doi.org/10.3233/EFI-2004-22201>
- Toker, B., & Avci, R. (2015). Effect of cognitive-behavioral-theory-based skill training on academic procrastination behaviours of university students. *Educational Sciences: Theory & Practice*, *15*(5), 1157–1168. <https://doi.org/10.12738/estp.2015.5.0077>
- UNISA. (2023). *Master of Arts in Clinical Psychology (90119)*. [www.unisa.ac.za](http://www.unisa.ac.za).  
[https://www.unisa.ac.za/sites/corporate/default/Apply-for-admission/Master%27s-&-doctoral-degrees/Qualifications/All-qualifications/Master-of-Arts-in-Clinical-Psychology-\(90119\)#mCph\\_adm](https://www.unisa.ac.za/sites/corporate/default/Apply-for-admission/Master%27s-&-doctoral-degrees/Qualifications/All-qualifications/Master-of-Arts-in-Clinical-Psychology-(90119)#mCph_adm)
- Usher, E. L., Golding, J. M., Han, J., Griffiths, C. S., McGavran, M. B., Brown, C. S., & Sheehan, E. A. (2021). Psychology students' motivation and learning in response to the shift to remote instruction during COVID-19. *Scholarship of Teaching and*

*Learning in Psychology*. Advance online publication.

<http://dx.doi.org/10.1037/stl0000256>

Vygotsky, L. S. (1987). *The collected works of LS Vygotsky: Problems of the theory and history of psychology* (Vol. 3). Springer Science & Business Media.

Vygotsky, L. S., & Cole, M. (1978). *Mind in society: Development of higher psychological processes*. Harvard University Press.

Wilczewski, M., Gorbaniuk, O., & Giuri, P. (2021). The psychological and academic effects of studying from the home and host country during the COVID-19 pandemic. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.644096>

Wood, R. & Bandura, A. (1989). Social cognitive theory of organizational management. *The Academy of Management Review, 14*(3), 361–384.

<https://doi.org/10.5465/amr.1989.4279067>

Wu, S. Y. (2021). How teachers conduct online teaching during the COVID-19 pandemic: A case study of Taiwan. *Frontiers in Education, 6*, 675434.

<https://doi.org/10.3389/feduc.2021.675434>

Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.



## Section B: Manuscript

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*South African Journal of Psychology*

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### Abstract

The COVID-19 pandemic, declared in March 2020, significantly disrupted the teaching and training of Applied Master's programmes in Psychology. While extensive research exists on the broader effects of COVID-19 on higher education, limited studies focus on its specific impact on Psychology postgraduate training. This study aimed to address this void by analysing the pandemic's effects on the transition to online teaching and learning within the framework of the counselor and therapist development model of Rønnestad and Skovholt (2003) and by examining the implications of the pandemic on students' developmental trajectories. Using a qualitative research design, the study consisted of eight multiple cases of Applied Master's students in Psychology across various South African universities. Data were collected using semi-structured interviews and analysed via thematic analysis. Five critical themes emerged: 1) Lose and lost, 2) Not knowing, 3) Going virtual, 4) I am in need, and 5) Rising from the experience. These themes provided a detailed insight into the dual-natured impact of the pandemic on students' learning experiences. A central contribution of this study is its alignment of these emergent themes with Rønnestad and Skovholt's (2003) model, offering a nuanced perspective on how the transition affected key aspects of counselor/therapist development. The study also underscores the essential role of institutional support and innovative pedagogical approaches in navigating the challenges and enhancing learning outcomes in a sudden virtual shift. This research emphasises the need for adaptive strategies and reforms in Applied Master's programmes in Psychology, advocating resilient training ecosystems that effectively prepare future psychologists to respond to society's evolving needs, particularly during global crises.

*Keywords:* Applied Master's, COVID-19, online learning, Psychology, teaching, training

## 2.1 Introduction

To train and accredit ethical and capable psychologists, a thriving community of students, educators, and educational, advocacy, and regulatory organisations collaborate. The challenging process of becoming a professional psychologist necessitates strong collaborations between academic institutions and clinical training locations, including hospitals and regulatory organisations.

The typical training challenges became more complex in early March 2020. The WHO declared a worldwide coronavirus disease 2019 (COVID-19) pandemic on 11 March 2020 that affected most aspects of learning and professional training (Goghari et al., 2020). As a direct result of the pandemic, numerous and speedy adjustments were made to professional training programmes. Most practicum training was halted in many jurisdictions, and the nature of training programmes was altered. Universities worldwide moved their graduate classes to online platforms.

A corpus of literature has since emerged that focuses on the impact of COVID-19 on education (Bao, 2020; Dhawan, 2020), including its specific effects on Psychology education (Goghari et al., 2020; Grubic et al., 2020). These studies highlight the challenges of institutions in transitioning to online learning, students' struggles with remote learning, and the mental health implications. However, limited literature focuses explicitly on students' experiences in the Applied Master's programmes in Psychology, specifically in South Africa. This study addressed this gap and contributed original insights and enriching literature on this topic.

South Africa's social fabric dynamics, historical inequities, and resource disparities make it a unique case for exploration. Disparities in access to the internet and other learning resources amongst students were prominent during the pandemic. Understanding the

experiences of Psychology students in this context is critical for tailoring education and training approaches that are contextually relevant and responsive to the diverse needs of students.

The study employed Rønnestad and Skovholt's (2003) developmental model as the theoretical framework. This model outlines the professional development stages of therapists and counselors and provides valuable lenses through which the impact of the pandemic on students' professional development can be understood. Notably, the pandemic intersected with various stages of students' development, as outlined in this model.

The current study thus aimed to achieve the following objectives. The first objective was to understand the perspectives of the students in Applied Master's programmes in Psychology on the modifications of the teaching and training methods during the COVID-19 pandemic. The second objective was to explore the intersection of the pandemic with the professional developmental stages outlined in Rønnestad and Skovholt's (2003) model. The third objective was to provide recommendations for educational strategies, support systems, and policy-making that could address future directions in the teaching of Psychology.

## **2.2 Methodology**

### ***2.2.1 Research Design***

Given the objective of delving into the intricate experiences and perceptions of the students, a qualitative research paradigm was elected since it allows for the in-depth exploration of human experiences (Denzin & Lincoln, 2011). This study employed an exploratory and descriptive qualitative approach to focus on the lived experiences of Applied Master's students in Psychology who faced the challenges and adaptations introduced by the pandemic in 2020.

### 2.2.2 Sampling Strategy

A purposeful sampling strategy was used to select participants who could offer insightful accounts of their experiences (Palinkas et al., 2015). Eight participants who were enrolled in different South African universities in 2020 were recruited for the study. Inclusion criteria encompassed students who had actively participated in an Applied Master's programme in Psychology during the initial phase of the COVID-19 outbreak.

### 2.2.3 Demographics

Participants demographics are outlined in Table 2.

**Table 2**

*Demographic Information of the Participants*

	Age	Sex	Programme	University
Debby	25	Female	Educational Psychology	University of Johannesburg
Bonolo	29	Female	Counselling Psychology	University of Pretoria
Michelle	36	Female	Clinical Psychology	North West University
Lerato	42	Female	Clinical Psychology	Sefako Makgatho Health Sciences University
Sam	30	Male	Counselling Psychology	University of KwaZulu-Natal
Kamo	31	Male	Clinical Psychology	University of South Africa
Ruby	25	Female	Educational Psychology	University of Pretoria

	Age	Sex	Programme	University
Keke	27	Female	Counselling Psychology	Rhodes University

#### ***2.2.4 Data Collection***

The data were gathered using semi-structured interviews. The semi-structured interview is a versatile and powerful tool for collecting qualitative data, especially when seeking to understand personal experiences and perspectives (DiCicco-Bloom & Crabtree, 2006). The interviews were conducted on a Zoom platform because of the geographical dispersion of the participants across the various provinces in South Africa and the need to abide by the social distancing norms necessitated by the pandemic. The interview guide, informed by Creswell (2012), included open-ended questions that focused on the teaching and training experiences of the participants during 2020 with the flexibility to probe further or seek clarification as needed.

#### ***2.2.5 Data Analysis***

The data were analysed through content thematic analysis, guided by the six-step procedure outlined by Braun and Clarke (2022). This approach began with familiarisation with the data, which involved meticulously listening to the interview records and reading and re-reading the interview transcripts (Step A). In Step B, initial codes were generated manually using the Microsoft Word table function and identifying significant features of the data that pertained to the research question; 130 open codes were established. In Step C, these codes were grouped into potential themes, with preliminary codes being synthesised into broader themes. Step D entailed refining and reviewing the themes, during which five themes were identified. Because this study employed a conceptual framework constructed around Rønnestad and



Skovholt's (2003) seminal theory of counselor and therapist development, the data were considered through the lens of this framework, which guided the deductive extraction of key themes.

### ***2.2.6 Trustworthiness of the Study***

This study was supported by the basic principles of credibility, confirmability, dependability, and transferability as defined by Lincoln and Guba (1985). To enhance the credibility of the study, a triangulation process was established, which entailed the transcription of interviews and the integration of theoretical viewpoints and the researcher's perspectives (Shenton, 2004). The demonstration of transferability necessitated an illustration of how the results of the study could be effectively applied to other contexts or scenarios. The findings of the study and the context were presented with the aim of facilitating comprehension amongst fellow researchers and considering the relevance of this study to their research endeavours. The study's conclusions were rooted in the participants' responses to ensure confirmability while carefully avoiding personal interests and possible researcher bias. To assure reliability, all modifications were diligently recorded, including all changes and corrections made to the research process.

### ***2.2.7 Ethical Considerations***

Approval from the GHREC at the University of the Free State (Ethical Clearance Number: UFS-HSD2022/1458/22) was secured before initiating the data collection process. The research participants received information sheets that delineated the study's objectives, methods, confidentiality procedures, and the participant's unmitigated right to discontinue involvement at any stage. Informed consent was obtained. To ensure privacy and anonymity, pseudonyms were assigned to the participants, and care was taken to omit any personally identifiable information from the final report.

## 2.3 Results

The following themes were extracted from the data: Theme 1: Lose and lost; Theme 2: Not knowing; Theme 3: Going virtual; Theme 4: I am in need; and Theme 5: Rising from the experience.

### 2.3.1 Theme 1: Lose and Lost

Figure 4 illustrates theme 1 and the subthemes.

#### Figure 4

*Theme 1: Lose and Lost*



Note. Theme 1 and subthemes

The losses experienced by the participants are associated with the shortcomings encountered during their training in the year 2020. These losses were classified as interactional losses with patients and the loss of practical learning opportunities. The aforementioned shortfalls pertain to the lack of in-person interactions throughout their learning experience (Alarifi & Song, 2024); these interactions are acknowledged as an essential component of the training programme. Goghari (2020) states that the profession has traditionally used clinical hours as an indicator of clinical competence and notes that the loss of clinical experience during a student's practicum may have a profound effect on their competence, especially regarding internship readiness.

**2.3.1.1 Subtheme 1.1: Compromised Interaction with Patients.** The participants expressed the need for physical attendance in therapeutic sessions and in acquiring hands-on experience in face-to-face therapy. They said that this was not possible because of the difficulty posed by online therapy. In particular, the participants indicated that sharing body language and non-verbal cues were critical to the sessions. The lack of human connection with patients was particularly significant according to the participants.

Bonolo (T2/P14) asserted,

*[W]hereas if you had seen a client, they would present a variety of symptoms and stuff. You get the opportunity to see it live, and the client would get to see your **body language response**. It's a connection both a client and therapist needs.*

Furthermore, Michelle (T3/P9) noted that

*[b]ecause it's Psychology, it's supposed to be face to face. I need to see you, and I need to see your **non-verbal cues** and observe if you're sensitive to something. I need to see more behind the screen. And we were denied that....*

**2.3.1.2 Subtheme 1.2: Being Lost Myself.** Most participants reported that the personal component of the losses relates to their experience of being unable to have interactive day-to-day conversations and engagements with colleagues and lecturers. Physical connections enable classmates to have general discussions during and post classes (Wut & Xu, 2021). Participants also believed that in-person communication and human interaction is at the core of Psychology.

Debby (T1/P5) stated the following:

*So that was something that I felt that I was almost robbed of, you know, that personal contact, sitting in a class, being able to **talk to your classmates**, make jokes and stuff like that I really enjoyed. So I feel like that was very taken away when we had to go online because there's also that **interaction element**.*

Similarly, Kamo (T6/P26) noted:

*I enjoy that personal engagements. As much as everyone can say, online has perks and it does—you can go to get what you need done online—but **I think having the human element of connection** is as vital [as] face to face.*

Bonolo (T2/P25) referred to this connection as vital to Psychology:

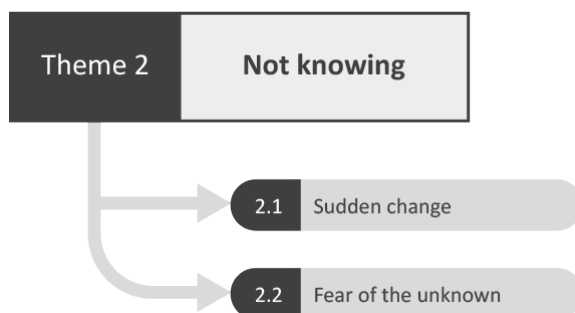
*I think what's valuable with face-to-face learning is the connections, the connections that you make with the lecturers, with your colleagues, but most importantly—I mean, **that's what Psychology is about at the end of the day, so it's the connections you make with people.***

### 2.3.2 Theme 2: Not Knowing

Figure 5 outlines theme 2 and the subthemes.

#### Figure 5

*Theme 2: Not Knowing*



Note. Theme 2 and subthemes

The sudden transition to a hard lockdown was perceived by participants as uncertain, primarily due to the inadequate communication and guidance during the initial weeks.

Consequently, the participants experienced a sense of unpredictability regarding their academic and career prospects. According to the study of Bell et al. (2020), many trainees,

faculty, and staff experienced considerable uncertainty and anxiety due to the rapid changes occurring in most institutions throughout the pandemic.

**2.3.2.1 Subtheme 2.1: Sudden Change.** The sudden change to online learning created frustration for participants mainly because of insufficient communication from their institutions at the beginning of the pandemic. This pertains to the perceived abruptness of the transition experienced by the participants who expressed their emotional response and reaction to the shift towards online teaching and learning.

According to Sam (T5/P2),

*I think in about March or so, so they shut us down and they sent everybody home. And then, we didn't know what was happening for a good two months; **there wasn't like communication**; there wasn't set up for online—nothing.*

Ruby (T7/P3) also noted the suddenness, “[B]ecause when we just got into the programme, suddenly everything had to stop. **Suddenly the world was just ending when we arrived.**”

Similarly, Lerato (T4/P2) reported,

*We were doing our practicals on site and then **suddenly, you know, the pandemic hit**, and we have to stay at home. And this is quite a stressful period, I think for myself, my classmates, and of course, the university and the coordinator at \*\* to figure out how we're going to continue the programme.*

**2.3.2.2 Subtheme 2.2: Fear of the Unknown.** The participants expressed their dissatisfaction regarding the inadequate communication, which resulted in a sense of unpredictability regarding the programme's trajectory and potential future framework. Participants were explicitly anxious about training prospects and not having clarity about how the institutions would resolve the situation.

Keke (T8/P5) stated, “*We all started, you know, messaging the university. **What are we going to do now?** You know, what’s happening with training?” Sam (T5/P15) also reported her anxiety about the future: “*We found ourselves constantly having to ask like, what’s next? And **what are we doing?** Are we going to write exams this way? What about our class presentations, etc.*”*

Fear was prominent, with the majority of participants expressing concern regarding the potential discontinuation of the programme because this could have hindered their completion of the sought-after Applied Master’s Degree in Psychology.

Kamo (T6/P20) reported her fear as,

*[T]here was a fear of like, does this mean **I’m never gonna get my degree?** You know, because I think there’s an element for me with getting into a clinical Master’s that this is the be all and end all.*

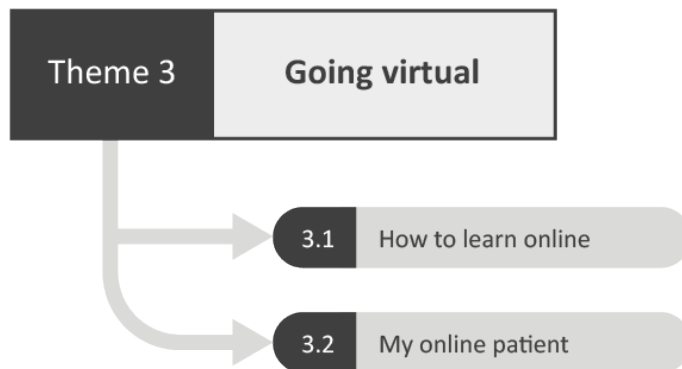
Debby (T1/P17) also noted her worry, “*So when something like this happens—COVID has happened, a lockdown has happened—we’ve never experienced this before. You know, so it was like, **what if they take this away?**” Bonolo (T2/P7) reflected on her experience as follows: “*[A]nd we were [sic] all just sent home, and **we didn’t know what our futures were going to look like.**”**

### 2.3.3 Theme 3: Going Virtual

Figure 6 displays theme 3 and the subthemes.

**Figure 6**

*Theme 3: Going Virtual*



Note. Theme 3 and subthemes

Online learning is expected to become the central mode of educational delivery as hybrid online approaches become increasingly prevalent (Doucet et al., 2020). In regard to ensuring that students gain practical exposure as part of online learning, Barnett (2018) and McCord et al. (2015) discussed the importance of telepsychology training, explicit education, and supervision in expanding training programmes to deliver telehealth effectively. Theme 3 revealed the experiences of moving from face-to-face learning to virtual learning as described by the participants, and the subthemes detailed their online learning and online therapy experience according to the pros and cons of the new way of learning and facilitating online therapy.

**2.3.3.1 Subtheme 3.1: How to Learn Online.** The participants shared that their transition to online learning had elicited both good and bad experiences. Most experienced this transition negatively, with only a few alluding to some positive aspects.

Participants negatively stated that they felt detached from each other during virtual learning and yearned for that instantaneous response that is gained during face-to-face lessons.

Debby (T1/P5) noted,

*I didn't like it at all. I felt that **it was very impersonal**, so—for myself as well. But that's just my own stuff as I was home-schooled for most of my life, and then I went to \*\*\*. So I've never really gotten an opportunity to actually go to university.*

Relatedly, Michelle (T3/P19) maintained,

*Online took away the ability to get an **instant response and to be able to ask questions**. The lectures would talk so much that by the time you are granted the space to ask questions, you have struggled with following what you are being taught.*

Some participants, however, appreciated the personal autonomy that came with virtual learning. They claimed that it also permitted a sense of comfort and safety because they were able to be with the people they cared about during a trying period.

Ruby (T7/P8) described her **positive experience**: *“It allowed us sort of freedom and during a difficult time to be with loved ones. And allowed [a] sort of security—feeling safe, not having to sort of go and be at risk.”*

Sam (T5/P20) argued,

*I enjoyed **the flexibility of working at my own time**. I could work really hard for two days, get all the work done and then take a day off—take two days off. So the flexibility and time management, that was sort of a pro for me.*

**2.3.3.2 Subtheme 3.2: My Online Patient.** Online therapy prompted participants to engage in introspection and to articulate their perspectives, challenges, and ethical dilemmas. They noted that online therapy posed difficulties in the clinical setting, including a breach of both confidentiality and privacy.



Keke (T8/P12) noted her experience of online therapy with one of her patients:

*“[S]he became very triggered, and **I couldn’t contain her on the phone**. We had to just stop the session. So it presented a lot of clinical challenges and I think ethical challenges also.”*

Ruby (T7/P9) also shared her experience:

*So having to see a client, I have to make sure people are not home because they can hear what I’m talking about, I’m saying to the client, what the client is saying to me.*

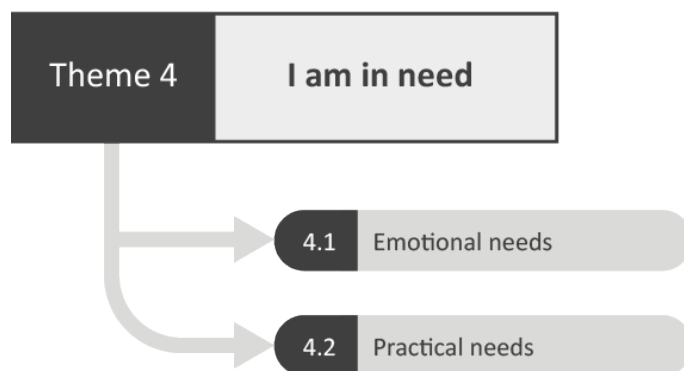
*So there’s a lot of **breaching of confidentiality and privacy**. So those were some of the dilemmas.*

#### 2.3.4 Theme 4: I am in Need

Figure 7 represents theme 4 and the subthemes.

#### Figure 7

*Theme 4: I am in Need*



Note. Theme 4 and subthemes

Pursuing an Applied Master’s in Psychology qualification involves various needs that facilitate personal and educational growth. Shafi et al. (2023) notes that failure to meet these requirements may result in participants experiencing frustration and an incapacity to manage the programme’s demands.

**2.3.4.1 Subtheme 4.1: Emotional Needs.** The majority of the participants expressed that emotional support was an unfulfilled need during the demanding and anxiety-inducing setting, with only few participants reporting that they received support from their respective departments.

Debby (T1/P10) noted her need for emotional support as follows: *“In terms of like supporting us on how we felt and what we were going through with the pandemic, I feel like that was a little bit lacking. So, I feel **from an emotional standpoint, there wasn’t that support.**”*

Kamo (T6/P18) also stated,

*But I think that they could have maybe just, even in the meantime, do like a WhatsApp group session, whatever; where we **get to voice our fears, and maybe just back some comfort** or also a little bit more guidance.*

Bonolo (T2/P14) expressed the following: *“And because it was very anxiety provoking for everybody, so I feel that they could have opened communication and a **little bit more emotional support.**”*

On the contrary, Ruby (T7P14) maintained: *“**They were very supportive. They checked in.** We also had a check-in every Friday; like I said, we had group. It was always a space to just debrief, check in with each other.”*

**2.3.4.2 Subtheme 4.2: Practical Needs.** Access to practical resources such as data and electricity that are essential for facilitating and participating in day-to-day virtual learning was considered inadequate by the majority of the participants, with only a few participants reporting that they had adequate access to these practical needs. Power outages, participants connecting using their own data, and weak internet connections were challenges that elicited anxiety and had an influence on the participant’s ability to focus and participate effectively.

Lerato (T4/P6) reported the following:

*[S]omething that I struggled with was **load shedding**. And also, I live in an area where we constantly have **power failures**. So, at that point, I never had anything, and then we have **no internet connection**. So, I often had to climb in my car and drive out to find connection or to find to buy more data, which was very stressful as a student at the time as well.*

Michelle (T3/P12) also noted her experience:

*I literally had to **attend Zoom meetings by data**, and at that time, I could not concentrate as I would be worried about my data being depleted during the lessons. So, my anxiety levels were on high the entire time, and this affected my effectiveness.*

Some participants had access to data that was provided by their institutions.

Kamo (T6/P21) noted, *“It wasn’t an ongoing thing where they [sic] provided data, but **they did provide students with data** to actually say, ‘There is connectivity for you to be up and running.’”*

Keke (T8/P13) reported the same:

***So, they gave us data**. So, I think that was helpful if they could have continued doing that—because then it just stopped. So, if they could have continued doing that so we all had data, and we all had, we had all the same connectivity, and we were able to always connect and be present.*

### 2.3.5 Theme 5: *Rising from the Experience*

Figure 8 highlights theme 5 and the subthemes.

**Figure 8**

*Theme 5: Rising from the Experience*



Note. Theme 5 and subthemes

Participants reported growth in their personal and professional development. This theme established the personal and training-related growth that participants underwent during the programme to facilitate competence as novice professionals and how this competence influenced their development. Resilience and adaptability helped the participants to overcome pandemic-related disruptions—skills that are pertinent to the professional and personal development of student psychologists (Baker et al., 2020).

**2.3.5.1 Subtheme 5.1: Personal Growth.** The significance of personal and individual growth is essential in an Applied Master’s training programme in Psychology. The participants considered their personal growth, which they noted as perseverance, determination, and tenacity, to augment their development as professionals.

Keke (T8/P7) noted the following:

*I think it helped us to kind of become a bit **more resilient**. And after that, we actually got along more for whatever reason. I think because now we have to work together, we had to just see eye to eye, put our differences aside, and move forward.*

Sam (T4/P4) also shared, “*And I think that’s another thing of being put in different situations, you **find the strength, and you find the resources to actually adapt to and use in various situations.***”

Bonolo (T2/P6) contended,

*So, **it really put the learning in our hands—a lot of it**. Yeah, it was a bit frustrating. It felt like they had kind of said, ‘Well, we don’t know what to do so we’re just gonna make do what we can’.*

**2.3.5.2 Subtheme 5.2: Student-Professional Exhilaration.** The acquiring of a diverse range of skills and practical training is important throughout the programme. Participants elaborated on their professional development, particularly in their roles as student psychologists amid the challenges posed by the pandemic. Flexibility and innovative learning in online therapy contributed to their continual professional development and learning.

Michelle (T3/P11) commented, “*So it really taught me to **be adaptable**. I grew from that experience. So, I know I **can adapt to any unpredictability** that happens within my career or my job.*”

Lerato (T4/P9) revealed the following:

*We had a **lecture on online therapy, which I think is very futuristic**. And it gave us that opportunity and how do we conduct therapy online, which I would say that people that didn’t go through the pandemic, didn’t get that exposure. They didn’t get to learn about that. I was impressed.*

Similarly, Keke (T8/P11) noted, “*I think, for me, it was **learning about teletherapy and the ethics that go with it.**”*

## **2.4 Discussion**

The exploration of the experiences of Applied Master’s students in Psychology during the COVID-19 pandemic offers a nuanced understanding of the challenges and opportunities that arise amid a global crisis. Drawing parallels with the theoretical framework of Rønnestad and Skovholt (2003), three distinct areas can be discerned through the participant narratives.

These are the emotional component of their journey, the pressing need for structured exposure, and the developmental nature of their progression.

### **2.4.1 Emotional Component Involved in Becoming**

The COVID-19 pandemic dramatically altered the emotional landscape of students enrolled in the Applied Master’s programmes in Psychology. As aspiring psychologists, students are not only navigating their academic journey but also their transformation into professionals who are capable of empathetic and effective engagement with clients.

Anxiety was one of the pertinent emotions expressed by participants during the pandemic (Pfefferbaum & North, 2020). The transition to remote learning in conjunction with the uncertain trajectory of the pandemic intensified the feelings of anxiety (Pelucio et al., 2022). Participants grappled with fears surrounding their academic performance, worries about their future as professionals, and concerns about their ability to form effective therapeutic relationships under these new conditions. This emotional toll is reminiscent of the beginning stages of Rønnestad and Skovholt’s (2003) model in which anxiety is a hallmark experience for those starting their journey towards becoming a practitioner.

In the midst of this anxiety, the yearning for emotional support emerged as a salient theme. With the physical isolation necessitated by pandemic restrictions, the conventional

avenues for seeking emotional support from peers, faculty, and supervisors were significantly constrained. This trend can be seen in the results of Elmer et al.'s (2020) study, which noted a significant change in students' social networks and, therefore, their mental state. Participants highlighted the 'not knowing' phase into which they were propelled, amplifying their feelings of isolation and confusion. In this regard, the lack of emotional support during a critical developmental period appears to have had profound implications, akin to the importance that Rønnestad and Skovholt (2003) place on the relational aspects of professional development.

As the pandemic persisted, a recurring theme from the participants was resilience and a subtle transformation in emotional experience—the transition from paralysing fear to cautious hope and growing competence. This shift was particularly evident in the words of Sam (T4/P4), who shared, *'And I think that's another thing of being put in different situations, you find the **strength**, and you find the resources to actually adapt to and use in various situations.'* This suggests that over time, and despite the obstacles, participants began to experience a lessening of their initial emotional distress and an emergent sense of adaptability. This mirrors Rønnestad and Skovholt's (2003) proposition that the emotional tumult experienced initially does indeed ameliorate as individuals progress along their developmental trajectory. Furthermore, the participants reported frustration due to the abrupt and significant changes in their training structure, which seemingly left them unprepared for the stark realities of practice during a global crisis. This feeling is clearly captured in Bonolo's reflection (T2/P7) where she said, *'[A]nd we were [sic] all just sent home, and we didn't know what our futures were going to look like.'* They mourned the loss of the planned, steady progression towards the professional identity that was expected pre-pandemic.

#### ***2.4.2 The Need for Structure and Exposure in Becoming***

The COVID-19 pandemic with its unprecedented challenges underscored the importance of structure and exposure in the professional development trajectory of Psychology students. A

salient concern arising from the participant narratives was the palpable lack of communication, guidance, and structured learning experiences during this period.

Traditionally, the training framework for Applied Master's students in Psychology is built on a pedagogy that emphasises direct exposure to therapeutic environments and client interactions. This experiential approach ensures that students are not just exposed to theoretical knowledge but also benefit from real-world applications (Henington et al., 2020). With the transition to remote learning, the loss of this essential, structured, face-to-face interaction led to feelings of being adrift.

One of the prevailing themes was the lack of clarity and communication from educational institutions. The abrupt shift to online platforms exposed the existing communication gaps (Katz et al., 2021), which were further widened by the lack of structured guidance on how to navigate this new learning landscape. Participants found themselves navigating the terrain of online learning, often without a roadmap. This lack of structure made it challenging for them to distinguish between the roles they played as students, the roles they played as therapists-in-training, and their personal roles in the confines of their homes.

Moreover, the lack of hands-on exposure to therapeutic settings severely limited their practical learning opportunities. In Psychology especially, learning is enhanced through guided exposures such as interacting with clients, observing senior clinicians, and participating in real-time therapy sessions (Frank et al., 2023). The remote learning environment, although essential for safety reasons, could not replicate the richness of these engagements (Hoss et al., 2021). Hence, the challenge was not merely about transitioning to an online medium but the resultant void left by the lack of immersive, structured therapeutic experiences.



Furthermore, feedback and supervision, two cornerstones of Psychology training (Gonsalvez et al., 2016), faced disruption. In the 'traditional setting', students are provided with immediate feedback from peers, lecturers, and supervisors. However, the pandemic-induced isolation meant a dearth of such continuous guidance. The lack of regular debrief sessions and reflective discussions made the journey more difficult for the participants.

The transition also brought to the fore the limitations of solely relying on technology for learning and communication. While online platforms provided a semblance of continuity (Poudevigne et al., 2022), the absence of structured procedures and best practices for remote psychological training meant that participants were often left feeling unsatisfied. This sentiment was exacerbated by the inconsistent communication from educational institutions. For instance, Debby (T1/P5) stated, "*I didn't like it at all. I felt that it was very impersonal,*" and Michelle (T3/P19) mentioned, "*Online took away the ability to get an instant response and to be able to ask questions.*" The participants' thirst for structure and consistency became more pronounced in an environment where they were battling personal anxieties, uncertainties about their future, and the challenges of remote learning.

#### ***2.4.3 The Developmental Nature of Becoming***

The developmental trajectory of the student in an Applied Master's programme in Psychology is a complex and multifaceted journey that is intertwined with personal growth, academic rigour, and the acquisition of practical skills. Amid the COVID-19 pandemic, the participants' pathways to becoming adept professionals faced unprecedented challenges, affecting not only their learning experiences but also their personal resilience.

A cornerstone of this developmental trajectory is the interaction with various stakeholders within the academic and clinical ecosystem. Students regularly engage with colleagues, seniors, lecturers, and supervisors in face-to-face settings (Solimeno et al., 2008). These interactions serve as a crucible for learning, fostering the amalgamation of theoretical

knowledge with practical insights. The emphasis on in-person communication, as corroborated by participants, underscores the importance of these interpersonal relationships. Rønnestad and Skovholt (2003) elucidate that interpersonal sources of influence drive professional growth more profoundly than ‘impersonal’ sources. The pivot to remote learning modes during the pandemic, however, significantly curtailed these growth-propelling interactions. The lack of face-to-face dialogues affected the depth of discussions, nuanced feedback, and influenced the symbiotic relationship that often emerges between the teacher and the student (Salarvand et al., 2023).

Moreover, access to resources, both material and intellectual, plays a pivotal role in shaping a student’s professional identity. In a pre-pandemic environment, this access was facilitated through libraries, seminars, workshops, and interactive sessions. The pandemic-induced limitations on physical movement and gatherings led to a palpable void in this domain. While digital platforms attempted to bridge this gap, they often fell short in replicating the ambiance and spontaneity of physical spaces dedicated to learning (Ng, 2021).

Conversely, this isolation and lack of access spotlighted an essential trait that every aspiring psychologist should possess—resilience. The challenges of the pandemic served as an opportunity to assess the participants’ adaptability and perseverance. Confronted with unforeseen disruptions, participants had to navigate a landscape marred by ambiguity and uncertainty. For example, Keke (T8P7) says, "*I think it helped us to kind of become a bit more resilient,*" which indicates that the respondents were able to adjust and overcome these unexpected problems. In this regard, the study’s narratives described the transformative journey of participants, from grappling with overwhelming challenges to forging a path characterised by resilience and adaptability. This transformation is reminiscent of the theme of Rønnestad and Skovholt’s (2003) that elaborates on the reciprocal relationship between personal life experiences and professional development. In this context, the pandemic

emerged as a significant life event that sculpted the participants' professional metamorphosis amid adversity.

Given the discussion above and moving forward in the training of psychologists, it is evident that there are significant implications for the future of educational strategies, support systems, and policy-making within Applied Master's programmes in Psychology. A salient point to highlight is the necessity for institutions to create support systems that holistically address students' psychological and academic needs, especially during times of crisis. This support should ideally encompass regular mental-health check-ins, accessible counselling services, and proactive communication from educational authorities, thereby contributing to a nurturing and enabling educational environment.

One significant approach emerging from the necessity of pandemic conditions is the implementation of blended learning models. Blended learning, which combines traditional in-person teaching with online instruction, could offer a flexible and resilient solution that preserves the benefits of face-to-face interaction while harnessing the convenience and accessibility of online platforms (Dziuban et al., 2018). In addition, the shift towards remote learning illuminated another essential factor that warrants attention, the role of effective communication. The data gleaned from this study accentuate the necessity for educational institutions to commit to transparent, uniform, and pre-emptive communication strategies.

Moreover, the study's participants voiced their dissatisfaction concerning the sudden and substantial alterations to their educational framework, emphasising the paramount need for curriculum development to incorporate inherent adaptability and a well-defined emergency-response strategy. Such a design would enable students, faculty, and administrative staff to have a pre-established roadmap to inform their decisions and actions amid another crisis, consequently mitigating the turmoil and tension that typically accompanies swift, unforeseen changes in instructional approaches and training protocols.

In sum, moving forward in the training of psychologists, this research underscores the necessity of adaptive, resilient, and student-centred educational models that are sensitively attuned to students' academic and emotional needs, particularly within the unpredictable contexts that global crises can precipitate.

## **2.5 Conclusion**

The findings of the current study indicated various challenges that impeded experiential learning and affected professional development. These included online fatigue, limited resources, decreased interpersonal interaction, and heightened personal vulnerability. Despite this, students displayed resilience, adaptability, and new skill acquisition such as teletherapy, reinforcing the model's proposition that personal life events influence professional development.

Limitations of the study include a small sample size and regional focus, suggesting the need for future research to consider different geographical contexts and possibly conduct longitudinal studies assessing long-term impacts.

In conclusion, this study illuminates the complex influence of the pandemic on the education and development of Psychology students, highlighting both challenges and adaptive growth. The study encourages refinements to training frameworks, underscoring the need for a resilient educational ecosystem that is capable of addressing future adversities.

## Reference

- Alarifi, B. N., & Song, S. (2024). Online vs in-person learning in higher education: effects on student achievement and recommendations for leadership. *Humanities and Social Sciences Communications*, *11*(1), 1–8.  
<https://doi.org/10.1057/s41599-023-02590-1>
- Baker, J., Davis, C., III, Grus, C., Hagstrom, S., Horn, J., Madon, S., Paul, M., & Wall, J. (2020, March 20). *Education and training in health service psychology—COVID-19: Joint statement*.  
<https://www.appic.org/NewsArticles/ArtMID/1931/ArticleID/5/Psychology-Training-And-Education-Joint-Statement-COVID-19>
- Bao, W. (2020). COVID-19 and online teaching in higher education: A case study of Peking University. *Human Behavior and Emerging Technologies*, *2*(2), 113–115.  
<https://doi.org/10.1002/hbe2.191>
- Barnett, J. E. (2018). Integrating technological advances into clinical training and practice: The future is now! *Clinical Psychology: Science and Practice*, *25*(2), 1–4.  
<http://dx.doi.org/10.1111/cpsp.12233>
- Bell, D. J., Self, M. M., Davis, C., III, Conway, F., Washburn, J. J., & Crepeau-Hobson, F. (2020). Health service psychology education and training in the time of COVID-19: Challenges and opportunities. *American Psychologist*, *75*(7), 919.  
<https://doi.org/10.1037/amp0000673>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>
- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, *9*(1), 3–26. <https://doi.org/10.1037/qup0000196>

- Christensen, L. B., Johnson, R. B., & Turner, L. A. (2015). *Research methods, design, and analysis* (13th ed.). Pearson.
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE.
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The SAGE handbook of qualitative research*. SAGE.
- Dhawan, S. (2020). Online learning: A panacea in the time of COVID-19 crisis. *Journal of Educational Technology Systems*, 49(1), 5–22.  
<https://doi.org/10.1177/0047239520934>
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, 40(4), 314–321. <https://doi.org/10.1111/j.1365-2929.2006.02418.x>
- Doucet, A., Netolicky, D., Timmers, K., & Tuscano, F. J. (2020). *Thinking about pedagogy in an unfolding pandemic: An independent report on approaches to distance learning during COVID-19 school closures, Version 2.0*. Education International and UNESCO.
- Dziuban, C., Graham, C. R., Moskal, P. D., Norberg, A., & Sicilia, N. (2018). Blended learning: the new normal and emerging technologies. *International Journal of Educational Technology in Higher Education*, 15(1). <https://doi.org/10.1186/s41239-017-0087-5>
- Elmer, T., Mephram, K., & Stadtfeld, C. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *PLOS ONE*, 15(7), e0236337.  
<https://doi.org/10.1371/journal.pone.0236337>
- Frank, H. E., Rifkin, L. S., Sheehan, K., Becker-Haimes, E. M., Crane, M. E., Phillips, K. E., Palitz Buinewicz, S. A., Kemp, J., Benito, K., & Kendall, P. C. (2023). Therapist

perceptions of experiential training for exposure therapy. *Behavioural and Cognitive Psychotherapy*, 51(3), 214–229.

<https://doi.org/10.1017/S1352465822000728>

Goghari, V. M., Hagstrom, S., Madon, S., & Messer-Engel, K. (2020). Experiences and learnings from professional psychology training partners during the COVID-19 pandemic: Impacts, challenges, and opportunities. *Canadian Psychology/Psychologie Canadienne*, 61(3), 167.

<https://doi.org/10.1037/cap0000250>

Gonsalvez, C. J., Wahnon, T., & Deane, F. P. (2016). Goal-setting, Feedback, and Assessment Practices Reported by Australian Clinical Supervisors. *Australian Psychologist*, 52(1), 21–30. <https://doi.org/10.1111/ap.12175>

Grubic, N., Badovinac, S., & Johri, A. M. (2020). Student mental health in the midst of the COVID-19 pandemic: A call for further research and immediate solutions. *International Journal of Social Psychiatry*, 66(5), 517–518.

<https://doi.org/10.1177/0020764020925108>

Henington, C., Carlson, C., & DeMers, S. T. (2020). School psychology training within a competency framework: Transcending the past, present, and future. *School Psychology*, 35(6), 398–408.

<https://doi.org/10.1037/spq0000422>

Hoss, T., Ancina, A., & Kaspar, K. (2021). Forced Remote Learning During the COVID-19 Pandemic in Germany: A Mixed-Methods Study on Students' Positive and Negative Expectations. *Frontiers in Psychology*, 12.

<https://doi.org/10.3389/fpsyg.2021.642616>

Katz, V. S., Jordan, A. B., & Ognyanova, K. (2021). Digital inequality, faculty communication, and remote learning experiences during the COVID-19 pandemic: A

survey of U.S. undergraduates. *PLOS ONE*, *16*(2), e0246641.

<https://doi.org/10.1371/journal.pone.0246641>

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.

McCord, C. E., Saenz, J. J., Armstrong, T. W., & Elliott, T. R. (2015). Training the next generation of counseling psychologists in the practice of telepsychology. *Counselling Psychology Quarterly*, *28*(3), 324–344.

<http://dx.doi.org/10.1080/09515070.2015.1053433>

Ng, C. F. (2021). The Physical Learning Environment of Online Distance Learners in Higher Education – A Conceptual Model. *Frontiers in Psychology*, *12*.

<https://doi.org/10.3389/fpsyg.2021.635117>

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*, 533–544.

<https://doi.org/10.1007/s10488-013-0528-y>

Pelucio, L., Simões, P., Dourado, M. C. N., Quagliato, L. A., & Nardi, A. E. (2022). Depression and anxiety among online learning students during the COVID-19 pandemic: a cross-sectional survey in Rio de Janeiro, Brazil. *BMC Psychology*, *10*(1).

<https://doi.org/10.1186/s40359-022-00897-3>

Pfefferbaum, B., & North, C. S. (2020). Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine*, *383*(6), 510–512.

<https://doi.org/10.1056/nejmp2008017>

Poudevigne, M., Armstrong, E. S., Mickey, M., Nelson, M. A., Obi, C. N., Scott, A., Thomas, N., & Thompson, T. N. (2022). What's in Your Culture? Embracing Stability and the New Digital Age in Moving Colleges of Health Professions Virtually



during the COVID-19 Pandemic: An Experiential Narrative Review. *Education Sciences*, 12(2), 137.

<https://doi.org/10.3390/educsci12020137>

Rønnestad, M. H. & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30, 5–44.

Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner : growth and stagnation of therapists and counselors*. Routledge.

Salarvand, S., Mousavi, M.-S., & Rahimi, M. (2023). Communication and cooperation challenges in the online classroom in the COVID-19 era: a qualitative study. *BMC Medical Education*, 23(1).

<https://doi.org/10.1186/s12909-023-04189-1>

Shafi, A. A., Middleton, T., Millican, R., Templeton, S., Hill, J., & Jones, C. (2023). Learning in a disrupted environment: Exploring higher education student resilience using the Dynamic Interactive Model of Resilience. *Journal of Applied Learning and Teaching*, 6(2).

<https://doi.org/10.37074/jalt.2023.6.2.18>

Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75.

<http://dx.doi.org/10.3233/EFI-2004-22201>

Solimeno, A., Mebane, M. E., Tomai, M., & Francescato, D. (2008). The influence of students and teachers characteristics on the efficacy of face-to-face and computer supported collaborative learning. *Computers & Education*, 51(1), 109–128.

<https://doi.org/10.1016/j.compedu.2007.04.003>

World Health Organization. (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. World Health Organization, 11 March.

Wut, T., & Xu, J. (2021). Person-to-person interactions in online classroom settings under the impact of COVID-19: a social presence theory perspective. *Asia Pacific Education Review, 22*.

<https://doi.org/10.1007/s12564-021-09673-1>

## Section C: Critical Reflection of the Study

### 3.1 Limitations

To gain a comprehensive understanding of the outcomes of this study, the limitations that were inherently present within the research framework must be acknowledged.

*Research reach and universal applicability:* The individuals chosen for this investigation were enrolled as students in the Applied Master's programmes in Psychology in South Africa. Although selected for its relevance to the study, this specific demographic may limit the universal applicability of the findings. The unique blend of cultural, political, and educational factors characterising South Africa may differentiate the country from other global regions. Consequently, these unique regional characteristics should be taken into account when attempting to apply the research conclusions to a more extensive context.

While the unique characteristics of South Africa may limit the direct transferability of the findings, this was not the primary intention of the study. Instead, the research aimed to provide a deep, contextually rich understanding of the experiences of students in a specific Applied Master's programme in Psychology during the COVID-19 pandemic. The study provides detailed insights that may be 'transferable' to similar contexts through the reader's judgement rather than aiming for broad generalisability.

*Heterogeneity and size of the sample:* The number of participants in this study might not have been large enough to embody the full heterogeneity and spectrum of the experiences of students in the Applied Master's programmes in Psychology amid the COVID-19 pandemic. Furthermore, the study may have overlooked the divergent experiences that are influenced by factors such as ethnicity, gender, and socioeconomic strata and other demographic variables. Recognising the importance of these elements is essential for comprehending the intricate challenges that are encountered by students. Nonetheless, the

small sample size was a deliberate choice aimed at enabling a more in-depth exploration of the experiences and perspectives of each participant. This allowed the study to facilitate an in-depth exploration into the participants' nuanced and complex lived experiences, providing a richer and more detailed account than a larger sample size might have permitted. It is also important to acknowledge the male-female skewed distribution of the study. This is mainly because only 23% of psychologists in South Africa are male (Padmanabhanunni et al., 2022).

*Cross-sectional nature:* The study provides a snapshot of the students' experiences at a specific point in time. The dynamic nature of the COVID-19 pandemic and its evolving impact on education and psychological training imply that the findings could change as the situation unfolds. A longitudinal approach might have offered deeper insights into how these experiences evolved over time. While a longitudinal design might have offered additional insights into the evolving nature of students' experiences, the cross-sectional approach employed in this study allowed for a focused, in-depth exploration of a critical period in the students' educational journeys. This snapshot, although limited to a specific point in time, provides a valuable foundation for future longitudinal studies that aim to track these changes over time.

*Emotional state of participants:* The participants' emotional states during data collection might have influenced their responses. The anxiety, stress, or other emotions evoked by the pandemic could have either exaggerated or mitigated the way participants reported their experiences. Nonetheless, this could also be considered a strength of the study. Capturing the emotions and experiences of students during such a turbulent period provided an authentic, raw perspective on the issues at hand. Although this real-time emotional data may carry their own biases, they enrich the study's findings by offering a window into the lived emotional experiences of students navigating their education under exceptional circumstances.

Recognising these limitations, the findings of this study should be interpreted with caution. However, despite the limitations, the study provides valuable insights into students' experiences in the Applied Master's programmes in Psychology during an unprecedented global crisis. Future research should consider employing larger and more diverse samples and using longitudinal designs to build upon this study's findings, thus providing a more comprehensive understanding of the implications of such pandemics on psychological education and training.

Overall, it is crucial to note that the primary goal was to explore and understand profoundly the students' specific experiences in all other Applied Master's programme in Psychology during a unique and challenging time. Therefore, the detailed and context-rich findings of the current study offer an important contribution to the literature and provide a foundation for future research that may seek to expand and build upon this work.

### **3.2 Strengths of the Study**

The strengths of the study are as follows:

*Rich contextual insights:* Set within the unique cultural and educational landscape of South Africa, this study provides a deeply contextualised understanding of students' experiences. While the specificity of the setting may limit broad generalisability, it enhances the depth and richness of the findings, offering valuable insights that are deeply rooted in context.

*Student-centric perspective:* The exploration elevates student perspectives, placing them at the forefront and acknowledging their pivotal role in educational scholarship. This vantage point facilitates a compassionate and meticulous examination of students' hurdles and adaptations, illuminating the human nuances amid educational perturbations during the pandemic era.

*Qualitative depth:* The deliberate choice of a smaller sample size, while acknowledged as a limitation in terms of representativeness, is a strength in terms of depth. It facilitated a more intimate, detailed exploration of individual experiences and allowed for the emergence of nuanced narratives that might have been overshadowed in a larger cohort.

*Emotional authenticity:* The emotional states of the participants, while potentially influencing their perspectives, acted as a testament to the study's immediacy and authenticity. Documenting the raw emotions and sentiments of students during this tumultuous period provided a visceral, human dimension to the findings and offered insights that are both academically pertinent and deeply human.

*Theoretical framework integration:* Rooted in renowned theoretical paradigms, this research adds an intellectual robustness, situating its revelations within a more expansive scholarly conversation. Consequently, the study advances a theory-informed perspective on student narratives during emergencies.

*Practical implications for pedagogical adaptation:* The study's findings are poised to inform educational stakeholders (ranging from faculty to administrators) about potential strategies for adapting teaching and training practices in response to significant disruptions, thereby having a potential real-world impact.

In summary, with its focused and empathetic approach, rich contextual grounding, and timely execution, this study makes a significant contribution to the evolving literature on the impact of the COVID-19 pandemic on higher education. It provides a textured, nuanced, and deeply human perspective on the experiences of Applied Master's students in Psychology during a critical and challenging time, thereby laying a robust foundation for subsequent investigations aimed at gaining both breadth and depth of understanding.

### 3.3 Implications

The practical implications of these findings are manifold. For educational institutions, the revelation of online fatigue suggests the necessity to incorporate strategies that alleviate the strain associated with prolonged online engagement. Blended learning models in which practical components are conducted face-to-face while theoretical aspects are done online could be a viable approach. Additionally, providing students with access to mental health support during crises such as a pandemic is paramount.

Furthermore, the study emphasises the value of hands-on experience in the development of Psychology professionals. Hence, academic institutions, regulatory bodies, and clinical training sites should collaborate to create adaptable frameworks that ensure continuity of practical experience in times of crisis. This could encompass the expansion of teletherapy training, which as revealed in the study addresses immediate needs and prepares students for future-orientated healthcare delivery.

Overall, this study has made a valuable contribution to understanding the multifaceted impact of the COVID-19 pandemic on the teaching and training experiences of Applied Master's students in Psychology in South Africa. The findings not only underscore the challenges but also highlight the growth and adaptability exhibited by students. In view of Rønnestad and Skovholt's (2003) counselor development theory, it becomes evident that external crises such as the COVID-19 pandemic play a pivotal role in shaping the developmental trajectories of aspiring psychologists. The insights garnered from this research serve as a means for educational institutions, policymakers, and stakeholders in Psychology education to refine and fortify the training frameworks in anticipation of future challenges. Through concerted efforts, it is possible to create an educational ecosystem that survives and thrives in the face of adversity.

### **3.4 Future Research Flowing from the Study**

The depth and richness of this study, set against the backdrop of the COVID-19 pandemic and its profound impact on the educational journey of Applied Master's students in Psychology in South Africa, prepare the way for several avenues of future research.

Firstly, while this research offers a detailed snapshot of students' experiences during a specific period of the pandemic, the study emphasises the dynamic nature of the situation. Therefore, it is paramount for subsequent studies to adopt a longitudinal approach, capturing students' evolving challenges, adaptations, and growth as they navigate their academic journey amid the lingering effects of the pandemic. Such research would provide a continuum of experiences, clarifying the long-term consequences and adaptations of this crisis.

Furthermore, while providing a unique and contextually rich perspective, the study's focus on South Africa also underscores the need to explore similar themes across different geographical and cultural landscapes. As the study rightly points out, the intricate interplay of cultural, political, and educational factors in South Africa may not be directly translatable to other regions. Therefore, future research could aim to replicate this study in various global contexts. Comparative analyses between regions or countries would offer insights into universal challenges and context-specific nuances, enriching the global discourse on education during crises.

Another avenue would be to probe into the role of technological innovations in mitigating the challenges that were highlighted in the study. While this research touched upon the transition to online learning and the associated fatigue, it would be important for future studies to investigate the efficacy of emerging pedagogical tools and digital platforms in enhancing online learning experiences. Such research could evaluate the effectiveness and



student receptivity towards various online engagement strategies, from gamified learning modules to virtual reality-based practical sessions.

Additionally, given the study's revelations regarding the value of hands-on experience in shaping Psychology professionals, it would be pertinent for future research to explore alternative models of practical training. For instance, investigating the efficacy, challenges, and student perceptions of teletherapy training could provide insights into its viability as a mainstay in Psychology curricula, even beyond pandemic-induced constraints.

Lastly, as highlighted in this study, the emotional states of participants played a potential role in shaping their responses. A promising direction would be to undertake research that specifically focuses on students' emotional and psychological well-being during such crises. Such a study could employ mixed methods, combining quantitative psychological assessments with qualitative personal narratives in order to understand students' mental-health trajectories better.

### **3.5 Conclusion**

This study embarked on an explorative journey to understand the unique and profound impacts of the COVID-19 pandemic on the teaching and training experiences of Applied Master's students in Psychology from their perspective. The exploration was guided by Rønnestad and Skovholt's (2003) developmental model, an established framework that outlines the stages and milestones of professional psychological development, a lens that was invaluable to this analysis.

It is important to address how the findings of this study respond to the research questions that were posed at the outset. The primary objective was to explore how the abrupt transition to online learning during the COVID-19 pandemic affected students' educational and developmental experiences. The findings revealed that participants faced a plethora of

challenges, including online fatigue, limited access to resources, reduced interpersonal interaction, and increased personal vulnerability. Contrarily, it also highlighted their adaptability and the acquisition of novel skills such as teletherapy.

One of the salient themes that emerged was online fatigue, which encapsulated the exhaustion and stress associated with extensive online learning. This curtailed engagement mirrors Rønnestad and Skovholt's (2003) Theme 1 in which meaningful engagement with individuals is regarded as essential for counselor development. Participants' ability to develop interpersonal skills was hampered because of reduced face-to-face interaction. As such, the transition to online learning, although necessary, presented barriers to experiential learning, which is critical for Psychology students.

Furthermore, the study illuminated the interplay between personal and professional development. The pandemic enhanced participants' resilience, adaptability, and independence. This aligns with Rønnestad and Skovholt's (2003) Theme 10, which posits that personal life influences professional functioning and development throughout the professional lifespan. The pandemic, as an external crisis, played a significant role in the personal and professional lives of participants.

### **3.6 Personal Reflections**

Embarking on this research journey, my primary motivation was to describe the unique experiences of Applied Master's students in Psychology during the COVID-19 pandemic. As an advocate for the importance of practical experiences in psychological training, my supervisor found it pressing to understand the nuances of the disruptions caused by the pandemic.

Throughout the research process, I grappled with my own emotions and biases. Living through the same global crisis, it was challenging to detach my personal experiences

and feelings from the academic rigour required for this study. There were moments of frustration, especially when collating first-hand accounts of participants who faced immense challenges that resonated deeply with my own experiences in academia.

The process of data collection presented its own set of challenges. The virtual medium, while convenient, often felt impersonal. It was essential to create an environment where participants felt safe and comfortable sharing their experiences, especially given the sensitive nature of the challenges posed by the pandemic. However, overcoming these challenges was enlightening, teaching me the importance of adaptability and resilience in research.

The findings of this study were a mix of the anticipated and the surprising. While I expected reports of disruptions, the depth of the emotional and academic impact on participants was profound. For me, this emphasised the symbiotic relationship between practical experiences and psychological education and the pressing need for institutions to be agile in the face of unforeseen challenges.

In view of the broader implications, this research made me ponder the future of education in Psychology deeply. In an era in which disruptions, not necessarily pandemics, can be the norm, how can our educational institutions be better prepared? How can we ensure that the quality of practical training does not waver, irrespective of the external environment?

Ethical considerations were at the forefront throughout the study. Ensuring the anonymity of participants and handling their shared experiences with utmost care was paramount. It was a constant reminder of the responsibility associated with being a researcher, especially in a field as intimate and personal as Psychology.

In conclusion, this research journey was both challenging and rewarding. It reshaped my perspective on the resilience of students and the importance of adaptability in education.

The lessons I have learnt from this research journey will undoubtedly influence my future academic pursuits, reminding me always of the deeply human aspect of research.

## References

- Padmanabhanunni, A., Jackson, K., Noordien, Z., Pretorius, T. B., & Bouchard, J. P. (2022). Characterizing the nature of professional training and practice of psychologists in South Africa. *Annales Médico-psychologiques, revue psychiatrique*, *180*(4), 360–365. <https://doi.org/10.1016/j.amp.2022.02.012>
- Rønnestad, M. H. & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, *30*, 5–44.

### Consolidated References

- Adedoyin, O. B., & Soykan, E. (2020). Covid-19 pandemic and online learning: The challenges and opportunities. *Interactive Learning Environments*, 1-13.  
<https://doi.org/10.1080/10494820.2020.1813180>
- Alarifi, B. N., & Song, S. (2024). Online vs in-person learning in higher education: effects on student achievement and recommendations for leadership. *Humanities and Social Sciences Communications*, 11(1), 1–8. <https://doi.org/10.1057/s41599-023-02590-1>
- Baker, J., Davis, C., III, Grus, C., Hagstrom, S., Horn, J., Madon, S., Paul, M., & Wall, J. (2020, March 20). *Education and training in health service psychology—COVID-19: Joint statement*. <https://www.appic.org/News-Articles/ArtMID/1931/ArticleID/5/Psychology-Training-And-Education-Joint-Statement-COVID-19>
- Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*. Prentice Hall.
- Bandura, A. (1991). Social cognitive theory of self-regulation. *Organizational Behavior and Human Decision Processes*, 50(2), 248–287. [https://doi.org/10.1016/0749-5978\(91\)90022-L](https://doi.org/10.1016/0749-5978(91)90022-L)
- Bandura, A. (1997). *Self-efficacy: The exercise of control*. W. H. Freeman & Co.
- Bandura, A. (2001). Social cognitive theory: An agentic perspective. *Annual Review of Psychology*, 52(1), 1–26. <https://doi.org/10.1146/annurev.psych.52.1.1>
- Bandura, A. (2005). The evolution of social cognitive theory. *Great Minds in Management*, 2005, 9–35.

- Bao, W. (2020). COVID-19 and online teaching in higher education: A case study of Peking University. *Human Behavior and Emerging Technologies*, 2(2), 113–115.  
<https://doi.org/10.1002/hbe2.191>
- Barnett, J. E. (2018). Integrating technological advances into clinical training and practice: The future is now! *Clinical Psychology: Science and Practice*, 25(2), 1–4.  
<http://dx.doi.org/10.1111/cpsp.12233>
- Békés, V., & Aafjes-van Doorn, K. (2020). Psychotherapists' attitudes toward online therapy during the COVID-19 pandemic. *Journal of Psychotherapy Integration*, 30(2), 238.  
<https://doi.org/10.1037/int0000214>
- Bell, D. J., Self, M. M., Davis, C., III, Conway, F., Washburn, J. J., & Crepeau-Hobson, F. (2020). Health service psychology education and training in the time of COVID-19: Challenges and opportunities. *American Psychologist*, 75(7), 919.  
<https://doi.org/10.1037/amp0000673>
- Bigge, M., & Shermis, S. (1992). *Learning theories for teachers* (5th ed.). Harper-Collins.
- Boekaerts, M., Pintrich, P.R., & Zeidner, M. (Eds.). (2000). *Handbook of self-regulation*. Academic Press.
- Bradberry, L. A., & De Maio, J. (2019). Learning by doing: The long-term impact of experiential learning programs on student success. *Journal of Political Science Education*, 15(1), 94–111. <https://doi.org/10.1080/15512169.2018.1485571>
- Bradley, L. J., Gould, L. J., & Parr, G. D. (2001). Supervision-based integrative models of counselor supervision. In L. J. Bradley & N. Ladany (Eds.), *Counselor supervision: Principles, process, and practice* (pp. 93–124). Brunner-Routledge.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <http://dx.doi.org/10.1191/1478088706qp063oa>

- Braun, V., & Clarke, V. (2022). Conceptual and design thinking for thematic analysis. *Qualitative Psychology*, 9(1), 3–26. <https://doi.org/10.1037/qup0000196>
- Chick, R. C., Clifton, G. T., Peace, K. M., Propper, B. W., Hale, D. F., Alseidi, A. A., & Vreeland, T. J. (2020). Using technology to maintain the education of residents during the COVID-19 pandemic. *Journal of Surgical Education*, 77(4), 729–732. <https://doi.org/10.1016/j.jsurg.2020.03.018>
- Christensen, L. B., Johnson, R. B., & Turner, L. A. (2015). *Research methods, design, and analysis* (13th ed.). Pearson.
- Cognition & Co. (2023a). *Interview Process*. Cognition & Co. <https://cognitionandco.co.za/studying-psychology/masters/interview-process/>
- Cognition & Co. (2023b). *Selection Process*. Cognition & Co. <https://cognitionandco.co.za/studying-psychology/masters/selection-process/>
- Creswell, J. W. (2012). *Qualitative inquiry and research design: Choosing among five approaches* (3rd ed.). SAGE.
- De Haas, M., Faber, R., & Hamersma, M. (2020). How COVID-19 and the Dutch ‘intelligent lockdown’ ‘change activities, work and travel behaviour: Evidence from longitudinal data in the Netherlands. *Transportation Research Interdisciplinary Perspectives*, 6, 100150. <https://doi.org/10.1016/j.trip.2020.100150>
- Denzin, N. K., & Lincoln, Y. S. (Eds.). (2011). *The SAGE handbook of qualitative research*. SAGE.
- Dhawan, S. (2020). Online learning: A panacea in the time of COVID-19 crisis. *Journal of Educational Technology Systems*, 49(1), 5–22. <https://doi.org/10.1177/0047239520934>
- DiCicco-Bloom, B., & Crabtree, B. F. (2006). The qualitative research interview. *Medical Education*, 40(4), 314–321. <https://doi.org/10.1111/j.1365-2929.2006.02418.x>



- Doucet, A., Netolicky, D., Timmers, K., & Tuscano, F. J. (2020). *Thinking about pedagogy in an unfolding pandemic: An independent report on approaches to distance learning during COVID-19 school closures, Version 2.0*. Education International and UNESCO.
- Dziuban, C., Graham, C. R., Moskal, P. D., Norberg, A., & Sicilia, N. (2018). Blended learning: the new normal and emerging technologies. *International Journal of Educational Technology in Higher Education*, 15(1). <https://doi.org/10.1186/s41239-017-0087-5>
- Elmer, T., Mepham, K., & Stadtfeld, C. (2020). Students under lockdown: Comparisons of students' social networks and mental health before and during the COVID-19 crisis in Switzerland. *PLOS ONE*, 15(7), e0236337. <https://doi.org/10.1371/journal.pone.0236337>
- Frank, H. E., Rifkin, L. S., Sheehan, K., Becker-Haimes, E. M., Crane, M. E., Phillips, K. E., Palitz Buinewicz, S. A., Kemp, J., Benito, K., & Kendall, P. C. (2023). Therapist perceptions of experiential training for exposure therapy. *Behavioural and Cognitive Psychotherapy*, 51(3), 214–229. <https://doi.org/10.1017/S1352465822000728>
- Goghari, V. M., Hagstrom, S., Madon, S., & Messer-Engel, K. (2020). Experiences and learnings from professional psychology training partners during the COVID-19 pandemic: Impacts, challenges, and opportunities. *Canadian Psychology/Psychologie Canadienne*, 61(3), 167. <https://doi.org/10.1037/cap0000250>
- Gonsalvez, C. J., Wahnnon, T., & Deane, F. P. (2016). Goal-setting, Feedback, and Assessment Practices Reported by Australian Clinical Supervisors. *Australian Psychologist*, 52(1), 21–30. <https://doi.org/10.1111/ap.12175>
- Grubic, N., Badovinac, S., & Johri, A. M. (2020). Student mental health in the midst of the COVID-19 pandemic: A call for further research and immediate

solutions. *International Journal of Social Psychiatry*, 66(5), 517–518.

<https://doi.org/10.1177/0020764020925108>

Habeshaw, T. (1990). *Encouraging independent learning*. Standing Conference on Educational Development (SCED).

Health Professions Council of South Africa (HPCSA). (February 2019). Minimum standards for the training of Clinical Psychology. *Professional Board for Psychology*, 2–8.

Henington, C., Carlson, C., & DeMers, S. T. (2020). School psychology training within a competency framework: Transcending the past, present, and future. *School Psychology*, 35(6), 398–408. <https://doi.org/10.1037/spq0000422>

Hoss, T., Ancina, A., & Kaspar, K. (2021). Forced Remote Learning During the COVID-19 Pandemic in Germany: A Mixed-Methods Study on Students' Positive and Negative Expectations. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.642616>  
<https://doi.org/10.1037/h0042963>

Joshi, R., Hadley, D., Nuthikattu, S., Fok, S., Goldbloom-Helzner, L., & Curtis, M. (2022). Concept mapping as a metacognition tool in a problem-solving-based BME course during in-person and online instruction. *Biomedical Engineering Education*, 2(2), 281-303. <https://doi.org/10.1007/s43683-022-00066-3>

Kapasias, N., Paul, P., Roy, A., Saha, J., Zaveri, A., Mallick, R., Barman, B., Das, P., & Chouhan, P. (2020). Impact of lockdown on learning status of undergraduate and postgraduate students during COVID-19 pandemic in West Bengal, India. *Children and Youth Services Review*, 116, 105194.  
<https://doi.org/10.1016/j.chilyouth.2020.105194>

Katz, V. S., Jordan, A. B., & Ognyanova, K. (2021). Digital inequality, faculty communication, and remote learning experiences during the COVID-19 pandemic: A survey of U.S. undergraduates. *PLOS ONE*, 16(2), e0246641.

<https://doi.org/10.1371/journal.pone.0246641>

- Kolb, A. Y., & Kolb, D. A. (2017). Experiential learning theory as a guide for experiential educators in higher education. *Experiential Learning & Teaching in Higher Education*, 1(1), 7–44. <https://nsuworks.nova.edu/elthe/vol1/iss1/7/>
- Kolb, D. A. (2014). *Experiential learning: Experience as the source of learning and development*. FT Press.
- Kolb, D. A., Rubin, I., & McIntyre, J. M. (1984). *Englewood Cliffs organisational psychology: An experiential approach to organizational behavior*. Prentice Hall.
- Laher, S., Bain, K., Bemath, N., de Andrade, V., & Hassem, T. (2021). Undergraduate psychology student experiences during COVID-19: Challenges encountered and lessons learnt. *South African Journal of Psychology*, 51(2), 215–228.
- Lave, J., & Wenger, E. (1991). *Situated learning: Legitimate peripheral participation*. Cambridge University Press.
- <https://journals.sagepub.com/doi/full/10.1177/0081246321995095>
- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. SAGE.
- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist*, 10, 3–42. <https://doi.org/10.1177/0011000082101002>
- Loughran, J. (2013). Pedagogy: Making sense of the complex relationship between teaching and learning. *Curriculum Inquiry*, 43(1), 118–141. <https://doi.org/10.1111/curi.12003>
- McCord, C. E., Saenz, J. J., Armstrong, T. W., & Elliott, T. R. (2015). Training the next generation of counseling psychologists in the practice of telepsychology. *Counselling Psychology Quarterly*, 28(3), 324–344.
- <http://dx.doi.org/10.1080/09515070.2015.1053433>
- Mcleod, S. (2015). *Operant conditioning: What it is, how it works, and examples*. Simply Psychology. <https://www.simplypsychology.org/operant-conditioning.html>

- Moss, J. M., Gibson, D. M., & Dollarhide, C. T. (2014). Professional identity development: A grounded theory of transformational tasks of counselors. *Journal of Counseling & Development, 92*(1), 3–12. <https://doi.org/10.1002/j.1556-6676.2014.00124.x>
- Mumford, A. (1980). *Making experience pay - management success through effective learning*. McGraw-Hill.
- Ng, C. F. (2021). The Physical Learning Environment of Online Distance Learners in Higher Education – A Conceptual Model. *Frontiers in Psychology, 12*.  
<https://doi.org/10.3389/fpsyg.2021.635117>
- Olorode, J. J., & Jimoh, A. G. (2016). Effectiveness of guided discovery learning strategy and gender sensitivity on students' academic achievement in financial accounting in colleges of education. *International Journal of Academic Research in Education and Review, 4*(6), 182–189.
- Padmanabhanunni, A., Jackson, K., Noordien, Z., Pretorius, T. B., & Bouchard, J. P. (2022). Characterizing the nature of professional training and practice of psychologists in South Africa. *Annales Médico-psychologiques, revue psychiatrique, 180*(4), 360–365.  
<https://doi.org/10.1016/j.amp.2022.02.012>
- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research, 42*, 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Pelucio, L., Simões, P., Dourado, M. C. N., Quagliato, L. A., & Nardi, A. E. (2022). Depression and anxiety among online learning students during the COVID-19 pandemic: a cross-sectional survey in Rio de Janeiro, Brazil. *BMC Psychology, 10*(1).  
<https://doi.org/10.1186/s40359-022-00897-3>

- Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 pandemic. *New England Journal of Medicine*, 383(6), 510–512.  
<https://doi.org/10.1056/NEJMp2008017>
- Pfefferbaum, B., & North, C. S. (2020). Mental Health and the Covid-19 Pandemic. *New England Journal of Medicine*, 383(6), 510–512.  
<https://doi.org/10.1056/nejmp2008017>
- Piaget, J. (1961). The genetic approach to the psychology of thought.[J. educ. Psychol.]. *Journal of educational psychology*, 52(6), 275.
- Pokhrel, S., & Chhetri, R. (2021). A literature review on impact of COVID-19 pandemic on teaching and learning. *Higher Education for the Future*, 8(1), 133–141.  
<https://doi.org/10.1177/2347631120983481>
- Poudevigne, M., Armstrong, E. S., Mickey, M., Nelson, M. A., Obi, C. N., Scott, A., Thomas, N., & Thompson, T. N. (2022). What’s in Your Culture? Embracing Stability and the New Digital Age in Moving Colleges of Health Professions Virtually during the COVID-19 Pandemic: An Experiential Narrative Review. *Education Sciences*, 12(2), 137. <https://doi.org/10.3390/educsci12020137>
- Rhodes, M., Brickman, D., & Gelman, S. A. (2008). Sample diversity and premise typicality in inductive reasoning: Evidence for developmental change. *Cognition*, 108(2), 543–556. <https://doi.org/10.1016/j.cognition.2008.03.002>
- Rønnestad, M. H. & Skovholt, T. M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development*, 30, 5–44.
- Rønnestad, M. H., & Skovholt, T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists. *Professional Psychology: Research and Practice*, 32(2), 181. <https://doi.org/10.1037/0735-7028.32.2.181>

- Rønnestad, M. H., & Skovholt, T. M. (2013). *The developing practitioner : growth and stagnation of therapists and counselors*. Routledge.
- Salarvand, S., Mousavi, M.-S., & Rahimi, M. (2023). Communication and cooperation challenges in the online classroom in the COVID-19 era: a qualitative study. *BMC Medical Education*, 23(1). <https://doi.org/10.1186/s12909-023-04189-1>
- Saunders, M., Lewis, P., & Thornhill, A. (2016). *Research methods for business students* (7th ed.). Pearson Education.
- Shafi, A. A., Middleton, T., Millican, R., Templeton, S., Hill, J., & Jones, C. (2023). Learning in a disrupted environment: Exploring higher education student resilience using the Dynamic Interactive Model of Resilience. *Journal of Applied Learning and Teaching*, 6(2). <https://doi.org/10.37074/jalt.2023.6.2.18>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75. <http://dx.doi.org/10.3233/EFI-2004-22201>
- Solimeno, A., Mebane, M. E., Tomai, M., & Francescato, D. (2008). The influence of students and teachers characteristics on the efficacy of face-to-face and computer supported collaborative learning. *Computers & Education*, 51(1), 109–128. <https://doi.org/10.1016/j.compedu.2007.04.003>
- Toker, B., & Avci, R. (2015). Effect of cognitive-behavioral-theory-based skill training on academic procrastination behaviours of university students. *Educational Sciences: Theory & Practice*, 15(5), 1157–1168. <https://doi.org/10.12738/estp.2015.5.0077>
- UNISA. (2023). *Master of Arts in Clinical Psychology (90119)*. [www.unisa.ac.za](http://www.unisa.ac.za). [https://www.unisa.ac.za/sites/corporate/default/Apply-for-admission/Master%27s-&-doctoral-degrees/Qualifications/All-qualifications/Master-of-Arts-in-Clinical-Psychology-\(90119\)#mCph\\_adm](https://www.unisa.ac.za/sites/corporate/default/Apply-for-admission/Master%27s-&-doctoral-degrees/Qualifications/All-qualifications/Master-of-Arts-in-Clinical-Psychology-(90119)#mCph_adm)

- Usher, E. L., Golding, J. M., Han, J., Griffiths, C. S., McGavran, M. B., Brown, C. S., & Sheehan, E. A. (2021). Psychology students' motivation and learning in response to the shift to remote instruction during COVID-19. *Scholarship of Teaching and Learning in Psychology*. Advance online publication. <http://dx.doi.org/10.1037/stl0000256>
- Vygotsky, L. S. (1987). *The collected works of LS Vygotsky: Problems of the theory and history of psychology* (Vol. 3). Springer Science & Business Media.
- Vygotsky, L. S., & Cole, M. (1978). *Mind in society: Development of higher psychological processes*. Harvard University Press.
- Wilczewski, M., Gorbaniuk, O., & Giuri, P. (2021). The psychological and academic effects of studying from the home and host country during the COVID-19 pandemic. *Frontiers in Psychology, 12*. <https://doi.org/10.3389/fpsyg.2021.644096>
- Wood, R. & Bandura, A. (1989). Social cognitive theory of organizational management. *The Academy of Management Review, 14*(3), 361–384. <https://doi.org/10.5465/amr.1989.4279067>
- World Health Organization. (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020*. World Health Organization, 11 March.
- Wu, S. Y. (2021). How teachers conduct online teaching during the COVID-19 pandemic: A case study of Taiwan. *Frontiers in Education, 6*, 675434. <https://doi.org/10.3389/feduc.2021.675434>
- Wut, T., & Xu, J. (2021). Person-to-person interactions in online classroom settings under the impact of COVID-19: a social presence theory perspective. *Asia Pacific Education Review, 22*. <https://doi.org/10.1007/s12564-021-09673-1>
- Yin, R. K. (2018). *Case study research and applications: Design and methods* (6th ed.). SAGE.

## Appendices

### Appendix A: Research Study Information Leaflet



#### RESEARCH STUDY INFORMATION LEAFLET AND CONSENT FORM

##### DATE

2022

##### TITLE OF THE RESEARCH PROJECT

Teaching and training experiences within Applied master's Psychology programmes during the COVID-19 pandemic: Students perspectives.

##### PRINCIPLE INVESTIGATOR / RESEARCHER(S) NAME(S) AND CONTACT NUMBER(S):

Keitumetse Colleen Molete.                      2021219981.                      0710325469

##### FACULTY AND DEPARTMENT:

Faculty of the Humanities  
Department of Psychology

##### STUDY LEADER(S) NAME AND CONTACT NUMBER:

Doctor Lindi Nel  
0514012732

##### WHAT IS THE AIM / PURPOSE OF THE STUDY?

The research aims to explore and describe the teaching and training experiences within Applied master's in Psychology programmes in South Africa during the COVID-19 pandemic. The study will assist to provide insight on how Applied Psychology master's students experienced their teaching and training programme during the COVID-19 pandemic.

##### WHO IS DOING THE RESEARCH?

The study is conducted by Keitumetse Colleen Molete, a master's student of the Department of Psychology, Faculty of the Humanities, UFS under the supervision of Doctor Lindi Nel, Department of Psychology, Faculty of the Humanities.

##### HAS THE STUDY RECEIVED ETHICAL APPROVAL?

Yes  
Approval number: *UFS-HSD2022/1458/22*

##### WHY ARE YOU INVITED TO TAKE PART IN THIS RESEARCH PROJECT?





The prospective candidate is invited to participate in this study as they were enrolled for an Applied master's in Psychology programme at any university in South Africa during 2020, and experienced online learning during the 2020 COVID-19 pandemic. You are invited to participate in this research as you have identified as a participant who meets the above mentioned criteria and who we believe will be able to greatly contribute to the research.

#### **WHAT IS THE NATURE OF PARTICIPATION IN THIS STUDY?**

Your participation will entail an individual interview of approximately sixty minutes. This interview will take place either as a face-to-face interview or if needed, via Zoom or Microsoft Teams. You will be questioned on your training experience as an Applied master's Psychology student during the COVID-19 pandemic in 2020. Further questioning will include how you experienced the transition to online teaching and learning for a programme that highly requires face to face learning. The interviews will be scheduled at a time and place that is most suitable for you. The interviews will be audio recorded, transcribed and analysed after the completion of each interview.

#### **CAN THE PARTICIPANT WITHDRAW FROM THE STUDY?**

Your participation in this study is voluntary, and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

#### **WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?**

Participants will be able to benefit from the process by having the opportunity to report on their online learning experiences about the Applied master's in Psychology programme during COVID-19. This process of reflection may lead participants to insightful discoveries about themselves and their experiences. Further, participants will greatly contribute to the field of research and contribute to our understanding of the mentioned research topic.

#### **WHAT IS THE ANTICIPATED INCONVENIENCE OF TAKING PART IN THIS STUDY?**

The researcher does not anticipate any possible risks with participating in this study. The only inconvenience that has been identified is the time the interviews will take; however, the interviews will be kept as short as possible without affecting the quality of the interview. Should a participant experience any personal distress, they should feel free to contact the researcher whom will be able to help with a referral to a counsellor. In this case, current Psychology master's students of the University of the Free State whom will be able to assist with a counselling session if needed. These sessions will take place under the supervision of Psychology lecturers of the University of the Free State.

#### **WILL WHAT I SAY BE KEPT CONFIDENTIAL?**

Participation in this study will be kept confidential and anonymous. Pseudonyms will be assigned to each participant ensuring their participation remains anonymous. Therefore, no participant can be

identified from the published research and protecting each participant's privacy is of utmost importance. The supervisor of this study will also have access to the interview transcripts.

**HOW WILL THE INFORMATION BE STORED AND ULTIMATELY DESTROYED?**

Hard copies of your answers will be stored by the researcher for a period of five years in a locked cupboard/filing cabinet in the researcher's home office for future research or academic purposes. Electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

**WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?**

There will be no reward or payment, financial or otherwise, for participating in this study.

**HOW WILL THE PARTICIPANT BE INFORMED OF THE FINDINGS / RESULTS OF THE STUDY?**

Should you desire a copy of the completed research, it can be emailed to you once it has been fully completed. Should you require any additional information you can contact the researcher, Keitumetse Molete. Email: [kmolet1@gmail.com](mailto:kmolet1@gmail.com), Tel: 0710325469. Additional contact persons are Doctor Lindi Nel (supervisor), Email: [nelli@ufs.ac.za](mailto:nelli@ufs.ac.za) Tel: 051 4012732 and Mrs Charne Vercueil of the Faculty of the Humanities, who is the ethics contact person. Tel 051 401 7083, Email: [vercueilc@ufs.ac.za](mailto:vercueilc@ufs.ac.za).

Thank you for taking the time to read this information sheet and for participating in this study.

## Appendix B: Research Study Consent Form



### CONSENT TO PARTICIPATE IN THIS STUDY

I, the undersigned,

\_\_\_\_\_ (*participant's full names to be included*), (the "Participant") confirm that I voluntarily agree to participate in the research study referred to as; Teaching and training experiences within Applied master's in Psychology programmes during the COVID-19 pandemic: Students perspective. The study is in relation to the completion of a master's degree and which is being conducted by Keitumetse Molete.

I, the undersigned Participant, further confirm that–

1. the Researcher has explained the nature, procedure, potential benefits and anticipated inconvenience of my participation in the Study;
2. I have read (or had explained to me) and understood the Study as explained in the attached information sheet;
3. I have had sufficient opportunity to ask questions and am prepared to participate in the Study;
4. I understand that my participation in the Study is entirely voluntary and that I am free to withdraw at any time without penalty (if applicable);
5. I voluntarily provide the UFS and the Researcher with my personal information and consent to the UFS and the Researcher collecting, disclosing and processing my personal information in order to conduct the Study and any related activities in relation thereto;
6. I hereby acknowledge and confirm that I understand the purpose for which the UFS and the Researcher may collect, store, use, delete, destroy, outsource, transfer or otherwise process, as the context and circumstances may require and as contemplated in terms of POPIA, my personal information as set out herein;
7. I am aware that the findings of the Study will be anonymously processed into a research report, journal publications and/or conference proceedings and that my personal information will be aggregated and deidentified at such stage;
8. I also give the UFS permission to share, without notification, the collected data with other researchers at the UFS or other Higher Education Institutions. This permission is dependent on the same principles of ethical research practices, anonymity/confidentiality, safekeeping of information, and other issues listed above applying.

I, the Participant, agree to the recording of the interview.

Full Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name(s) of Researcher(s): \_\_\_\_\_

Signature of Researcher: \_\_\_\_\_ Date: \_\_\_\_\_



## Appendix C: Ethical Approval GHREC Feedback



### GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

19-Jan-2023

Dear Ms Keitumetse Colleen K Molete

#### Ethics Committee feedback

Research Project Title:

**Teaching and training experiences within Applied master's Psychology programmes during the COVID-19 pandemic: Students perspectives.**

With reference to your application for ethical clearance for your research: Find attached the letter and decision from the GHREC meeting.

If you need to do modifications or respond to conditional approval:

[Click HERE to open the manual](#)

Ethics Admin

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## Appendix D: Ethical Approval Letter



### GENERAL/HUMAN RESEARCH ETHICS COMMITTEE (GHREC)

27-Nov-2022

Dear Ms Keitumetse Colleen Molete

#### Application Approved

Research Project Title:

**Teaching and training experiences within Applied master's Psychology programmes during the COVID-19 pandemic: Students perspectives.**

Ethical Clearance number:

**UFS-HSD2022/1458/22**

We are pleased to inform you that your application for ethical clearance has been approved. Your ethical clearance is valid for twelve (12) months from the date of issue. We request that any changes that may take place during the course of your study/research project be submitted to the ethics office to ensure ethical transparency. Furthermore, you are requested to submit the final report of your study/research project to the ethics office. Should you require more time to complete this research, please apply for an extension. Thank you for submitting your proposal for ethical clearance; we wish you the best of luck and success with your research.

Yours sincerely

**Dr Adri Du Plessis**

**Chairperson: General/Human Research Ethics Committee**

Adri  
Du  
Plessis

Digitally  
signed by Adri  
Du Plessis  
Date:  
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## **Appendix E: Interview Questions**

**Topic:** Teaching and Training Experiences within Applied Master's in Psychology Programmes During the COVID-19 Pandemic: Students' Perspective.

### **Interview questions**

1. Which Applied Masters Psychology program where you enrolled for?
2. Which University where you enrolled at?
3. During which year where you enrolled for Masters?
4. What was your idea of Applied Masters Psychology academic training outside the COVID-19 pandemic?
5. How was the academic training facilitated during the pandemic?
6. What were the methods of teaching adopted either than face to face teaching?
7. How did you experience this new way of learning?
8. How do you think this lack of face to face, interaction with both lectures and other students in the program impact on your training (positive/negative)?
9. What do you think you might have missed out on with regards to training?
10. How did this affect your academic training experience?
11. What were the major training dilemmas you experienced as a result of the new way of learning?
12. How was the support from the Psychology Department/ staff (lectures) during the time?
13. What do you think should have been done to assist students to adapt to the new way of learning?
14. Which platforms did you have to use to receive training?
15. How would you define your experience during this shift in learning?

16. What are some of the things that you value about face-to-face learning, especially in an Applied masters in psychology training?

**Appendix F: Frequency of Codes**

	<b>Description</b>	<b>Frequency</b>
1	Expectations not met	9
2	Physical lectures	6
3	In person classes	4
4	Interaction / Connection (general)	11
5	Lack of resources/ Disadvantaged environment	5
6	Inadequate/ Loss training	8
7	Practical training started	8
8	Uncertainty	12
9	Research focus	4
10	Risk	3
11	Protection/ Security	2
12	Assignments	1
13	Loss of an experience/ Stripped off the experience	12

	<b>Description</b>	<b>Frequency</b>
14	Yearning for class contact	6
15	Online learning = boring /draining/ non interactive	19
16	Inattention/ Lack of concentration	11
17	Online attempts for practical training	6
18	Loss	2
19	Crammed/ Pressure	11
20	Lack of practical experience	28
21	Unprepared internship	6
22	Later realisation	1
23	Technical issues/ loadshedding	16
24	Feeling frustrated	7
25	Need for assurance	3



26	Need for and lack of communication	14
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	<b>Description</b>	<b>Frequency</b>
27	Counterbalance attempts	5
28	Need for and lack of personal support	9
29	Expectations when back	1
30	Understanding the lecturing side	4
31	Reassurance seeking	4
32	No holding space online	3
33	Google meet	4
34	Subscription/ Data/ online payment issues	4
35	Class discussions	3
36	Detached	1
37	Social interaction with colleagues and lecturers/ engagements	10
38	Expectation to administer psychometric assessments	5
39	Group tasks/ group assignments	2

	<b>Description</b>	<b>Frequency</b>
40	Emptiness	2
41	Disorganisation	3
42	Unable to access campus	1
43	Face to face lecturers	1
44	Switch to online learning	7
45	Feeling motivated	2
46	Zoom	10
47	MS Teams	11
48	Adjusting to online learning	7
49	Independent learning	3
50	PowerPoint slides = mode of teaching	3
51	Course calendar/ Assessment schedule/ Plan	1
52	Exhausting	2

	<b>Description</b>	<b>Frequency</b>
53	Juggling multiple roles	1
54	Online library	1
55	Technologically illiterate	2
56	Google scholar	1
57	Sufficient theoretical training	6
58	Lack of accessibility	1
59	Online therapy = challenging	8
60	Practical experience dilemmas	1
61	Supportive lecturers	12
62	Team work	2
63	Teletherapy training	5
64	Variety of online platforms	1
65	Emails = communication	6

	<b>Description</b>	<b>Frequency</b>
66	University App = communication tool	1
67	Expectations of practical exposure	1
68	Weird year	1
69	Change in schedule/program/ restructuring program	5
70	Unpredictable	3
71	Shared classes with other campus	2
72	Thrown in	2
73	Lectures facilitated by external lecturers/ lecturers from other universities	4
74	Intellectually stimulating	1
75	No assignments	1
76	Reduced workload	1
77	Time constraints	2
78	Observational learning	1

	<b>Description</b>	<b>Frequency</b>
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79	Practical experience	1
80	Loneliness/ isolated	3
81	trauma	1
82	uncomfortable	1
83	Challenging experience	10
84	Negative experience	2
85	Impact on self confidence	1
86	Thrown to the wolves	1
87	Lack of confidence	1
88	Inadequate therapy skills	1
89	Blessed experience	1
90	Access to more lectures/ experiences	1
91	Learned to be adaptable	1

	<b>Description</b>	<b>Frequency</b>
92	Standing over the edge	1
93	Need for structure/ Need to be organised	6
94	Motivation amongst students	1
95	pressure	1
96	Need for debriefing	2
97	Growth evoking	4
98	Resilience	2
99	Online not easily accessible	3
100	Break from academics	1
101	Feeling anxious/ anxiety provoking	8
102	Hope that things will get back to normal	1
103	Sponsorship for resources/ access to resources	2
104	Permission to access campus library	1

	<b>Description</b>	<b>Frequency</b>
105	Ability to continue with the course	1
106	Face to face learning = preference	10

107	Futuristic learning	2
108	Conflict amongst students and lecturers	5
109	Support from coordinator/lecturers	1
110	Change in assessment structure/ online exams	1
111	Working long hours	1
112	Unprepared for exams	1
113	Self-studying	3
114	WhatsApp	5
115	Lecturers recordings = teaching	1
116	Extra activities/ compensating for lectures	3
117	No access to academic material	1

	<b>Description</b>	<b>Frequency</b>
118	No access to academic material	2
119	Ability to be flexible	3
120	Online learning = inability to observe nonverbal cues	1
121	Learning as a group	1
122	Group therapy as practical experience	1
123	Online learning = group dilemmas	3
124	Need for online learning training	2
125	Data provision by university	2
127	Fear = not being able to complete program	2
128	Blended learning = online and face to face	6
129	Online therapy = ethical dilemmas	3
130	Video clips	1

	<b>Description</b>	<b>Frequency</b>
131	Online learning = challenging	5
132	Blackboard	2
133	Group cohesion	3
134	Lack of rounded experience/ limited experience	4
135	Appreciation of exposure to experiential learning	4

136	Lack of clinical supervision	3
137	Exposure to COVID-19 = Limiting experiential learning	5

### Appendix G: Consolidated Codes

DEBBY	Statement	Code description
	<p>I think for me the expectation was to have face to face classes, with obviously a lot of role plays, conducting therapy face to face as well as doing group work and administering tests. But I went in knowing that there will be a lot of work to be done, obviously a lot of pressure and a lot of interaction with lecturers and my class mate.</p>	<p>Expectations not met (1) Physical lecturers (2) In person classes (3) Interaction/ Connection (4)</p>
	<p>Yeah, so that was quite a big thing for our university, because it's very much government run as well. So they didn't have a whole bunch of resources. So we actually lost out on a good amount of training. So we started the year off normal. And then we'd started with our practicums, and stuff like there to go into the hospitals once a week. We were basically just sent home and told to wait and then wait on work on our research so long.</p>	<p>Lack of resources/ Disadvantaged environment (5) Inadequate/ Loss training (6) Practical training started (7)</p>
	<p>And so that was a little bit that was a stressful all around because we didn't know if we were going to finish or you know what the story was going to be. And then eventually, they started making noise that we were able to come back to campus and that they're going to continue with the programme. So a lot of us assumed that we'd go back to in person, and we didn't so even though we went back to res majority of our classes, at least for this first three to four months, we're online. But then they did allow us to go back in person to do our practicums so we were able to go back to the hospital. But then that was also intermittent. If there were a lot of COVID cases or something or somebody needed to be sanitised. Then we wouldn't be able to go in for the day etcetera.</p>	<p>Unpredictability (8) Confusion (8) Online learning Practical training (7) Risk (10) Protection/ Security (11)</p>
	<p>It was just the online, yes we had assignments as usual, so that they would in a guess, allocate us and then we would have to work on that and then hand it into the necessary. You know,</p>	<p>Assignments (12)</p>

<p>lecturer so that didn't really change for us. Yeah, that anything, basically was that it shifted from in person to online, we still wrote our exams and stuff in person at the university.</p>	
<p>I didn't like it at all. I felt that it was very impersonal. So for myself as well, but that's not my own stuff is I was home schooled for most of my life. And then I went to ***, So I've never really gotten an opportunity to actually go to university. So that was something that I felt that I was almost robbed of, you know, that personal contact, sitting in a class, being able to talk to your classmates, make jokes and stuff like that I really enjoyed. So I feel like that was very taken away when we had to go to the online, because there's also that interaction element. So at the same time, it was also quite draining, to have to just look at a screen and somebody's talking. For hours at a time, I felt that my attention span would also just wander all.</p>	<p>Detached (36)</p> <p>Loss of an experience (13)</p> <p>Yearning for class contact (14)</p> <p>Interaction (4)</p> <p>Online learning = boring/draining (15)</p> <p>Inattention/ Lack of concentration (16)</p>
<p>I don't know if there was a big lack of training, maybe Oh, well, I would probably say for the practical reasons. So like, a lot of our lectures would have a lecture and then we'd have like breakaway sessions, where we'll actually like practice a certain technique or something like that, like role plays, or where they would sit in on us doing a role play and give some, you know, critique or suggestions and stuff like that. And also, we would have before COVID, we were going to the skill Centre, we read it like actors in and stuff to come and be patients and, and then we'd have to like right case presentations and stuff on that or formulations, which we then obviously lost out on on the online side of things. But I do feel that the information was still there. But I think it was also maybe just a little bit crammed as well, given that we've lost two months, so I'm not sure how much we actually missed out on there.</p>	<p>Inadequate training (6)</p> <p>Online attempts for practical training (17)</p> <p>Loss (18)Crammed (19)</p>
<p>Yeah, well, like I said, I think the practical experience of it isn't what would be the most for me, you know, being able to, I mean,</p>	<p>Inadequate training(6)</p>

<p>you know, had is it's like very nerve wracking to have to go from the very theory, straight into your practical, or your internship or whatever. So at least the fact that we were doing role plays and being able to practice in the safety of our class, and with our lecturer really would have helped, which we missed out on then when we went into the online platform.</p>	<p>Lack of practical experience (20)(7) Unprepared internship (21)</p>
<p>I don't know that it affected me in the long run. But, I felt quiet. Well, not prepared going into internship. But as internship went on, I realised that we actually did get a lot of training and a lot of information and stuff like that there was very little that I struggled with during internship. But I think from a personal point of view, it robbed me of the varsity experience that I was looking forward to.</p>	<p>(21) Later realisations (22) (6) (13) Stripped off the experience</p>
<p>Probably like the network issues for one because you've got a class schedule, but then this one can't connect so you delayed or this one drops off where you can only hear you know, every second word or something like that. And also with the load shedding and everything, then kick straight back in. And then that was that was a bit of a frustration because it wasn't like you were able to just concentrate on the work. It was like, Oh, can you hear me? Can you hear me? Oh, no, this one's gone. Now there's a leg wait. So that was that was a little bit frustrating.</p>	<p>Technical issues (23) Disorganisation (41) Frustration (24)</p>
<p>It varied, like, I feel like there's a lot more they could do have done to put our minds at ease when the whole pandemic hit. And because there was that radio silence, and it was us that was having to keep on not following up and stuff like that. And the but then when we went back, our course coordinator really tried to make plans for us like they even justified us coming back as psychology to be able to like run a helpline for other students and stuff like that. So that they could also obviously have an outlet and that we could get some catch up on some practicals. So I feel that they were very accommodating after the fact and</p>	<p>Need for Assurance (25) Uncertainty (8) Need for and Lack of communication (26) Counterbalance attempts (27) (17)</p>



<p>try to catch up on classes quite nicely. In terms of like, supporting us of how we felt and what we were going through with the pandemic, I feel like that was a little bit lacking. You know, to put out to the anxieties and everything, it was kind of like okay now you are back, you expected to come perform? Yeah, like a shitload of work. Finish it, you know? So I feel from an emotional standpoint, there wasn't that support.</p>	<p>Need for and Lack of personal support (28) Expectations when back (29)</p>
<p>I think definitely open communication. And granted, I think they didn't know themselves what was happening, because obviously, it was uncharted territory for everybody. We find ourselves constantly having to ask like, what's next? And what are we doing? Are we going to write exams this way? What about our class presentations, etc, etc. So I feel like there might have just been a little bit more open with the communication. And also just like maybe debriefing sessions, because that's something we actually did have when we had in persons, we had a lot of check in sessions before we'd start class and stuff like that, which was obviously missing through the online platform. And because it was very anxiety provoking for everybody. So I feel that they could have opened communication and little bit more emotional support.</p>	<p>(26) Understanding for lecturing side (30) Reassurance seeking (31) (26) (28)  No holding space online(32) (28)  (101) (26), (28)</p>
<p>So the majority was Google meets. Because I think a lot of the lecturers were also working from home and they didn't have because you've got to pay for zoom if you got over 45 minutes with more than three participants or something like that. So some other lecturers had that subscription. But I think it was only two or three of them. And then the rest that we did just on Google meets.</p>	<p>Google meets (33) Subscription/ Data/ online payment issues (34)</p>
<p>Disruptive? and uncertain. And it was okay. Are we doing practicums? Aren't we doing? So? Yeah, I would say it's disruptive as well, I would sum it up.</p>	<p>Uncertainty (8)</p>

<p>For the face to face, I think just that personal aspect, you know, being able to ask a question there on the spot, and have a discussion about something as it comes up. I think people are reluctant to kind of interrupt when you're online, because then it's, you know, talking over each other and nobody can hear anything. So I just feel like yeah, the experiential learning. Definitely go as mentioned with the case studies, but yeah, just like the personable aspect of it being able to, to joke around to ask good questions, you're able to discuss a topic rather than just sitting there and staring at a screen.</p>	<p>Personal interaction (4) Class discussions (35) Lack of interaction (4), (23) practice (7), (20) Social interaction with colleagues (37) and lecturers (4), (15)</p>
<p>So when something like this happens COVID has happened, a lockdown has happened, we've never experienced this before. You know, so it was like, what if they take this away. So it was waiting, like I said for top down communication, and then just taking it a day at a time and being flexible as it comes.</p>	<p>Flexible</p>

<b>BONOLO</b>	<b>Statement</b>	<b>Code description</b>
	<p>For me the idea of the program was to experience a varsity vibe experience and in personal training and experience, that I had received, especially when it came to assessments the expectation was having to be taught how to administer the assessments, but not actually do the assessments practically with any of our students, because we could not do them online it was unethical, the assessments are not created to be conducted or administered on online. So yeah, I would have expected like a, you know, a university vibe type of setting. Yeah. We were robbed of that, actually.</p>	<p>(1) (2) (3) (38) Expectation to administer psychometric assessments (13)</p>
	<p>But, yeah. And to actually, and to interact with our colleagues, we hardly saw each other. But when we had like, group staff assessment and assignment stuff to discuss, we always did Google meets, Google meets to discuss Okay, who's gonna do</p>	<p>(37) Online group tasks/assessments (39)</p>

<p>what, what? Of which, you know, shame? If I just had one word to describe our masters year. It would be empty, emptiness really, because even if you did have these meetings, with our classmates, with our colleagues, it's like you sitting in your own space the other one has their video off and you have your video on, we all trying to talk. It's connectivity issues.</p>	<p>Emptiness (40) (23), (41)</p>
<p>So it was not the same, I would say that my expectations were not met. It but yeah. And just that interaction with your colleagues as well. And so when covid hit? I think for the first time it was, it was a quarter of our varsity experience. We were actually on campus. So from the time college started up until March, I think we're not we're not allowed to return after our March break. So we did have some face to face contact with our lectures. And we had online learning, I must say, I think I wouldn't have felt the difference having an online lecture than being in an actual lecture room because it was the same, I think we maintained that level of motivation, we in masters, it demands a lot.</p>	<p>(1), (37)          Unable to access campus(42)          Face to face lectures (43) Switch to online learning (44)          Feeling motivated/          Resilience(45)</p>
<p>So whatever you put in, you're going to get out. So we kept that, to me. attendance was, was good. We, it was it worked for us, it did work for us. And then then the university introduced this thing off all the, I'd say the priority. Faculties like engineering and us psychology masters students, who needed to be back on campus, we were allowed to go back to campus, I think this was after three months later, so we had three months of online, online, teachers, and yes, and a teaching and stuff and training. And then in June, July, we returned to campus. With regards to training as well, we had to do a community project that was a very, very difficult project to handle in our master's programme. So we were at a clinic in I think it's ***, within a clinic in Mamelodi.</p>	<p>(45)          Online learning (46)          Community project prior to covid (47)</p>

<p>And we started off this project with caregivers and stuff. So in the beginning of the year, it went very well. But when we when we were sort of restrained from going into campus, we could not continue with the project up until July. And we will all just sent home and we didn't know what our futures were going to look like So both ways, the community workers sort of were at a disadvantage. And when we did return to campus, we could not go to the clinic. So we have to continue with a group project with a projector, where half of our colleagues were at the clinic and halfway in the class, trying to administer our workshops. It did not work. It Yeah, it was a bit frustrating. It felt like they had kind of said, well, we don't know what to do. So we're just gonna make do what we can.</p>	<p>Challenges continuing with community projects (48)  (17)</p>
<p>You could even see all the major workers in the screen. Everybody struggled to hear you. Yeah, yeah. There was a lot of frustration, out of frustration with the training. But I mean, we managed there's nothing that I could say we started and could not compete because of COVID. We literally had pushed through.</p>	<p>(24) (18)</p>
<p>During COVID I think just apart from the online training and having to sort of adjust to the computer screen and the Zoom meetings and the MST meetings, apart from that, everything else was the same. Because I mean, with the master's programme, a lot of it is self-reliant, and you have to do your own self-study your own research and everything so that do you make use of PowerPoint Presentation, so the lecturers used the PowerPoint in order to sort of communicate with us through online learning. The only thing that I say was fancy was sort of share your PowerPoint to, to the rest of the class on how to manage to do that, on MS teams and stuff and Google meets so that other people can actually see what presenting on. But other than that everything else was, it fairly went well, you've got your assessment schedules, you've got your lecture, timetable. So we</p>	<p>Adjusting to online (48)  Independent learning (49) PowerPoint slides= mode of teaching (50) MS Teams (47) (34) Course calendar/ assessment schedule/ Plans (51)</p>

<p>just knew that we need to attend a lecture at a certain time, we'll get a reminder. Yeah, yeah.</p>	
<p>That experience was exhausting. If I can, I can put it in layman's terms. It was quite exhausting. I think it was exhausting in the sense that now that you're home, and I mean, we're not we're told not to return after the break because we've all gone home for you know, various places that we would come from some I'm from ***, I had come back to *** in our break, and then we're told that we can return back to Pretoria also because of the inter provincial travel was not allowed. So now it was exhausting the sense that you're home, in your comfort zone. And you know that you're going to have like an online lecture 11 or 12. And mind you, you've got little siblings, and had a son who was much younger at that time. And when I was at the res at the university, I had a good focus. But when I was home, I had to divide that focus.</p>	<p>Exhausting (52)</p> <p>Juggling multiple roles (53)</p>
<p>So that's why I say exhaustion, because now I had to sort of put on multiple roles of being a mom, and then being the daughter and you needed to do chores at a certain time. It's like you're not in a res anymore. You're home. So there's things that need to be done. balance that with what is required of you, your assessment tasks themselves. And yeah, so I think also just being limited to resources in the sense that you can't just access the library when we needed to. We had to use this *** online library, of which I was technologically illiterate and challenged when it comes to that part on having to access journals, articles or whatever. So Google's scholar was my go to place. Okay. But over and above that, I think to study, I felt like if it could have not been for my honours and undergrad degree. It was, yeah, it was sad.</p>	<p>(5)</p> <p>Online library (54)</p> <p>Technologically illiterate (55)</p> <p>Google scholar (56)</p>
<p>Okay, so the face to face. On the flip side, I will say there wasn't a big gap, because our lecturers really tried their utmost best to</p>	<p>Sufficient theoretical training (57)</p>

<p>be present and to be available for us. We were still in in our online stuff, I think *** used a tool called I forgot what they used. We use this online platform for for online lectures and stuff. We would get this invite, argh I forgot what it was but then you get to pick up your hand. It's almost like zoom or an MS team. We have those features. You can pick up your hand and ask a question. While, the lecture is busy with a lesson online. So, it's, we did not miss out on anything. I wouldn't say COVID or being taught online. had a negative impact, because we still got the knowledge that we needed. It's just the practical side of it, that I felt, you know, we could have gained more have we done things practically.</p>	(57), (20)
<p>Had we been the face to face or physically? With regards to colleagues, I think if we were not as close as we would have loved to, because we're mostly online, and then now we get back to, to class after July having to see everybody, it's almost like, yeah, sure the relations were there. But because even when we did return, we only return not for all our modules, some modules, we were the face to face, for example, our psychological assessment measures, so because we had to be there, sit and do it, administer it, but the rest they still remained to be taught on an online platform. Yeah. Okay.</p>	(4) (37)
<p>Okay, so I definitely think I think I'll go back to what I mentioned earlier about the assessments, I definitely think I missed out on sufficient, Yes, the training was there. But yeah, I don't think it was sufficient for our psychological assessments neuro assessments and stuff. Because then there's also in certain cases, we had to administer these assessments amongst ourselves as colleagues, and not with actual students, because we did not have face to face contact. So we basically do it. Amongst us, and it's like a once off training, you know, whereas if you had seen a student, they, they presented a variety of symptoms and stuff,</p>	(20) (38) (6) (13) (77) (106)

<p>you get the opportunity to administer a variety of assessments. But because of that, we're just limited especially because due to time constraints as well, you can't administer all the assessments amongst colleagues. So I would have loved training on that sufficient face to face training on that.</p>	
<p>I think that's what we lost out on and just I think, as well as, a good bond well strong bonds amongst us as colleagues, as well that lacked a lot, a lot, a lot a lot. A well as client interaction whereas if you had seen a client, they would present a variety of symptoms and stuff. You get the opportunity to see it live, and the client would get to see your body language response. It's a connection both a client and therapist needs. And the masters programme. So there was constant check ins, on like are you okay before we, before we started our master's programme, we had like workshops on what we are going to expect with just six girls in the class and the ups and the downs. And you know what, and for the first time we took it, lightly, but even during the course of the year, it plays out the competition start to play. Yeah, it does, it does play out a lot. And then I think with covid with it just creates a bigger divide. And I like so yeah. Yeah.</p>	<p>(37) (4) (28)</p>
<p>I would say, I think it's accessibility. I say accessibility to the students that we sort of needed to provide the services to as well, because of a lot of challenges that come with online therapy, I wouldn't lie and having to sit there with a student that would not be comfortable enough to turn their video on. And you have to start and finish like a whole therapy with a hard time seeing that, that specific student, whereas if it was face to face, I mean, they'll be bold enough to come and knock in a counselling room, and you'd have to see them. So I mean, having to deal with that, I mean how do you adjust just from what we're being taught as psychologists and how to be present. How to sit in the counselling room. So some of the things that were actually told</p>	<p>Lack of accessibility (58) Online therapy = challenging (59)</p>

<p>me we don't get the opportunity to, to play out, because it's online therapy.</p>	
<p>I mean, my client on the other side doesn't see how I am sitting am I slouching am I dressed professionally, it's all those little things and the techniques that you're taught in person centred therapy that don't really play out in online therapy. So it was those kinds of dilemmas, as well as technical issues, ethical issues as well because I mean, Some other clients wouldn't be comfortable enough to have a sessions at a certain time because they stay in res and they can't get the privacy. They can't come to school, on school campus to get away from that they need to be connected to the school Wi Fi. And all those little, little technical things, which has a great, great impact on not on a lot of things. Yeah. Because that's all I can think of for now. Yeah.</p>	<p>Practical experience dilemmas (60)</p> <p>(23)</p> <p>(23)</p>
<p>Okay, so we were they encouraged to sort of seek our own psychotherapy, that didn't really work on much, because I feel like the list of psychologists that we were given, were not I think they were overwhelmed, they were overwhelmed with issues their own case, their own caseload, to have to deal with Masters students that are like told today, we need to come and have a check in type of thing. So that was on top of the list for us psychology students that we need to go out for our own personal therapy. And there were psychologists that were provided, I think that didn't really play out well. But in terms of academic support and stuff, the lectures were very supportive. If you find that you are not understanding a certain thing, or you're failing at a certain topic, or certain module, they would attend to you individually.</p>	<p>Supportive lecturers (61)</p>
<p>But they'll say, okay, what are some of the concerns that you have? And I found that happened a lot, I think we will, we took the initiative, if we felt stuck, or we felt like we were lacking in some way, we'll come together as a group, and approach that</p>	<p>Team work (62)</p> <p>(61)</p>



<p>certain picture and say, Hey, we have an issue here. And they, and they're more than willing to sort of set up a meeting for us to sort of avail themselves. To help to help explain some stuff to us. Of course, it didn't spoon feed us or anything, but a lot of a lot of it, we had to bear the brunt of a lot of things, but I think the support we had we had adequate support. Okay.</p>	
<p>Well, I think they tried. Well, they did do what they could do, given the circumstances, we did have training on how to sort of use our online platforms, they gave the gave us that training. I think that's what we were we needed. And I remember one time in one of our neuro psychology modules, we had a small exercise to say, How does our brain adapt to how has our brain sort of shifted to this type of learning and, and we sort of considered more of a strength to be able to adapt to this online learning, because I mean, we were the first literal, literally, we're the first bunch to have been exposed to a whole master's programme in this way, but they did try and normalise everything. I mean, the only different thing was that everything was taken online. And we were not in class. But over and above that, assignments were brought together, the tests were conducted, everything was done in the best of their ability.</p>	(57)
<p>With that regard. It's just that the assessments, I wish we had more practical experience as well as face to face, but I mean, we couldn't have put the students at risk of face to face counselling. So they did have means so they had this online. Our Student Services Department had this online form where you can book appointments, they book appointments for us, they allocate students to us and stuff. So everything flowed, it flowed well together. I don't know what more they could have done to sort of help to help us adapt this online training because I think they covered the basics they really did. And they also introduced I remember in one of our, our ethics module, we covered an extra</p>	<p>(6) (20)</p> <p>(57)</p> <p>Teletherapy training = new knowledge (63)</p>

<p>topic on teletherapy. So to sort of, incorporate and adjust to the new ways of having to do therapy online, so I don't think there's, there's more that they could have done. Yeah.</p>	
<p>Okay, so we did use Google meets a lot, google meets. We did use MS teams, I think different lecturers have different preferences. We use teams, we used Zoom. So we exposed to literally a variety of online on online platforms. The university used emails to communicate, lecturers used email to communicate with us. They will just join in with the lists. Yeah, I'm just trying to remember my, the universities app. So the university had a specific app, where all of our assignments, were sort of posted and the deadlines posted on the specific app. I don't know if it was called *** call somethings. I have no idea. What's up here, when I remember what it was called.</p>	<p>Variety of online platforms (64)</p> <p>Emails= communication (65)</p> <p>University App= Communication tool (66)</p>
<p>It was almost like, in my head, I'm like, I'm comparing it to my undergrad experience. Were you in campus 24/7. After lecture, you sit and have coffee somewhere. But it's empty in a literal, and figurative way. Because campus was empty. No other students in the faculty, the different faculties and stuff, emptiness in a sense of there was no real connection with the lecture is, I mean, you wouldn't walk in a corridor and bump into a lecture and like, have a short conversation or ask a stupid question, whatever it may be. But it's like you just you come, you come online to do what you have to do. And that's it. When you come on to campus, and there's only six of your colleagues. And just one lecturer, you do what you have to do and then you go. There's there was no campus activities that we could attend because of lockdown. It was it was lonely. It was it was it was very lonely.</p>	<p>(40)</p> <p>(28)</p> <p>(4)</p> <p>(37)</p> <p>(4)</p>
<p>I think what's valuable with face to face learning is the connections, the connections that you make with the lecturers, with your colleagues, but most importantly, I mean, that's what</p>	<p>(4)</p> <p>(37)</p>

<p>psychology is about at the end of the day, so it's the connections you make with people. So I mean, the gist of it, the theme, or the core psychology is one thing that we sort of rubbed off to be present, to be present. I mean, it requires a lot for you to be emotionally present and for your client to actually pick up that wow, I'm actually in tune and I'm actually listening to them. So how much more now when we have to be online, it's like you have to work twice as hard to be like, Yes, I'm here. Am I looking into your nose and am I looking into your forehead. How am I appearing on the other screen? Like you know, How does it look, how am I looking on your side and that type of stuff, so it's the connection, most important for me, I think, knowing what psychology is all about and what the text is all about. What we learn what's in the books.</p>	(32)
<p>It's all about how you sit How do you be How does the client know that you actually listening? And I think the most awkward thing that I've experienced in online therapy is having a client that's very emotional when they are crying and it's like you sitting on the other side of the screen and it's like okay, this this is awkward because I'm not there to be like Okay, would you like some water? Do you like here's a tissue? Yes, this it's like literally there's a screen dividing us And apart from that physical distance, you feel it? I mean, you feel it emotionally as well. So I mean, being the other person or being the client, I mean to speak to a psychologist, it's like, are they really getting me on and connecting? I would really not know how that person really feels. But yeah, and then it's almost like you have a session that is scheduled for like an hour but because of connectivity and this and that and freezing and breaking up. You spend 20 minutes trying to fix the technical stuff, and then you've only had like a 40 minute session, so that sort of also contributes to, to the, to the distance or to the void or whatever that is. Yeah. Yeah.</p>	(59) (32)  (23)

MICHELLE	Statement	Code description
	<p>What did I expect? Okay, my assumptions. Literally, I thought that the program is a year, two years because internship is inclusive in it. Because if you do two years, so I thought I'm just gonna get in, I was gonna go, Lebohang do your masters for a full year. But I knew that we have to also do practicals we have to do go to the hospitals like nurses, so get exposed to counselling. That's what we were told, actually that was what I was told. That was my expectation as well as the idea. And yeah, so we're supposed to go with that for the first three months or four months. Do your orientation get into it? Then from May onwards up until December, do your practicals so you can get your hours so that when you apply for internship that you've had an experience with a client? Yeah. Yeah. But then COVID happened. That was my expectation when we got there. First Four months, get there, get acquainted, get your practicals, sit in, do it, be the therapist.</p>	<p>(1)</p> <p>Expectations of practical exposure (67)</p> <p>(1)</p>
	<p>I think we left the school residences. Because we were attending classes before then. We had to stop the classes I remember, Yeah, I remember the hard lockdown started in March. Okay, so from January till before the hard locked down. Yes, we attended every day. Did the protocols obviously we wouldn't wear masks in class, and like we were six and the distance could be maintained. So there was no need for us to wear masks. So we maintained social distancing classes were literally an hour the only nice thing was that it was quiet, it was quiet. That was the only thing that was nice, but everything was pushed, everything was hard because it was pushed because of COVID pandemic, we were told like there might be a lockdown, we were told this year it's a weird year, so the schedule is now changing. Like it was very unpredictable and very uncertain and the classes were really</p>	<p>(3), (1)</p> <p>(7)</p> <p>(19)</p> <p>Weird year (68) change in schedule (69)</p> <p>(8), unpredictable (70)</p>

<p>uncertain. Sometimes there's somebody who got COVID within us maybe a fellow student for example, somebody who we used to talk to almost every day and then suddenly they can no longer come to class. So it was very unpredictable and uncertain.</p>	
<p>Okay, zoom only zoom, half of us had troubles with teams. So zoom as the one that was used. But. Okay, with regards to our institution, *** and ***, have always, before lockdown we used to go to *** and share some classes with them. Because we were understaffed at *** campus. And so when it was locked down, now, all *** students had to join into the *** campus classes, we were not taught by our own lecturers, our lecturers were about three at *** campus. So there they had like eight or whatever at *** campus class students. So we were like, I don't want to say thrown in, but I don't have another word to use, it was like, okay, here's you *** students, you have to join the *** students lectures, because either way, the exams are always going to be the same and everything like that, because we move around as lecturers. So *** students, we were not facilitated by our, our in house lectures. Yeah. We joined in, in the classes of *** campus. And so but it was good. It was very emotional.</p>	<p>(46) Shared classes with other campus (71)  Thrown in (72)  Lectures facilitated by external lecturers (73)</p>
<p>It was draining yes, It was super frustrating. Yes, but intellectually stimulating in terms of the setting and just not being able to say, I don't understand the network problems. It was hard, It was horrible. It was horrible. But the online facilitation was good. But we couldn't have assignments. After the lock down everything was pushed in then. So I mean, when you're online having to do assignments, you can't, because you're only trying to get used to getting an around and getting data. Some of us live in townships that don't have Wi Fi, and all those things. So they took that into consideration. That's the good thing about the facilitations. And the Yeah, coordinators, they took that into consideration. And we're not given much</p>	<p>(24), (15), Intellectually stimulating (74) No assignment (75), (19) (5),  Reduced workload (76) (15) (15)  (19)</p>

<p>work. We're just taught and but you can imagine four hours or three hours of just sitting and listening. So it was not the same as contact class. The structure it was the same thing from Monday to Thursday but this time around, like maybe from nine to 12 and then they give a break, because it would be so much information and sitting just sitting still and we would go get some fresh air and we'll meet again to get into a different class. Yeah, yeah. But half of the modules were now split into by one person. So everything was crammed.</p>	
<p>We only started seeing s after lockdown, but it was crammed. No, actually no sorry, I'm lying. We were forced to sit in. Because now there was not enough time to get clients as you know, you must have six sessions or eight sessions, but there wasn't enough time to do that. Because now they need to mark as to how we saw a client. So I would sit in with my lecturer or at the hospital, the in-house, principal psychologists would see a client and we would then be the sit in, the students will sit in with the person doing the counselling with the client. We never had our own clients. So basically, that was our form of practicals. In terms of academic training, we had online classes, and this would be from halfpast seven until lunchtime, you would break and then come back again at 2 o'clock until in the afternoon. until in the afternoon. Just sitting there by yourself. Yeah, sure. trauma. Yeah.</p>	<p>(19) Time constraints (77), (20) Observational learning (78) Practical experience (79)  Loneliness (80) Trauma (81)</p>
<p>Very uncomfortable. very draining? And I mean, for me specifically. I mean, I wear glasses. So that it not work out for me, for my eyes. And there wasn't enough. I don't want to Yeah, but yeah, there wasn't. I could not go to the lectures office for clarity or a one on one, there was none. Because after an online lecture you are done we're done, and there'll be somebody else the following day. The only good thing about the online classes was that we could invite a lecturer from University of *** for</p>	<p>(15), uncomfortable (82) (28)  (73)</p>

<p>example. And then they would facilitate that lecture, in whatever that they're specialising in, they will be the one to hold the lecture because we had lecturers from ***, ***, yes we had external lectures teaching us. But yeah, that was the only good thing about it. But I mean, it was not the same, it was so it was hard, because now you have to listen. I'm a visual learner. So I have to write down and to write down. Now suddenly, the screen just freezes. Though it's a lot. It's just a lot. There's a lot. Yeah, so for me the experience truly, I don't know how I made it, but I made it.</p>	<p>Challenging experience (83) (23)</p>
<p>Negatively. negatively, because it's psychology, it's supposed to be face to face, I need to see you and I need to see your nonverbal cues that I need to see and observe, if you're sensitive to something, I need to see more behind the screen. And we were denied that, of course, but overall for me, it really impacted me a lot. I mean, if we had the chance to see clients face to face, we would have gained so much experience and confidence, so for me the first six months of internship was my practicals because I didn't know what I was doing. I don't know what I was doing. I didn't know I truly didn't know because we were not taught that this what to check for, this is what you do. Everything was paper based and then suddenly it's done the year is over. So for me it impacted me negatively in terms of my self-confidence I'm a very critical person especially of myself. Because I need to know if I can do this, I can just call it being thrown to the wolves but it was just like that for us, 2020 Masters students.</p>	<p>Negative experience (84), (1), (13), (6) (6), (20) (13) (21) (20) (84), impact on self confidence (85), thrown to the wolves (86) Lack of confidence (87) Inadequate therapy skills (88)</p>
<p>okay, but besides that, besides that the one positive thing about it was the hands on like, okay, from my experience, *** campus. I mean, was understaffed. So for me personally, it was a blessing. As hard as it was now we got access to seven other lectures from *** campus because we were attending online. So now we've</p>	<p>Blessed experience (89) Access to more lectures/ experiences</p>

<p>got more lectures and more experiences. So it really taught me to be adaptable. I grew from that experience. So I know I can adapt to any unpredictability that happens within my career or my job. So that's the positive thing from the COVID-19 experience. And the online classes basically. Because now I know it can be done. There's no longer I'm not available, so I can't come. We can switch things to online.</p>	<p>(90), learned to be adaptable (91)</p>
<p>I'm consider myself a hard worker. And I am very good at working under pressure, and I multitask a lot. But this, this one almost threw me off. I felt like I was standing over the edge. And if somebody were to come in pushing me I would have fell, I wouldn't have not been able to hold on to something. So, it affected me a lot. I mean, when were at school we had access to WIFI, then I go at home and I live in a township and I don't even have and so, personal experience, it was hard but because of personal implications for a person that comes from an underprivileged child headed family, I did not have the luxury of a router have the, I literally had to attend zoom meetings by data, and at that time I could not concentrate as I would be worried about my data being depleted during the lessons. So my anxiety levels were on high the entire time, and this affected my effectiveness.</p>	<p>Standing over the edge (92) (5) (34)</p>
<p>I lost out on the structure, I was not able to plan my day or how I could go about planning on what needed to be done, time was not even on our side. Everything was juts chaos. And you know, chaos, So yes, yes, but we thrived in the chaos. And I remember how my class mate and I constantly motivated each other to thrive in the chaos. But structure is very much important especially in this course, So I missed out on the structure, I missed out on support. I mean, you know, it seemed as if being at home was a vacation for some of our lectures. But for us, it was</p>	<p>Need for structure (93) (70) Motivation amongst students (94) (28) (70) Pressure (95)</p>



<p>just like, lack of support. We would be expected to do things at a specific time, a short time frame to be exact, because there were so many changes the whole time, there was so much pressure. As much as we work well under pressure. There's a specific level of pressure that you work well under. But that one was just too much at the time. The pressure that we were faced with forced me to always have a plan Z.</p>	
<p>I think it was mainly the lack of structure for me, I felt like I did not have a lot of control over things, maybe it just my OCD trait to control, but I wanted that, and this experience denied me that. That was my biggest dilemma, that just sums it up, there were too many zoom meetings that would have to be cancelled at the eleventh hour, and then a new one would be scheduled out of nowhere, at times meetings would clash, but I think it was because of communication challenges amongst the lecturers.</p>	<p>(93) (46) (93)</p>
<p>The department was quiet hands on really, the coordinator was the one who was supporting us a lot, truthfully speaking, but it was obviously not the same because we could not interact with the lectures, the support was there but not the way I would have wanted it, but there was nothing we could all do.</p>	<p>(61) (37)</p>
<p>I feel like debriefing hey, weekly debriefing would have helped a lot, just to talk about what we were going through and how we were handling it, just so that they could have also been aware of whether they should have done more for us, such as having an extra lecturer because I felt like as a combined group, *** and *** group were not on par in terms of the teachings, you will find that *** students have had a lecture on a specific topic and the lecture we would be having would be like a continuation of the previous lecture, and we would be sitting there in our little corner as *** students while watching the *** campus students take over the entire zoom lecture, it felt as if we were invading their space</p>	<p>Need for debriefing (96)</p>

<p>We mainly used zoom, this was our main platform as many of the students would struggling with the likes of MS Teams, and most zoom meetings would involve lecture slides.</p>	(46), (47)
<p>I think I would say growth evoking because if I don't say that then I would most probably say horrible, but truthful I am glad that it happened, because it basically imposed the growth on us, we had, and so we did, I came out of it more resilient than I went in.</p>	<p>Growth evoking (97) Resilient (98)</p>
<p>Structure is very important to me hey, the structure of the classes, but mostly the ability to correspond on a face-to-face basis, being able to stop a lecture to explain further or ask questions to seek clarity, as that is quite difficult when doing a lecture. Online took away the ability to get instant response and to be able to ask questions. The lectures would talk so much that by the time you are granted the space to ask questions you have struggled with following what you are being taught. The ability to stop to ask a question, and I am a very curious person, so I value the ability to ask a question at the time because we even tend to forget to ask the question or to follow what's being shared</p>	<p>(93) (14), (4) (35) (35)</p>

<b>LERATO</b>	<b>Statement</b>	<b>Code description</b>
	<p>So when I first got to ***, I guess Okay, at that point, I wasn't sure exactly what to expect. So obviously got information from people that have gone before me. And I was expecting, you know, face to face training. I was expecting to do practicals. And I know that *** has *** as well. And that also have I'm trying to remember the name of the clinic, I can't remember now, but it's a children's home, basically, were we also gain experience there. And that's actually where we started the year was I cannot remember the name of the clinic. When I get the name, I'll send it to you. But basically, yeah, we, I was expecting all those practical experience and face to face learning. Before we started, yeah. Okay. Yeah.</p>	<p>(1) (7) (20)</p>

<p>So, in the beginning of the year, it was exactly how we, I'm just gonna go back before the pandemic actually hit. So in the beginning, and I need to try and remember the dates but you know, from January to March, when the lockdown was first initially announced, and we were doing everything face to face, face to face training, we were doing our practicals on site. And then suddenly, you know, the pandemic hit and we have to stay at home. And this is quite a stressful period. I think for myself, my classmates and of course the university and the coordinator at at *** to figure out how we're going to continue the programme. So I know we went for a two week period where there was really just nobody knew what to do at this point. Online wasn't so easy accessed as it is right now. So it was a little bit of a, you know, what are we going to do everybody? The course coordinator, Dr. ***, She was she keeps everybody very calm, I'll give her that credit. She just ensured that everybody just Uh, just relax, take a break, she even told us to take a break. And we'll figure out how we're going to do this.</p>	<p>(3), (7) (8), (25) (26) (8), Online not easily accessed (99) Break from academics (100)</p>
<p>But that said, there was a lot of anxiety amongst all of us, including myself at the time, like what's going to happen now. But you're not very much aware that this, this lockdown is actually going to basically last the entire year. At that point, at that point, you kind of just thought, Okay, this is just a two week thing. And they'll just kind of get the virus under control, and then we'll be back in no time. So there's still that element of hope. So, basically, what I did in that time, we literally just took a break. But I did my research in that time, and she changed her topic, because then I was inspired by the pandemic, I also did a topic on the pandemic in which I did the experiences of the medical doctors. Because now I was on social media, and I saw how the doctors and the nurses were experiencing the pandemic. So then I called my supervisor, I'd finished my proposal, but well draft of it. And then I asked her, I want to change to this. So that's what I did in those two weeks, and then a Yo, I just</p>	<p>Feeling anxious (101), (8)  Hope that things will get back to normal (102), (9)  26  101 8, 31</p>

<p>waited for communication from the university. And then extended lockdown happens. Somewhere, that is when I think that I think I was a little bit anxious before that. But that's when I became really, really anxious and all my classmates as well, we were chatting on the group, what's going to happen and how we're going to continue with the programme.</p>	
<p>And, again, Dr *** kept us calm and said, you know, they're trying to figure something out, they have something in mind, that's when they were, you know, wanting to go looking at online the possible online options. But *** as you know, is not the wealthiest University. So it was a challenge to go online for ***. But I think they managed to get sponsors eventually to get everybody a little modems and whatnot. But that only came a little bit later. So eventually we were sent out a new programme because obviously the programme had now changed and I need to actually look back on my emails to see exactly when this was but it was after the extended lockdown we because even when the lockdown, you know that initial 21 days, and then it was the hard lockdown. Eventually, they started slowly, only the medical student doctors and everything could go Yeah, so then Dr *** did arrange that we will get later so that we could leave home. And, and, and go through and whatnot. But that also only happened a little bit later, we first got the what happened, we first had a new schedule sent to us. And then we were told not to panic because at least we had the second year to cram it up, we were also encouraged to work on our research as much as much as possible.</p>	<p>26 31 15 5 69     69 9</p>
<p>And then we started with the online learning, it was a really big adjustment for everybody. I was fortunate in my position that I did have internet, and I did have a modem, but something that I struggled with was load shedding. And also I live in an area where we constantly have power failures. So at that point, I never had anything and then we have no internet connection. So I often had to</p>	<p>44 23 23 24 5</p>

<p>climb in my car and drive out to find connection or to find to buy more data, which was very stressful as a student at the time as well. So that was my personal challenge that I had. And I know that a lot of my colleagues also had challenges with just you know, not having laptops that were good enough for online or you know, they had to they couldn't put their videos on or you know things like that so struggled with the Internet. And what I have to say as that *** really came on board with that and then got sponsors to give us all modems so that we can at least have internet access.</p>	<p>Sponsorship for resources (103)</p>
<p>And Dr ***, arranged that everybody gets letters so those that wants to use the library on campus or to use the residence, which most of my colleagues were they could use so that there was those options available. So we had the pandemic online and also load shedding at that time, that was an additional variable that was influencing, you know, our education at during the pandemic. But it took a while but eventually, we adapted actually quite well and we were online, and I mean some of my lectures went, really loved the fact that we were online because we could go one lecture go until late in the evening. Yeah, I remember classes until 7pm, so that we could catch up. We really went then all out, our classes, until late at night, all day online, which was exhausting, it's very exhausting being online. But it was a wonderful platform and wonderful opportunity for us to actually continue the course. And that relieved anxiety. So of course, then we had the difficulties with our practical experience now. And thank goodness, we had a second year where we could make up for that. But *** came up with a new programme as well, which was doing online counselling for the *** students. So they bought up this entire new programme, so that we could actually do online counselling and still get that to practice that therapeutic skills we are learning and, you know, to, to do intakes and get consent and all of that stuff.</p>	<p>Permission to access campus library (104) 23 91 27 52, 15, Ability to continue with course (105) 69, 63, 59 17</p>

<p>So I have to say that they were really on top of things in that way in trying their best to give us the best education. I don't feel that I was I don't feel like we were weren't given enough, you know, education or, you know, I think it was definitely more difficult. It's not I still believe face to face is better. But it was incredible how the University took the initiative to use what we have. And I think it was really cool actually an interesting that we got the opportunity to learn about online therapy. We even had a lecture on, because HPCSA rearranging ethics, and it was quite quick on how do we do and conduct online therapy. And we had a lecture on online therapy, which I think is very futuristic. And it gave us that opportunity and how do we conduct therapy online. Which I would say that people that didn't go through the pandemic didn't get that exposure. They didn't get to learn about that. I was impressed. With the way that it was handled. It was messy. It was not always smooth riding. There was a lot of conflicts involved. So I need to put the messy out there.</p>	<p>27 83 Face to face learning= preference (106), 63 Futuristic learning (107) 59 83 Conflict amongst students and lecturers (108)</p>
<p>Yeah. That, you know, there was often fights between the students and lecturers or just arguments. So and you know, everybody's anxious. everybody's worried. Everyone is frustrated. Even in our second year, when we did go into the hospital, some people did not agree with this, but did not agree that we should be exposed to COVID You know, the anxiety was very high at that point. So it was trying to navigate different opinions. Trying to navigate and I think like just our course coordinator really, she did such a phenomenal job and really did her best in that regard so that we could continue the year. But yeah, it was pushed all the way to the end, which was also frustrating. We did get very tired I think anybody does in a master's programme.</p>	<p>108 101, 24 101 Support form coordinator (109) 19</p>
<p>Um, okay. Yeah. So online learning. We did some of our exams. We did exam projects, should I say they weren't like exam exams, where we just did like another assignment that replaced our exams, some of them and then the rest we actually we came in and we got</p>	<p>Change in assessment structure (110)</p>

<p>letters and everything to actually go into the campus to write. Okay. So it was online exams, yeah, basically online.</p>	
<p>let me be raw and honest with you. I do definitely think that it's better face to face, because it's very easy to turn your camera off and go make a cup of coffee while your lectures talking. So I did that sometimes. And then obviously, you will miss things. But we had a lot of the lectures that forced us to keep our cameras on, which caused conflict as well, because some people were like, I don't have connection, whatever, to keep my camera on. But with that, it forced us to focus and concentrate, I also find it more difficult to focus and concentrate online than face to face, and to engage. And also, because we were also trying to catch up for what we missed. During the height lockdown, we were really pushing long, long, long hours. And that became difficult. Whereas I think if we went in, you know, you take a break, you go eat lunch, it really just helps you fresh in your brain when we had to focus for very long periods of time, and that was that was difficult. Yeah. I do think we, you know, at least we had that option, otherwise, we might have had to. And that was a topic of conversation when they were trying to brainstorm how we're going to move forward, that we may need to extend the programme. That's what they told us.</p>	<p>106 15, 16 108 16 16 Working long hours (111)  16</p>
<p>And that was devastating to hear. Because you know, especially for the M twos at the time, I was an M one. To know that we might have our programme extended, but I'm grateful for the online, but I would say I prefer face to face. I still think that we were able to learn, but there was definitely challenges involved. I remember when studying for the exams that I did feel less prepared. And that I had to study a little bit harder on my own, because of that missing thing, but another thing we had access to was we could contact our lectures online when we were struggling with something. And that was just easy access that we could do.</p>	<p>8 6, 106 83 Unprepared for exams (112) 61</p>

<p>Yeah, I think I think, online, as I said, the positives was that we got to learn a little bit about the ethics around online therapy, and the posters where we got to move with the future of were therapy is heading online. Yeah, so that was the positives. And we could continue our education, thanks to technology and zoom and Microsoft, and all of the that we had accessibility. And we learned a lot about that. I think the negatives was I was it's, it's not as easy to focus. So you do miss as I've mentioned, elements of your training. And you have to sort of do a lot of self-studying to kind of catch up. I think that the cameras on is definitely more beneficial than the cameras off. Because then you can also see facial, there's a lot more learning that you can do and your lecture can also see if you are focusing if you are making coffee.</p>	<p>63, 107 46, 47 15, 16 6, 113, 15 4</p>
<p>Okay, so we are ***, got to work in the normal clinic and also in psychiatric wards. But we weren't allowed in the hospital because of COVID-19. Yeah, so we never got exposed, we learned about, we had a module on health psychology. We never got exposed to the health psychology side of the hospitals. So we lost on that. We also. ***, that's the name of the centre. Yeah, we also lost opportunity to work with ***, that was with the children, I think it's called that yes. Are we just lost on I think the more practical experience was lost.</p>	<p>6 13</p>
<p>Oh well, I think, on a personal level, I was very fortunate I worked at Star Academy before Masters. So got that exposure to working with children, but not applying the new therapeutic techniques No. And also Steve Biko volunteer there for a whole year. So I had some exposure to health psychology, which I could apply while learning about it online in my head. But I still think that it limited us in a way. I do think that because we did get some exposure to practicals in 2021. I'd made up for it. But yeah, we were definitely limited. But it wasn't that bad. Okay. I think you could do online. Yes and still be a good therapist.</p>	<p>20 6, 13</p>



<p>Mine as I've said was with load shedding and then having access, speaking on behalf of others, I suppose I must about my own personal experience. But I just know a lot of my colleagues did struggle with access to technology to have access to online learning. But with me, yeah, it was basically load shedding. That was the biggest problem for me.</p>	<p>23 5</p>
<p>It was very supportive. Yeah, very supportive.</p>	<p>61</p>
<p>I think the university did the best. Especially because of the limited resources that *** really has. I'm very impressed. I was very impressed. And I am still amazed at what they what they were able to do with so little, it was incredible.</p>	<p>5</p>
<p>We use Teams, we use Zoom. Teams, zoom, Microsoft, Google, Google. Yeah, lectures watch. Your G The G video, Google. Yeah. Yeah, Google chats and all of that stuff. So we used Google, we use teams, we use Zoom, mostly okay. And WhatsApp, I guess, to communicate. We have different WhatsApp groups of each subjects and whatnot. So those were also the platforms that we use the lectures were doing trial and error, each lecturer used different platforms.</p>	<p>33, 46,47, WhatsApp (114)</p>
<p>How would I define my experience, it was a mix with anxiety, uncertainty, not knowing what to expect, amazed by what technology can do and how we can connect in the world. I thought it was incredible how it forced us to move forward the pandemic, in learning and in therapy. And then at the same time, it got frustrating. So it is a lot of mixed emotions. And I know when we had class later was sometimes very frustrating. And yeah, so really a mix of a mix of emotions.</p> <p>Some of the things of value is I think it's much easier to keep focused and to concentrate. I think it's easier to pick up body language I sometimes don't know what it is, but you just connect better with company in person than online. Yeah. Yeah. It's like a barrier. Yeah, technology is a barrier for connection</p>	<p>101, 8 44 63, 24 2, 3 4</p>

SAM	Statement	Code description
	<p>I think my sort of ideas or expectations, I knew it would be difficult. And I knew it would be sort of like full time programme. And I knew there was so much still to learn in the field of psychology. And I knew that honours, we didn't know much, you know, I knew that masters was going to throw a lot of new information. And I really expected a practical element because it's an applied programme.</p>	<p>1 20</p>
	<p>I think, you know, it was really difficult because to give the universities credit, no one knew how to handle COVID in the beginning. And then I think in about March or so. So they shut us down and they sent everybody home. And then we didn't know what was happening for a good two months, there wasn't like communication, there wasn't set up for online, nothing.</p>	<p>113 5, 6 2, 6</p>
	<p>But I must say we got back onto campus as soon as we could. So we still finished exams in person and oral exams and case presentations. But I think the biggest impact was our practical work. Because if I look back now, I think I did eight counselling sessions the whole year. So when you were meant to do four a week, I think that was the scheduled or something like that. We only had about three months, when we had access to do that. And you know, you don't stop straightaway. And things get delayed. So I had a few sessions then. And then nothing during COVID. We couldn't reach out. We weren't quite zoom savvy yet. So they hadn't sorted things out.</p>	<p>113 83 6 20 55</p>
	<p>And when we got back, some of the school wouldn't allow us back in because they were still worried about COVID. So we really, we tried a little bit with the university students, but nowhere near what was expected. And we also didn't get to do an assessment on anyone practically we just did it on ourselves. And we wrote reports on ourselves. So I think it had a massive, massive impact on our practical work academically. I think they pushed us and recovered everything.</p>	<p>10 13 20 38, 20, 30 20</p>

<p>And the lecturers tried their best, but practically we lost out significantly.</p>	
<p>I'm not, I don't know what to call it. Well, what they ended up doing was you'd get an email every week from your lectures, and they'd have all the slides. And then you had to go through that in your own time. Sometimes lecturers would send zoom recordings of themselves or like recordings of them talking you through the work or recording of the lecture. So that was fun. Very helpful. But other times and for guest lectures, we organise Zoom, so that was quite nice. But other than that, you would sort of get the pack of slides and some of the lectures can send hundreds of slides. And then we'd sort of have like a deadline to work through it, because they would say, okay, complete this activity by the end of the week. So they created a lot of sort of like activities that we wouldn't have normally done.</p>	<p>65 50 Lecturers recordings = teaching (115), 73  Extra activities (116)</p>
<p>They weren't part of your normal syllabus, and it didn't really count for marks. But it was just to make sure that you were doing the work. So it'd be a little send a reflection on the ethics work or create a summary of this. So like a one pager kind of homework activity, but you would get that for every subject. So you ended up with like five or six little activities, that didn't really count for marks every week, on top of the big projects that always counted for marks. So that didn't change. We still completed the assignments.</p>	<p>116</p>
<p>Um, in some ways, it was really nice. You know, during COVID, when no one really knew in the height of it, when no one knew what to expect, it was really nice to be at home, and feel safe. So that was nice. I think that we weren't put in sort of a dangerous situation. And everyone could go home with safety and be with their family and deal with things. So in a way that was nice. But not everyone has the privilege of having you know, a working environment and home. So then for many people in the class was very difficult to focus on the work to get an internet connection, which you could have got at campus for free. So that was very difficult. So I enjoyed the break. But</p>	<p>5 15, 16, 23  6, 8</p>

<p>I also think it was tough, I think there was so many mixed feelings in the class, there was a bit of like we're missing out, we finally got into this programme, it's so exciting we get to become psychologists you get in and then you don't get half the programme that you sort of were planning to do. The other half is quite relief, because the programme is quite tough. And I think we got an easier version of it. We got out of a lot of the hard work. So that was in some way a relief.</p>	
<p>Sure, I think it had the potential to really significantly impact me, but I think the lecturers, you know, to give them credit really tried their best, you could email them with a question. You could WhatsApp them, you could phone them and they would explain things, they will take you through things. So I think they really try their best. But I think for me, I'm just so grateful. My internship year, completely made up for it. I may have done no assessments in in M1, but I did almost 60 in M2. Full assessments. And I went from, you know, eight counselling sessions to I don't know, 12/20 a week. And a really had excellent training, excellent experience with an NGO community. So I really faced all the language barriers, intellectual barriers.</p>	61
<p>So I think because of my internship, it kind of caught me up. So I didn't graduate feeling behind. I think some of my classmates might have felt differently because not every internship caught them up as much. But I think I was lucky there. So I left feeling pretty qualified. It didn't set me back going into the workforce. I haven't been, you know, not competent to handle anything. I haven't had any challenges since. So there was a bit of a disappointment, but I caught up.</p>	6
<p>I think the biggest thing I probably missed out on was supervision because we didn't have all the you know, the practical counselling sessions and the assessments going on, we didn't get the chance to actually have the supervision from our supervisors. So I think I lost out on maybe learning about my, my personal counselling skills, my personal growth with a supervisor. I did get that the next year, but it would have been nice to have that. Supervision can be so important. So</p>	20 20 57 19, 20

<p>to lose out on the supervision, and the practical elements, was quite a lot, academically and content wise, I don't think we lost out there. We finished the syllabus as we went through the content maybe quicker and rushed. But the practical elements and supervision is where we lost out?</p>	
<p>I think I felt very overwhelmed when it came to internship, I think I didn't feel prepared for the internship. Because generally, you know, the internship sites expect you to be at a certain standard or to know certain things. And I didn't always feel adequately sort of prepared for that. But luckily, they were very, very caring very helpful. And I think they knew everyone was in the same boat. If actually compared to some of the other universities, they did a really good job. I know, my friend did in ***, they were locked out for six months, and they did not get any work sent to them. Neither one Zoom meeting, nothing. So I also think it's relative. And *** really tried their best given what they could no one knew what they were doing. It was you know, the height of it all. So we would have handled it differently now with what we know.</p>	<p>21 61 61</p>
<p>I think some of the training dilemmas we were mainly faced with were sort of group interactive activities, because there's a lot of like group therapy, things you can do and working as a team. And you know, a lot of that you need those skills to work in a multidisciplinary team to work with other colleagues. And because we were all separate, we couldn't really work together very well on things and we couldn't do sort of group activities or practice things in a group, or do sort of, we also couldn't do like one on one. role plays, we couldn't do role plays, we couldn't really practice in that way. We tried a little bit towards the end when we got back. But that was limited one because of the group dynamic. But two because we all split.</p>	<p>39, 108 20</p>
<p>I think the department really was excellent. The lecturers went out of their way. And if there was any issue, you could let them know, all of</p>	<p>61 83</p>

<p>the lectures went above and beyond. So I really think despite what they were handling us being a difficult class and a challenging year, that was COVID. They really, really tried their best. everyone reached out everyone was supportive. And of course, we had a few people going through like personal tragedies with COVID. And there was a lot of support there. So yeah, I think they really did the best I could.</p>	61
<p>I think communication could have been better, I think when you suddenly go from, we took, we all went home with the intention of it was a week break. So a lot of people went home for the break. And then it turned into sort of three, four months at home. So no one was really I mean, of course, they didn't know that at the time. But none of us were prepared for that many people have left their textbooks, their stuff at home, didn't have access to all their materials. So I think the lecturers maybe could have been a bit more supportive in that and maybe facilitating just to give everyone sort of equal access to things. So I know many universities got free data for students to help support them. That would have been helpful for us and I think, to have free data because then we could do zoom calls. Then we could sit together So that was I think the biggest barrier is not being able not having everyone be able to afford that.</p>	<p>26 8 No access to academic material (117) 5</p>
<p>And it's important that we, you know, meet everyone's needs. So then free data that would have helped some better communication. Because also, I don't think the lectures communicated within one another. So that's how it would end up with so many little activities. And they were little, but now you suddenly got a lot, because they all feel like, Oh, you're not doing much, here's something to keep you busy. And everyone sort of overcompensated for us not being tasked, and we ended up doing a lot more like little work that at the end and count for marks, so maybe they could have communicated within themselves, that definitely communication help with the data and support like that. I think those would have been the main things.</p>	<p>5 26 116</p>

<p>We used Zoom. I think we tried Microsoft Teams, but it was more popular to use Zoom at the time. And we uses WhatsApp groups.</p>	<p>46, 47, 114</p>
<p>Um, I would say maybe the cons would be a bit confusing and unsure of how to handle things a bit isolating. And maybe a feeling of losing out on the value of being in class plus being with others. When we were all really still scared about it now it's different than that time when we were all nervous. And then I enjoyed the flexibility of working my own time. I could work really hard for two days, get all the work done, and then take a day off, take two days off. So the flexibility and time management that was sort of a pro for me.</p>	<p>80, 8 14, 10, 11 Ability to be flexible (118)</p>
<p>I think, you know, part of our training is really being able to read the subtleties and the signs and body language and on zoom you miss that and things zoom ends up. A lot of people are not confident to engage on Zoom. So they end up with their cameras off or not talking, people will interrupt each other. So a lot of that just makes it more difficult versus in the room, it's a lot easier to read. And people feel more confident, I think to speak up, it depends on the person. But we definitely had more engagement when we're in the classroom. And I think it also helps the lecturer, see where we're at able to pick up on any challenges, make sure that we're all concentrating, it's very easy to just turn your camera off and do something else on the side. And then the gives us access to be able to have small group discussions, role plays, it gives us access to the lecturer, you know, it's easier for them to draw something on the board, give a handout, let us complete it. So I think that whole sort of practical side, sort of taken away by zoom and create sort of a distance so people aren't as comfortable to talk to engage at least in my experience.</p>	<p>59, 46 15 41 4 37 106 4</p>

<b>KAMO</b>	<b>Statement</b>	<b>Code description</b>
	<p>Outside of COVID, okay, so, to be quite honest, when I was interviewing, I always felt like getting into a clinical master's programme was very closed. So a lot of the information that you know, about a master's programme isn't really available in terms of how specific universities train and what you're getting into, you can get a basic course outline, but what that actually looks like and what it feels like, I feel like I only knew once I was in the specific master's programme, so my idea of it was very, I guess my idea going into ***s programme was the general traditional thing of I'm going to sit in front of lecturer, they're going to teach me my theory based subjects and my practical based things, I'll be guided on some platform on how to conduct myself. So first year was it like extremely jarring because we were thrown into it, I felt like I was thrown into the deep end of I was, I haven't been a student for many years. So I completed my honours in like 2010/2011. And then I got into my master's programme in 2019.</p>	2, 3
	<p>So, when the pandemic hit, I guess everyone was thrown into a frenzy, no one actually knew what was happening. And this was worldwide, I think, I think the widespread uncertainty filtered into everything. So we were told not to come to campus. And also, I think, because it was in the beginning of second year, we weren't going into campus. So it was a game disrupted by being often on campus who come to campus one day, don't go to campus, you know, that sort of a thing, because it ain't just playing it by ear and waiting for communication every day, around whether or not you're gonna be on campus. And then I think everyone waited and watched.</p>	72, 8  26
	<p>The first lockdown, I just took a chance. And I was like, I'm originally from *** in *** campuses in ***. So I said, taking a chance on counting as I can. And then I just took all the stuff that I needed with me just in case, we were going to have lectures, but at that stage we weren't because we were just completely off campus. And at that stage,</p>	8 25 26



<p>there wasn't there wasn't a way forward around. How we were going to go forward in terms of lectures, no one knew anything. So as students, we were really just waiting for top down communication. And then the lockdown was just extended and extended. And then our university, they just made a call to say we're moving specifically online. So they acted relatively quickly, I must say, I really appreciated this. So they they shifted our timetable. So they gave us our midterm break in the beginning of the year.</p>	<p>17 69</p>
<p>So we they basically said you're on holiday. And so they could figure out a way forward in terms of going ahead with the programme and restructuring the programme, because we had already lost timing in the beginning. So they put us on break, and they shortened down the year break and extended our first year break. First Year break. And then we moved specifically online. Our online platform was Microsoft Teams. I think in the beginning it was like extremely challenging. Or like especially for me, because you're so used to seeing your group, Well, I went to see To hear in your group instead of seeing them. So I think that was like a very different experience for me. And very different experience not to be able to learn in that specific way around observing the people in front of you observing nonverbal communication, what are they doing, you know, how are they saying, now you kind of relying on your internet connection, at the end of the day, you're relying at that stage. And we also have load shedding.</p>	<p>44 47, 15 48 15 Inability to observe nonverbal cues (119) 23</p>
<p>I mean, we still have load shedding. But it's this thing of like, you're working around various people's schedules, because a lot of people had moved back home. For the ones we were told, okay, we don't have to come back on campus. And it was an indefinite stage, no one knew when they would be back on campus, for the whole university. So it was just, I think it was just the uncertainty around that. It was difficult to accept that this was the new normal, I guess at first, but in the end, we got through it.</p>	<p>23 8</p>

<p>I did a clinical master's programme, it was over two years 2019 and 2020. At a university, it was contact or supposedly supposed to be contact. And then we were struck with the COVID 19 pandemic, which, obviously, it was new for everyone new to the whole world, so we had to adjust. But we were relatively a small group. This group in this university will start usually takes a group of 10 people everywhere actually a group of nine. And here, I'll be training a group of nine we're systemically trained. So we this will you need to only focuses mainly on the systems theory. So focus on that modality whilst focusing on other theories in terms of workshops every now and again. But our predominant modality is systems theory. So it's a lot of it's a lot of group training. So we trained in our group, everything we did was in our group, our practicals. Were at a school and as time goes by, because we're at a school even children go away. And our second term practicals I did we were split, it was either at a school or at like a special needs school.</p>	<p>48</p> <p>7</p>
<p>A lot of the staff, we still had to structure our own lectures, if it was possible. As far as possible, they tried to keep it this tried to keep it the same way you could speak to your classmates and stuff like that. So we had a group, we also had our WhatsApp group with all our students in that we could communicate and stuff like that we could communicate with our lecturers at any time, we had different subject groups, which is also helpful. So if we were put in a group or anything, the students themselves will be resourceful in coming together. And I think that's another thing of being put in different situations, you find the strength and you find the resources to actually adapt to you and use situations. So like I said, we would, if you did need to do a presentation, you would find a way to actually collaborate on it.</p>	<p>44, 114</p> <p>Learning as a group (120)</p> <p>62</p>
<p>But in terms of shifting, for example, assessments and stuff like that, I think the lecturers had to take a more proactive role. And then they had to teach us that stuff. Whereas I guess we would be teaching if it was in a face to face situation. I know our practicals for that year. We didn't</p>	<p>20</p>

<p>have any practicals. So for example, we didn't have plenty. We tried to do clinic in a different way. Because at that stage, nobody was seeing any patients or going into practical sites. So it was more theory based. We had a lot of workshops, we had a lot of guest speakers coming in. We had a lot of one on one lectures. So we did a lot of group therapy. So we focused a lot on and doing group was in our, I guess, our group, but we did group therapy within our group. And it actually, it actually worked. Like I said, You relied on the power of the group to get you through the difference? Yeah, this style of teaching, the style of teaching didn't change much. It was just the mode, it was just the delivery. Yeah, that changed much. So the content was still delivered, the quality of the work was still the same.</p>	<p>73</p> <p>Group therapy as practical experience (121)</p>
<p>The one thing I would say that was different is that you really saw people's participation in terms of the group so like if people didn't want to participate in the group, you people just checked out and I think I have an online platform, it was easier for people to just check out you know, network issue. Sorry, no, whether it was true or not, nobody's gonna get into it but it just felt like an easier option whereas if you had campus you had to account for so I think there were ways to work the system as with any system and I think the lecturers also had to, like I said, just be more proactive and a bit more engaging over an online platform, because they would call on a lot of students or participation because like I said, you can you can easily just become faceless or when online classroom you know, not to have your video on say you have a bad connection, stuff like that.</p>	<p>15, 16</p>
<p>So it kind of it kind of gives you a platform to not be seen. Whereas if you were face to face, you can't hide, you know, so yeah, as required the lecture is to call people by name to participate to knowledge check, you know, and You know, making visible in ways that you would you wouldn't necessarily think you are hiding, but they will call you out. So, like I said, that's how it will be different different.</p>	

<p>Like I said, it was difficult at first. I had a tough first year, like I said, it was very jarring in terms of the adjustment process and stuff. So it was difficult to adjust to the online platform. But in some ways, I found it very, really leading to, to be in my own space, again, you know, to be at home to be in a comfortable space to be to be learning differently. You know, I did find it, I did find that space, a bit of breathing space, a bit helpful for me, but helpful for like my mental health and how I approach the course and how I approached the course content. Because it didn't feel so personal anymore. I think group dynamics can feel very personal, when it's face to face, and you're dealing with the same people every single day, it becomes very intimate, it becomes very intense. And I don't think it's easily managed all the time. So I think for me, just having that distance, and seeing it for what it is. So, yeah, I found a bit at that stage, and I could approach it better.</p>	48
<p>I don't think it had a much impact on our training, because our first year was so intense in terms of face to face. And we had a lot of practical training and clinic training in first year. So that's mostly what changed in second year was just course content, and theory work. So a lot of assessment stuff, because our carry over subjects that were practical, like clinic and group didn't exist. Yeah. So that relief that I was feeling, I sometimes wonder if a lot of my classmates were also feeling. Yeah, I sometimes wonder if my classmates were also feeling that relief, because our first year was so intense in training, and our face to face training was very comprehensive.</p>	57
<p>So, you know, I would say maybe I left something if it was if it was a one year programme, because lockdown happened back in March. And it was very early into the, but I can't come in because I had that face to face training. And it was comprehensive. It was intense. Well Rounded, we still had supervision, they tried to maintain the same sort of structure in terms of face to face learning, even though it was over an online basis. So I don't think it had a great impact.</p>	



<p>What's happening in our lives? What's happening in our personal spaces? And I think, because they knew a lot of us went home, especially, I mean, probably they did as well, a lot of working spaces converged with personal spaces. So it really was just like a check in of like, how are you managing your space? How's the boundaries? So I think the support was paramount. I couldn't fault them on, on, on the support, and then academically and personally or emotionally?</p>	
<p>I don't know, because we were just thrown into it. So I don't know what could be done. If I was a student now coming into an online platform, I think I would have liked structure in terms of maybe like information, pamphlets on how online lectures work. If you miss so many, what does that mean? What are the implications? What are the implications? If I can't show up to class? What are the implications if I can't deliver a presentation, because if I can't deliver a presentation, then my whole group suffers, you know, and basically, the whole, I can't deliver a whole lecture. So just one of the implications around around that and around, like, the uncertainty of things that are out of my control as a student?</p>	<p>Need for online learning lecturer (124)</p>
<p>Teams, initially, initially, we will size using Zoom. When it was like really, really, the beginning stages. I think, for the first two weeks, we use Zoom. But that was because it was teething stage, everyone needed to make sure that their student emails were up and running. And up to date. Once everyone's student emails were working. We moved over to Microsoft Teams, which was provided by the University. And then another thing the university provided us with data. So you know, connectivity at that stage shouldn't have been an issue. It wasn't an ongoing thing where they're provided data, but they did provide students with data to actually say, there is connectivity for you to be up and running. We understand that this was out of our control.</p>	<p>46, 47 47 Data provision by university (125)</p>
<p>I defined this as being flexible. You know. I think in the beginning, I experienced some uncertainty around I guess, like I keep saying no one knew what was going to happen. I think it's on the extreme end when</p>	<p>8</p>

<p>lockdown happened and universities closed, there was a fear of like. Does this mean I'm never gonna get my degree? You know, because I think there's an element for me with getting into a clinical masters that this is the be all and end all.</p>	<p>8, Fear (127)</p> <p>Learning to be flexible (127)</p>
<p>So adjusting to what you can, changing what you can, and, you know, taking it taking it easy. Because a lot happened in that space. You know, it wasn't just the academics that you had to think of, like I said, we were personally affected by COVID at home. So it was like, all the spaces merged into one. So I had to attend to a personal space, I had to change to myself emotionally, I still have to attend to my academics. So you know, sometimes it means that I would I can only show up 60% To us, you know, because I needed to perform at home as well. On this day, I could show up at present to clients, you know, so it's just being more way. So being flexible and being more aware of my presence in the space. Yeah</p>	<p>48</p> <p>27</p>
<p>I value the stories that come out of it. So there's, there's nothing like sitting in front of somebody, right? And it equates to, to being in a therapeutic setting. There's nothing like being somebody who has all of these life experiences and shares it in real time, and you see the faces, you see the stories, you see their faces like that. You see how they handled situations, and you see that important knowledge in a very personal way. I still think there's a human aspect to it. And that is what I enjoy about it. I enjoy that personally engagements as much as everyone can say online, has perks and it does, you can go to get what you need done online. But I think having the human element of connection is as vital face to face.</p>	<p>119</p> <p>4</p> <p>37</p> <p>4</p>

<b>RUBY</b>	<b>Statement</b>	<b>Code description</b>
	<p>Okay, um, well, I thought, I mean, since it was coursework, I thought it would be normal classes with no disturbances, I thought I'd actually see our clients face to face as compared to having to see them, you know, doing teletherapy. So it was a bit difficult. I feel like, I feel like it's not what I signed up for. I mean, considering I didn't really apply at ***. You know with *** you don't really attend class. But with *** it's full time, you know, you have to see a lecturer. So it was a bit difficult to adjust a lot.</p>	<p>1, 2 1 83 48</p>
	<p>Okay, I'd say it was, it was a mix of both online and having to go to campus. So I think they found a way like to help us adapt rather than I think for them, it was gradually putting us there, so for some of the important classes we would go, obviously like, psychometrics, and then, for the theoretical ones, we could do them online. So it was it was I wouldn't call it inconsistent, but they did consider some of the practical work and some of the theoretical work in terms of how we could do it.</p>	<p>Blended learning (128)</p>
	<p>Okay, it was online teaching and online assessments that we had to do and basically, that was just that. It also felt like because we just when we got there suddenly everything had, suddenly everything, the world was just ending when we arrived. Now we just have to get on with the lines so I know that my therapy skills and how I do therapy will never be like yours.</p>	<p>20</p>
	<p>I'd say okay, I wouldn't say it's been negatively impacted. And my training, were positively I'd say there was also to find a balance also because me, but I didn't really like going to class. So I think it was better for me to be at home than to actually go to class. But otherwise, I think it was, I think it was good, because sometimes I'd be able to actually, you know, cover some ground at home than actually having to travel to campus. So I think it was good for me personally. maybe</p>	<p>27 118 101</p>



<p>because I was quite anxious during M1, that's why I felt like this us not really meeting was actually quite helpful.</p>	
<p>But I think, yeah, in terms of us meeting, meeting up and being together, you know, how ideas were shared in, in a physical space actually better than virtually. So I'd say it did, you know, did play a certain, there were actually some challenges in terms of having to do things online as compared to actually doing it physically, in terms of obviously sharing ideas and getting to understand the nonverbal cues. I'm talking like a psychologist now. But yeah, and then sharing ideas. So yeah, there were some I don't really want to say it was a negative experience, or it was a positive experience. But I felt like I think I did my best, you know, with what I was given.</p>	<p>106 119</p>
<p>Okay, I'd say I missed out on a lot of protocols, particularly with our mean, I'm a psychologist, well aspiring, and I would have loved to actually see clients face to face, I felt like that was taken away from me during COVID times because I mean, the first time I actually see a client is going to be when I actually start working. And that's a bit nerve wracking. Yeah, I mean, I did see clients through my internship, and that was only for psychometrics and not the therapeutic work. So I think, yeah. So that that was taken away from me and having to actually learn you can read some of the psychometrics online, you have to actually touch them, and understand them. Because most of the most of the work is practical, you have to actually do the block designs and stuff. So that was also taken away from me.</p>	<p>38 20 21 20</p>
<p>I'd say did somehow affected negatively, like in terms of the things that I could have learned, like some of the content would have been easy actually having face to face interaction with my lecturers, but also, that wasn't bad because I actually, I was contained in a way in my own space not having to be around people and feeling so anxious.</p>	<p>14</p>
<p>Okay. I feel like this question speaks to I actually experienced quite a lot of ethical dilemmas during training obviously, you know how with some clients there's stuff like informed consent, this confidentiality, it</p>	<p>59</p>

<p>was kind of quite difficult, you know, trying to keep everything together. You know, under one space like client information and stuff. I felt like there was a bit You know, in terms of security, not being able to actually keep the client's files confidential, as much as you would have made face to face and being able to actually close the file and office, you know, also having to work online like how we're doing now. I think from myself, it was difficult because I was staying in a flat. So having to see a client, I have to make sure people are not home because they can hear what I'm talking about. I'm saying to the client, what the client is saying to me, so there's a lot of breaching of confidentiality and privacy. So those were some of the dilemmas Yeah.</p> <p>But then in the positive, it allowed us sort of freedom and during a difficult time to be with loved ones. And allowed sort of security, feeling safe, not having to sort of go in be at risk.</p>	<p>Online therapy = ethical dilemmas (129)</p>
<p>That's a personal one. But I'd say it was okay. I felt like it was okay. It's not something I could ride home about and say it was the best year of my life, it was actually the worst. But it was just okay. It was something that I just had to get through and just finish?</p>	
<p>Well, according to me, I felt like maybe opening up a platform in terms of maybe some support group, but obviously not in a psychological way. But were actually people will share experiences, even with the lecturers in terms of what they're facing, the difficulties they're facing, so that we can easily even if it's not all easily. But just normalising the situation in a way you get to know that actually, the next person is facing the same situation as myself. So I think that's that kind of platform would have been great.</p> <p>MS Team, Google meet, but mostly zoom. Lecturers used some PowerPoint slides. And obviously, they'll send us some material, like, you know, what you can like, for example, articles that you read prior to the session or the lecture. And then some video clips, short video clips, yeah, we used to, but sometimes you just have to send a link, and then you just watch it by tuning your own time.</p>	<p>96</p> <p>46, 47, 50</p> <p>Video clips (130)</p>

<p>All right, I'd say it was quite challenging. I mean, having to transition from the physical learning space to a virtual space, that was a bit challenging, but I think it was great because also it helped with the anxiety. Even though easing inside some days, you feel like it's an off day, if you take a break from seeing your lectures and the other students but some days having to go to class, I think there are some sort of a balance, obviously, also, I think the challenge was, because some of the things that I could have learned were taken away from me, but also I had to adapt. So I wouldn't say it was terrible. Like it was bad, bad. Yes, it was bad, but not that bad. They were very supportive. They checked in, we also had a check in every Friday, like I said, we had group it was always a space to just debrief, check in with each other.</p>	<p>83, online learning = challenging (131)</p> <p>13</p>
<p>Okay, I think I'd say I value obviously, as well. Me and my colleagues having to actually interact face to face. There's things that are actually not missed. For example, with group work, it's easier in a physical space that in a virtual space, everyone gets to contribute and actually interact and share Ideas in one space and at the same time, unlike with virtual space where people get disconnected and people don't even really contribute, so I think value mostly, you know the interaction.</p>	<p>4, 14</p> <p>106</p> <p>15,16</p>

<b>KEKE</b>	<b>Statement</b>	<b>Code description</b>
	<p>Well, I can speak to what I experienced. So I was going every day we would go to class like every single day without fail, we would meet in a like a small sometimes like a boardroom. So we all sat around a table together with the lecturer. And it was very interactive, like extremely interactive, and extremely experiential learning.</p>	<p>2, 3</p> <p>4</p>
	<p>So first, what happened was they sent us home, and we didn't know what was happening. So we, we would even ask like, are we going to be able to finish we will be it was really, really stressful to not</p>	<p>8, 26</p>

<p>have communication. Eventually, the university allowed us and some of the other school of medicine people back because we fell under the School of Medicine. And we were allowed, they were allowed to go back to res. But we will only be having online classes. But then with our practicums, that was the thing we were most worried about to graduate without having that experience, because we had some experience from the beginning of the year and the previous year, but it wasn't like a lot of experience, like what we felt we needed. So they came up with, like, a programme for us, where we would meet with people, students who were affected by COVID, like online. So we would see them for therapy, but then they allowed us to go to the hospital and to see students in the not students, sorry, patients in the psychology unit.</p>	<p>44 20  17 7</p>
<p>So we weren't allowed to do our medical rotations, but we were allowed to. And we weren't allowed to go back to the psychiatry to ***. But we were allowed to stay in the psychology unit. So it was very challenging and extremely stressful. It was a lot of pressure, a lot of self-learning a lot of feeling like are we even getting the same level of education that previous students have gotten. There were so many network challenges and lecturers who didn't Know how to use, like, they wouldn't pay for a zoom. So it would cut out after 40 minutes. And we would all have to log back in. So yeah, it was very stressful, very anxiety provoking. It felt very disorganised because obviously, they'd never done it before. So they also didn't know what they were doing. And they just tried their best, but it really felt like. You know, that lack of communication and the lack of certainty that you know, that education we getting is the standard that we should be getting?</p>	<p>83 19, 49 23 34 30 26 7, 8</p>
<p>So we did online, we did zoom, teams. There's that other one Blackboard that lasted a little while. We did WhatsApp calls for clinical supervision. We did WhatsApp Video calls we did the Google meet for some classes, so we did that. Yeah, it was, it was</p>	<p>44, Blackboard (132), 114 33</p>

<p>most mostly online. It was only after quite a while that we went back. We all started, you know, messaging the university, what are we going to do now you know, what's happening with training. And that was only some lectures who allowed that, So I guess those who felt comfortable enough.</p>	
<p>I think it was isolating. It felt it felt like we were rushing through material. And it felt very draining. Because we just had to sit in look at a screen. So I felt very tired easily. I felt like I was struggling to concentrate and to interact and to really be present. Whereas in the in class environments, I felt like I was very engaged. I was loving the material, loving everything. So it was a really, I would say a negative change for me.</p>	<p>80 15, 16 106 83</p>
<p>I think, in our group, so with my peers, I think it helped us to kind of become a bit more resilient. And after that, we actually got along more for whatever reason, I think, because now we have to work together, we had to just see eye to eye put our differences aside and move forward? Because we were a group that there was just a lot of tension, I think, with the lectures, I think there wasn't as much access, there wasn't as much of that experiential learning. And then even with some of the assessments, like we did neuro psych assessments online, so we didn't get to see the test, feel it, do it on each other. We had to like go in and do it do that ourselves if we were willing to. So it really put the learning in our hands a lot of it.</p>	<p>98 Group cohesion (133) 108 20 38 49 24</p>
<p>I think that experiential learning, things like role plays, we did much less of doing medical rotations, because now I find myself in a hospital, and it's really difficult, you know, not being used to that medical environment. Because my internship was in a psychiatric hospital, so I'm not used to like medical wards and stuff, and all the like, yuckiness that comes. So I think just getting that rounded experience, I think that the experience was limited. And yeah, I think missing out on experiencing, like the tests we what we used to do with assessments is we would do it together. So I think that</p>	<p>20 Lack of rounded experience (134) 13</p>

<p>was learning by doing which is so much better than learning by telling someone what to do.</p>	
<p>To be honest, I think I overestimated the effect it had, I thought it was so terrible. But when I found myself in internship, I think others had it worse. There were some people who they didn't come to internship because the university hadn't given them any Practical Training. So they couldn't come to internship, they were delayed by a few months in writing exams. So they were really unprepared. So I think our university did well. I would say that only thing was maybe the in person, like clinical supervision, I think I would have preferred that. It was really hard and not the same impact. And like interactional focus that you would get face to face. So I think that was impacted negatively, also.</p>	<p>Appreciation of exposure to experiential learning (135) Lack of clinical supervision (136) 4, 106</p>
<p>I think, for me, it was learning about tele therapy and the ethics that go with it. And online therapy, for example, there was a time where someone in my house had COVID. So I couldn't see a patient at the hospital. And I saw her through, like, video calling. And she would take like she she would have other people in the room. She would be in her pyjamas. So it presented ethical challenges. Yeah, I think I think the ethical difficulties and also the, because Because ethically, as much as they have confidentiality, I should also be protected by that. And you know, someone telling her things, and also limited chances to do certain assessments that would have maybe been done sooner.</p>	<p>59, 129</p>
<p>You know, like, sometimes there were times when we were maybe back at the hospital, but I had to go home because I was exposed to COVID. So I couldn't really do certain assessments that I wanted to, I couldn't really go in depth. I once had a patient where we were doing tele therapy, and she started talking about her trauma. And she became very triggered, and I couldn't contain her on the phone. We had to just stop the session. I said, Okay, that's enough. We'll</p>	<p>Exposure to COVID-19 (137) 59 129</p>

<p>stop the session. I'll see you next week. So it presented a lot of clinical challenges. And I think ethical challenges also.</p>	
<p>I think it felt like they were going through their own thing. So they just didn't care. That's just how it seemed, or how I perceived it, it felt like they were also stressed, they also didn't know what to do. So there wasn't that reassurance that I think would have made it a bit better to be like, you know, what, guys, don't worry, you are gonna finish, you are getting a good education. So I think they were also going through I mean, it was a very scary time, and everyone's life I think it was, you know, it was I think the level of support was not really there.</p>	<p>30 31 126 28</p>
<p>I think maybe if they had figured out what they were doing first, but I mean, I do understand like everyone was going through it at the same time so I think maybe if they had made things uniform, like guys we're gonna use this platform we will pay for your zoom, and let all the students have a Zoom account. And if you know if you lose connection, this is what you do or you know, there were so many times we that we would be like Hello, hello is someone they like? It was very difficult. Our university did give us the department they gave us dongles to use during that time. So they gave us data. So I think that was helpful if they could have continued doing that, because then it just stopped. So if they could have continued doing that, so we all had data, and we all had, we had all the same connectivity, and we were able to always connect and be present. And so I think maybe a little bit more organisation would have been helpful.</p>	<p>93 124 103 5 93</p>
<p>Blackboard, Zoom, MS teams and WhatsApp calling for clinical supervision, google meet</p> <p>It was. Yeah, it was both. So there was one lecture who she, it was like, she was reading a book. And then we had to quickly write, everything's like she didn't know what to do. Whereas maybe it would have been a discussion. There were other lecturers who</p>	<p>132, 47, 114, 33 15 106</p>

<p>would put slides but still make it very discussed, like a discussion. The problem is online when the lecturers says what do you guys think? And no one says anything, that's too bad, he's gonna move on, whereas in person, there's more of an interactive nature. So I think the interactiveness was limited in those discussions, but it was both discussions and slides.</p>	
<p>Very anxiety provoking? Yeah, yeah, very anxiety provoking, stressful. Very difficult to stay present, and to not let that wander off in your mind. And there's a lot of studies about why you do actually wander off when, when it is online versus in person. And yeah, I think there's a lot of merit to those.</p>	(101), (16)
<p>I think it's the experiential learning and creating that shared context. So we all in the room, we all experiencing the I don't know how best to say but the vibe, so if there's tension, we all feel the tension. If the, if the lecturer is building intensity as a tool to help with learning or with growth, then we all feeling it. So I think those things you know that that real experiential-Ness, if I can say of the, of the master's programme, that's the most important thing.</p>	(20) (4), (14)



## Appendix H: Rønnestad and Skovholt (2003) Article

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## **The Journey of the Counselor and Therapist: Research Findings and Perspectives on Professional Development**

**Michael H. Rønnestad**

*University of Oslo*

**Thomas M. Skovholt**

*University of Minnesota*

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This article summarizes a reformulation of the main findings and perspectives from a cross-sectional and longitudinal qualitative study of the development of 100 counselors and therapists. The results are presented as a phase model and as a formulation of 14 themes of counselor/therapist development. The following six phases are described: The phases of the lay helper, the beginning student, the advanced student, the novice professional, the experienced professional, and the senior professional. The themes describe central processes of counselor/therapist development. The themes are addressing different issues such as shifts in attentional focus and emotional functioning, the importance of continuous reflection for professional growth, and a life-long personal/profession integration process. Sources of influence for professional functioning and development are described. The results show consistently that interpersonal experiences in the personal life domain (early family life

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and adult personal life) and the professional life domain (interacting with clients, professional elders, and peers) are significant sources of influence for professional development.

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**KEY WORDS:** career development; counselor development; professional development; psychotherapist development; burnout.

There is growing interest in studying the development of the professional counselor/therapist (Neufeldt, 1999). This interest flows from multiple areas of inquiry such as studies of professions, career development, supervision, expertise, wisdom and adult developmental psychology. Parallel to the increased interest in studying the development of the counselor/therapist has been research which points to the competence of the practitioner as key to a successful outcome. With a more nuanced understanding of the complexity of the helping relationship, researchers within the field of counseling and psychotherapy have convincingly demonstrated the influence of the individual counselor/therapist on qualities of the counseling/therapy relationship, on the change process, and on outcome (Orlinsky, Rønnestad & Willutzki, 2003).

Counseling and psychotherapy is often effective, with most effect-sizes of differences in outcome varying between .75 and .85 when comparing treatment groups to control groups (Wampold, 2001). However, individual counselors/therapists do not obtain equal results (Crits-Cristoph et al., 1991; Henry & Strupp, 1994; Lambert, 1989; Luborsky et al., 1985, Orlinsky & Howard, 1980; Ricks, 1974). Given the enormous efforts of many psychotherapy researchers to minimize the effect of the individual counselor/therapist, when studying a specific intervention, it may be surprising that variation in outcome *across* methods is smaller than variation in outcome among counselors/therapists *within* methods. From critical inquiries into a large body of research on the relative effect of counseling/therapy methods (Wampold, 2001), the conclusion is that it makes a bigger difference who the therapist is than which method is used. Collectively, these results join to suggest more research on counselor and therapist development.

About fifteen years ago, we initiated our study on counselor/therapist development. We wanted to know if counselors/therapists develop as they gain more experience. The concept of development dates back to the Enlightenment era of the 18th century. It denotes a progressive [Latin: pro = forward; gradi = to go] (Oxford English Dictionary, 1997) change in human functioning. The Enlightenment ideas of growth, advancement, and the value of science and education form a context

for understanding the concept of development. There are certain minimal features to the concept of development regardless of philosophical and theoretical orientation (Lerner, 1986). These are: (a) development always implies change of some sort, (b) the change is organized systematically, and (c) the change involves succession over time. The elements of change, order/structure and succession are thus basic elements of a concept of development.

One may argue that the question of whether counselors/therapists develop as they get more experience can only be answered by comparing counseling/therapy results of practitioners at different experience levels. Then, to the extent that more experienced practitioners obtain better results with their clients, one may claim that counselors/therapists develop. However, there is limited research to support this position of therapist development. Dawes (1994) found no relationship between experience level and outcome. We note that he has been criticized for using poorly controlled studies to support his claim. Two meta-analyses in the 1990's (Crits-Cristoph & Mintz, 1991; Stein & Lambert, 1995) have demonstrated a statistically significant, although weak positive relationship between experience level and outcome.

One may argue that the approach above does not demonstrate development per se, but rather possible consequences of development. Another approach to the study of counselor/therapist development, is to study changes in how practitioners experience themselves as counselors/therapists on a wide variety of parameters related to their work over time. This is the approach we used. The longitudinal research design is the ideal design for such an approach. As our interest is the life-long study of counselor/therapist development, we initially chose, for practical purposes, a cross-sectional design. We later extended the study into a longitudinal one.

By learning more about the changes that counselors/therapists encounter during their professional lives, we hope to contribute to the advancement of counselor/therapy education and improve the quality of supervision. We hope that a clearer understanding of the developmental process will be helpful in establishing realistic demands in graduate education. If professional developmental paths are better understood, supervisor and supervisee will be able to establish more effective learning contracts. Also, if a more accurate and comprehensive conceptualization of therapist/counselor development is attained, we can better arrest the negative avenues of professional development such as incompetence, impairment, burnout, and disillusionment.

## Method

At the time we started our investigation, there was little empirically based knowledge on counselor/therapist development in the field. There were some conceptual contributions on developmental supervision (e.g., Loganbill, Hardy & Delworth, 1982). From the study of the training and supervision literature and from our own experience as counselors/therapists, supervisors and teachers, we asked very general questions such as: Do counselors/therapists develop? Do all develop? What is the nature of changes therapists go through during their career? If there is change, how do therapists perceive the changes that have taken place? If a developmental perspective is relevant, is development continuous, erratic, cyclical, or can it be described otherwise.

In order to answer these questions, we chose an interview approach and were inspired by the inductive logic of grounded theory (Glaser & Strauss, 1967). We did, however, deviate from the stringent structure of this approach as we were not ignorant of the topic of the investigation.<sup>1</sup> The questions for our interview guide were developed from our knowledge of the professional literature and experience. Based on the pilot interviews and further reflections on the topic, we selected eight topics of inquiry which guided our initial data-analysis. The topics of inquiry were: Definition, Central Task, Predominant Affect, Predominant Sources of Influence, Role and Working style, Conceptual Ideas used, Learning Process, and Measures of Effectiveness and Satisfaction. These topics of inquiry, which may be regarded as analytical categories, were thus developed early in the research process and are not results as such. Semi-structured interviews were carried out by the authors and graduate students.

We interviewed 100 American counselors/therapists at different experience levels, i.e., two student groups, beginning and advanced graduate students of counseling or psychotherapy, and three post-graduate groups of practitioners with the average of 5, 15 and 25 years of professional experience with doctoral degrees in professional psychology. In the initial data-analyses, research groups used the selected eight topics as categories to organize the interview transcriptions within experience cohorts. Other researchers checked for precision and comprehensiveness of initial descriptions. The process was comprehensive as it also consisted of validation and feedback from all respondents, continuous rewriting and restructuring of the material

and reinterviews of 60 of the 100 informants. An eight-stage model was constructed.

After the stage model was developed, we took on a different approach in our analysis. We attempted to disregard the structure of stages/topics of inquiry<sup>2</sup> and took a step back from the material and formulated, at a higher level of inference, twenty themes of counselor/therapist development. The validity of these themes was enhanced by a thorough familiarization with the material over many years. The initial research process took six years from the first formulations of the topic through 160 interviews to the theoretical formulations published in the early 1990's.

After the first publications of findings (Rønnestad & Skovholt, 1991; Skovholt & Rønnestad, 1992a, 1992b), longitudinal interviews of the most senior therapists and some others have been conducted and analyzed (Rønnestad & Skovholt, 2001). Results were initially presented in three ways: as a stage model, as a theme formulation, and as a process model of development and stagnation. Both authors have had numerous opportunities to present and discuss the study with practitioners and researchers in professional psychology and related fields. This has given us continuous input to better understand the critical and central messages participating therapists/counselors have been trying to tell us in the interview process. The process of obtaining a better, deeper, more nuanced understanding of the material is an ongoing and, within the limits of our professional lives and mental capacities, infinite process.

For this article, we will share some of the findings, first from the stage model, which we now have renamed the *phase model*, then from the *theme formulation* and conclude by presenting some reflections on a *process formulation* of development and stagnation. Here we want to present what we now perceive—more than 10 years after the original formulations—to be the most important content from our research. In order to do this, we first independently reread all stage descriptions and highlighted what we perceived as the most important content. We then collapsed and renamed the stages and labeled them as *phases*. Replacing of the concept of stage with phase as an analytical concept for presenting our findings was done after extensive discussion of the material.<sup>3</sup> We selected and revised content by the consensus method. We abandoned the strict format of the original formulation, where for each stage we described findings on eight parameters. We did this in order to better capture and portray the interrelationship of content.

We repeated the procedure of individual selection and consensus agreement for the themes. We revised and renamed, where appropriate, the different themes of counselor/therapist development. We appreciate the opportunity to again analyze and hopefully better understand the rich material that our generous colleagues provided through their willingness to participate in the study.

### **Phases of Therapist/Counselor Development**

In our original formulation (Skovholt & Rønnestad, 1992b), we formulated eight stages of counselor/therapist development. The stages included one pre-training stage: (Stage 1) Conventional helper; three student stages: (Stage 2) Transition to Professional Training, (Stage 3) Imitation, and (Stage 4) Conditional Autonomy; and four post-graduate stages: (Stage 5) Exploration, (Stage 6) Integration, (Stage 7) Individuation and (Stage 8) Integrity. Each stage was described on the following topics: Definition of Stage, Central Task, Predominant Affect, Predominant Sources of Influence, Role and Working style, Conceptual Ideas used, Learning Process, and Measures of Effectiveness and Satisfaction.

For reasons of parsimony and clarity we have collapsed the eight stages into six. The six phases are: The Lay Helper phase, the Beginning Student phase, the Advanced Student phase, the Novice Professional phase, the Experienced Professional phase, and the Senior Professional phase.<sup>4</sup>

#### *Phase 1: The Lay Helper Phase*

All people have experience helping others before they enter professional training. In roles such as parents, children, friends, and colleagues, people are continually engaged in trying to help others to make decisions, resolve problems and improve relationships. We have called this pre-training period the Lay Helper phase. The lay helper typically identifies the problem quickly, provides strong emotional support, and gives advice based on one's own experience. In contrast to how the helper feels after entering training, which will be described later, the lay helper feels natural/authentic when helping.

The lay helper is guided by a personal epistemology and common-sense conceptions of how to assist others when in distress. He/she typically projects one's own solutions for the problems encountered. From

the perspective of professionally based conceptions of helping, there are numerous boundary problems at this phase. Strong identification with the person being helped and an unexamined quality of how best to assist can contribute to over-involvement, which may impede the reflective and investigative character of an effective helping process.

The concepts of sympathy and empathy may differentiate the emotionality of the lay and the professional helper. There are many definitions of empathy. Bohart, Elliott, Greenberg and Watson (2002, p. 90) have drawn from Carl Rogers in their definition of empathy as: "The therapist's sensitive ability and willingness to understand the client's thoughts, feelings and struggles from the client's point of view. [It is] this ability to see completely through the client's eyes, to adopt his frame or reference" (p. 85). In Rogers 1957 formulation on empathy, he formulated the quality of empathy as taking the frame of reference of the client "as if" it were your own. This "as if" quality is essential as it suggests not only the similarity, but also the separateness of experience.

Counselors/therapists' ability to regulate and control their emotional engagement is inherent in the conception of professional empathy. Metaphorically, one may say that in empathy, the helper puts on the shoes of the other, but the helper knows that shoes are not his/her own. In the experience of sympathy, however, the helper has temporarily lost the ability to regulate one's own emotional involvement and has temporarily forgotten that the shoes are not his/her own. The emotional activation in sympathy may be conceptualized as over-identification with the other.

Over-involvement and strong identification may fuel an inclination to give specific and strong advice. For example, when told of confusion and distress from not knowing whether to leave a romantic relationship, the lay helper may be highly directive by saying for example: "He isn't worth it. You will be better off without him," or "Stick it out. You will be happy that you did."

### *Phase 2: The Beginning Student Phase*

Beginning students typically find the start of professional training to be exciting, but also intensely challenging. Theories/research, clients, professional elders (professors/supervisors/mentors/personal therapists), one's own personal life, peers/colleagues, and the social/cultural environment combine to impact and sometimes overwhelm the beginning student. The student knows that the lay conceptions and ways of



helping are no longer appropriate or valid. To move from the known role of the lay helper to the unknown role of the professional is a taxing task often acutely felt when the student is assigned the first client. Issues of suitability are normatively raised. Students ask themselves if they have the personal characteristics needed for this kind of work, the resourcefulness needed to complete the studies and the ability to bridge the felt chasm between theory and practice. One student expressed his self-doubt and sentiment by asking the question: "Could I really pull it off?"<sup>5</sup>

Although there is considerable variety in what influences the beginning student, professors and supervisors have a major impact here. The dependency and vulnerability of students make them particularly appreciative of the support and encouragement of more advanced members of the profession. Direct or subtle criticism, actual or perceived, can have detrimental effects on student morale. The vulnerability of students can parallel that of some clients who are particularly sensitive to how they perceive their therapists.

Meeting clients for the first time can be a critical incident for the student and represents the most important task faced at this phase. Questions like, "How do you keep talking for a whole hour?" may preoccupy and worry the students who meet their first clients, often with an anxiety at a level that makes it difficult for students to concentrate, focus attention, cognitively process and remember what happened during the hour. This contrasts greatly with the confident presence and detailed memory of many experienced counselors/therapists.

At this phase, the apprehension and anxiety is calmed by the positive feedback from supervisors and also by explicit positive feedback from clients, feedback which may be actively elicited by the counselor/therapist. Negative feedback from clients often brings reactivity from the beginning student in the helping role. It is a difficult situation to manage. Even veteran practitioners struggle with their own countertransference to negative client feedback. For example, Vakoch and Strupp (2000) were dismayed when reporting how poorly highly experienced therapists react to negative affect from clients. Now for the novice counselor/therapist, work effectiveness is measured externally, and specifically by explicit feedback from supervisors, clients and also peers.

A life-saver for the beginning student is to learn easily mastered, straightforward, counseling/therapy methods (models, systems, approaches, frameworks) that can be absorbed quickly with focused effort and that hopefully can be applied to all clients. Learning these

methods and using them may give a sense of calm for the beginning student. With more experience, the practitioner may experience disillusionment with these “easy to learn” methods, but for the time-being, they serve their purpose.

Since completing the task of developing professional mastery takes years, many students search actively for ways to speed up the process. Finding models to imitate is a long desired popular approach for the beginning student. As one student expressed it: “I wanted to absorb from counselors I observed.” Students want to know how perceived experts act, think and feel in clinical practice. Although they are also curious about how seniors negotiate issues of private life, most attention is given to how they concretely act and behave in the professional role. If students identify intensively with a method and model, we have used the term “true believer” (Hoffer, 1951) for this student. We cannot emphasize enough the intensity by which students search for viable models. Students want as much as possible to perform like international experts (Freud, Rogers, Frankl, Beck) or local experts (i.e., one’s supervisor in practicum). Classroom material used to teach methods can have a major impact if they present easily understood material. The classic *Three approaches to psychotherapy* films with Rogers, Perls, and Ellis edited by Shostrom are an excellent example of this as are the multiple new films made in recent years that demonstrate actual counseling/therapy.

As we will describe more extensively later, an attitude of openness to new learning is imperative to enhance professional competence. Openness to learning and an ability and willingness to recognize the complexities of professional work is crucial for growth. Many students need to simplify the task at hand and many choose “easy to learn” methods, a simplification process which may enhance or impede professional development. The issue here is whether or not the student is having an open attitude versus a closed or restricted attitude to the complexities and challenges encountered. An open attitude facilitates professional development, while a restricted or closed attitude fosters professional stagnation. Complexities need to be mastered. We differentiate between a developmental and non-developmental approach to mastering the complexities that students/counselors encounter. The developmental approach has an active, searching, exploratory, trying-out quality. The students/counselors are guided by a long term developmental goal. The non-developmental (stagnant) approach has a defensive, experience-limiting and anxiety-reducing quality. Focus is not on a long-term developmental goal, but on short-term impression

management, a face saving maneuver (Goffman, 1967). The achievement orientation of the academic culture, the power differential between professor/supervisor and student, and the magnitude of challenges encountered fuel such maneuvers.

Although some students feel competent throughout training, this is not the rule. Typically students feel threatened and anxious (Skovholt & Rønnestad, 1992b). Student anxiety seems to be very present in graduate programs across countries and cultures. From the survey research of the International Study of the Development of Psychotherapists (Orlinsky & Rønnestad, in press) we know that inexperienced therapists frequently feel overwhelmed and highly challenged in client sessions. Compared to functioning at later phases of development, Norwegian therapists (Rønnestad & von der Lippe, 2001) reported more frequently to experience the following difficulties<sup>6</sup>: (a) Lacking in confidence that you can have a beneficial effect on a client, (b) Unsure how best to deal with a client, (c) In danger of losing control of the therapeutic situation to a client, (d) Distressed by the powerlessness to effect a client's tragic life situation, (e) Troubled by moral or ethical issues that have arisen in your work with a client, (f) Irritated with a client who is actively blocking your efforts, (g) Guilty about having mishandled a critical situation with a client.

Also, research on supervision within counseling/therapy confirms how threatening training experiences may be for students. The works by Gray, Ladany, Walker and Ancis (2001), Moskowitz and Rupert (1983), and Ladany, Hill, Corbett, and Nutt (1996) in particular have demonstrated the counterproductivity that may result from a non-optimal supervision relationship.

### *Phase 3: The Advanced Student Phase*

Towards the end of training, the modal student is working as a counselor/therapist at settings such as internship, practicum, clerkship or field placement, and is receiving regular and formalized supervision. We will use the term intern for this role at this phase. The central task at this phase is to function at a basic established/professional level. Many students, however, have higher aspirations for their functioning and want not only to avoid making mistakes, but to excel in their work. Many feel pressure to do things more perfectly than ever before. A consequence is that interns usually act in a conservative, cautious and excessively thorough fashion. They are typically

not relaxed, risk-taking or spontaneous. There is little natural playfulness or sense of humor in their work.

The internalized high standards for professional functioning contribute to the tendency towards excessive and misunderstood responsibility. A female student at this phase said: "I do a good job of letting myself feel responsible for everything." Another said: "I thought I could and should help everybody," while a third expressed it this way: "Every single request for consultation I wanted to do. I wanted to learn things and to prove to the director of training that I could do the job."

When comparing one's own professional competence to that of beginning students, the advanced student appreciates that professional training has made an impact. As one intern said: "I have gone from being petrified to being comfortable." But if the reference point for evaluating one's own competence changes to that of the advanced professional, the advanced student realizes there it is still much to learn. The advanced student as practitioner may still feel vulnerable and insecure and actively seek confirmation and feedback from seniors and peers. There is still considerable external dependency.

Supervision of beginning practicum students can be a powerful source of influence for the advanced student. One female, reflecting on her internship, said: "It was a concrete realization of what I had learned. It was really valuable. The contrast between them and me helped me see my own style and how far I had come in my development."

At this phase, experiences in supervision have particular significance. Non-confirming supervision experiences are powerful, possibly even more powerful than for the beginning student. More is at stake, as the student is further along in training and is supposed to master professional tasks at a higher level. Although it seems that the advanced student experiences supervision as mostly positive, conflicts in supervision may nevertheless peak at this phase of professional development. The dependency of the intern, and the need to meet the expectations of the graduate program combined with the aspirations to be autonomous, may contribute to the ambivalence that many advanced students report. These dynamics may also increase the tension and constant self-evaluation reported by the advanced student during the internship.

Modeling is still an important learning process. Defined broadly, modeling includes activities such as watching supervisors and profes-

sional staff work, hearing how supervisors and professional staff conceptualize cases, and observing the professional behavior of supervisors and professional staff. To a greater extent than earlier, the advanced student is critically assessing and evaluating models. In addition to accepting or rejecting models totally, such as one advanced student in our sample who said "My God, I don't want to be like that," interns are now engaging in the modeling process of differentiating, accepting, or rejecting model components. One advanced student said: "I take what I like."

Also at this phase of training, the advanced student is often frustrated by the lack of opportunities to observe senior practitioners at work. One female intern said: "I wanted more opportunities to observe senior practitioners work." Another said: "I had very little opportunity to observe experienced practitioners, even after repeated requests of a supervisor. The only model of an experienced person I had was the Gloria films. Supervisors and experienced people were unwilling to demonstrate skills."

Although the advanced student has typically an external focus, i.e., looking to models for how to be a professional, there is simultaneously an increased internal focus. Both foci might find their expression in supervision. As one intern said: "Supervisors are important to me both as role models and in helping me identify how my personality influences my work both as a resource and as a hindrance." The supervision literature has also conveyed a similar preference in the advanced trainee for an internal focus. McNeill and Worthen (1989, as cited in Worthen & McNeill, 1996), wrote: "Advanced trainees prefer to examine more complex issues of personal development, transference-countertransference, parallel processes, and client and counselor resistance and defensiveness" (p. 26).

After our analysis of students' descriptions of attachment to theory/conceptual systems, we identified four distinctly different orientations. They were (a) no conceptual attachment (which we also called *laissez-faire* orientation to theory), (b) "one theory, open" (which indicates preference for one theory but with openness to others), (c) multiple serial attachments (which indicates a serial monogamy type orientation), and (d) true believer (which indicates a strong belief in one theory *in combination with* active rejection of others). The 'one theory open' and 'multiple attachment' were the most common, and may, from a perspective of research on the professional development of psychotherapists, be most beneficial.

Inferentially assessed from therapists' endorsement of question-

naire items, research of the International Study of the Development of Psychotherapists (ISPD)<sup>7</sup> (Orlinsky & Rønnestad, in press) has suggested a relationship between therapists' attitude to theory and the quality of the therapist-client relationship. Therapists who were assessed most positively reported to be moderately or strongly influenced by two or more theoretical orientations. Therapists who reported not to be influenced by any theoretical orientation to any large degree (i.e. the laissez faire orientation) were in danger of a negative involvement style.<sup>8</sup> These results may indicate that the combination of an eagerness and commitment to learn, and an attitude of openness, stimulates professional development. Research on peer nominated master therapists (Skovholt & Jennings, in press, 2004) also suggests this to be the case.

#### *Phase 4: The Novice Professional Phase*

The novice professional phase encompasses the first years after graduation although individual paths vary. For most counselors/therapists these years are experienced as intense and engaging. There are many challenges to master and many choices to be made. We will briefly describe what we learned from the interviews of our informants. They had been practicing professionally for an average of five years after graduation and were asked to reflect on current and retrospective career issues.

In the novice professional phase, we learned there is a sense of being on one's own. In addition, there is a continual process of reformulating, a process of "shedding and adding" at the conceptual and behavioral level. There seems to be a sequentially ordered change that occurs during the first years following graduation. First, there is a period where the counselor/therapist seeks to *confirm* the validity of training. Second, when confronted with professional challenges inadequately mastered, follows a period of *disillusionment* with professional training and self. Third, there is a period with a more intense *exploration* into self and the professional environment.

Released from graduate school, there is immediately a sense of freedom. Free from external constraints such as supervisor evaluation and oral and written examinations, the new graduate can now, on his/her own, test out the validity of what was learned in school. There is typically an intensity and eagerness in this quest for confirmation. Surprising for many are the hardships and challenges that follow from not feeling adequately prepared and being on one's own. As one prac-

itioner formulated it: "Having less guidance from professors and supervisors was scary." Another said, "People weren't protecting you from taking on too much anymore." Many will look for workplace mentors who will offer guidance and support, thereby easing the transition to autonomous professional functioning.

The novice professional is usually not prepared for the felt disillusionment. The individual had hoped that graduate training and all the work and anxiety that went into it had been adequate preparation for what was to come. One female looked back and said: "I realized that graduate training had real gaps. There was much I had to cover that was not offered in graduate school. I remember writing letters to the director of the program, pointing out things that should have been addressed."

The practitioner who earlier had relied exclusively on a single conceptual system often feels disillusionment particularly when confronted with heterogeneous client populations. A male practitioner reflecting back to this phase said: "I went through a stage of being depressed about work, feeling it was too much work trying to fit people to the model. I found out it didn't turn out for clients the way theory said it was supposed to." Even though the novice professional is typically not actively eliciting client feedback to measure success, client feedback nevertheless constitutes a powerful message about what works. Here is an example of disillusionment: An individual with a math and science undergraduate degree entered a graduate program with a strong research-based empirical approach. As he applied what he had learned, an approach with an emphasis on precision and rationality, to patients with spinal cord injuries, he was overwhelmed by the emotional anguish and pain of these patients. He said: "Sometimes you feel like you were trying to fight a forest fire with a glass of water."

The recent graduate is still struggling with precision in boundary regulation like issues of responsibility and how to determine what are realistic goals for professional work. One female counselor said: "I think I become more disillusioned when I have expectations that I need to do it all; it is my responsibility or fault if this person isn't getting better."

Disappointments with self and with inadequate client progress can fuel a sense of inadequacy. A male counselor/therapist described his reactions this way:

I used to think that my doubts about me and my despair would go away with the degree . . . Now people look at me, call me doctor and want more and expect more. But what am I going after? It is a disorienting

process because I don't know anymore now except that there are more expectations. It is great to be done, but what do I really want to be? Where did I really want to go? I didn't expect the formal training would lead to feeling adequate until I felt inadequate and then realized how much I expected to know by now. My professional training was over and I lacked so much.

The novice professional counselor/therapist increasingly realizes that one's personality is expressed in one's work. This can be experienced positively if the counselor/therapist feels reasonably assured of his/her personal and professional capacities, or negatively if the novice questions his/her suitability for counseling/therapy work. Recognizing personal expressions in professional functioning is a step towards integrating the personal and professional aspects of work. This integration process is expressed by counselors/therapist feeling more at ease in their work. An indicator of this use of self is the gradual shift to using one's own natural sense of humor in work with clients.

Experienced difficulties may be an incentive for some to enter personal therapy. It is typically done with a serious intent and from an explicit recognition of deficiency. This is different from entering personal therapy as a ritual step to comply with the implicit (or explicit) demands of the therapy culture. The new professional reacts to disillusionment by exploring one's own skills, limitations, values, attitudes and interests. This internally focused processing is accompanied with exploring "outward" to find a work environment and work roles that are compatible with self, a process which occurs with increasing intensity as the counselor/therapist becomes more experienced.

The novice professional is typically experiencing an increased sense of the complexity of counseling/therapy work and is recognizing more profoundly how important the therapeutic relationship is for client progress. As the novice professional is focusing more attention on understanding and mastering relationship issues, the counselor/therapist is also becoming more skilful in defining work roles and regulating boundaries. By contrasting present functioning and work role definition with earlier conceptions, the counselor/therapist can now sense the changes that have taken place. A male at this phase said:

I was a pretty personal therapist with clients when I started out in the business. They would call me in a time of crisis or need. They had my home phone number. That isn't working anymore because my case load is big and difficult. Now calls are screened and I use an answering machine. I had to change it because I was getting 'fried' and mad at clients and things like that. But it is tough saying no to people in tremendous



distress; I feel guilty when I don't respond to demands, exhausted when I do.

While increasingly recognizing the importance of the counseling/therapy relationship, the novice professional is simultaneously reporting a renewed interest in learning specific counseling/therapy techniques. Contrasted with earlier skill/technique acquisition, there is a more inner-directed and autonomous character to learning the specifics of professional work at this phase.

#### *Phase 5. The Experienced Professional Phase*

At this phase of professional development, the counselor/therapist has been practicing for a number of years and has typically had experience with a wide variety of clients in different work settings. A central developmental task for most experienced professionals is to create a counseling/therapy role which is highly congruent with the individuals' self-perceptions (including values, interests, attitudes), and which makes it possible for the practitioner to apply his/her professional competence in an authentic way.

In terms of conceptualizing clients and the methods and process of change, there occurs an integration and consolidation process where the individual is "throwing out the clutter" as one male informant expressed it, and where the counselor/therapist is building consistency and coherence in the personal/professional self. Expressions of this are seen in the active formulation of a conceptual system and the active development of a working style that "fit" the individual. Increasingly, there is little tolerance for lack of close fit and a strong tendency to search for a work environment experienced as compatible with self, a movement consistent with the underlying premise in Holland's theory of vocational choice (Holland, 1997).

The experienced professional has by now learned in various ways that the therapeutic relationship not only plays an important role, but is crucial for client progress. One of our most experienced participants formulated it this way: "The relationship is understood even more deeply at this point where the therapist's power, attention, expectations and own personality, including short-comings and strengths, can be seen, understood and used in a more direct and clear way than before."

Also, the experienced counselor/therapist is conceptualizing professional role as use of techniques or methods. Yet, in sharp contrast

with earlier functioning, techniques and methods are not applied in a conforming, rigid, external or mechanical fashion, but can be used in a personalized and flexible way. One female practitioner expressed it this way:

I learned all the rules and so I came to a point—after lots of effort—where I knew the rules very well. Gradually I modified the rules. Then I began to use the rules to let me go where I wanted to go. Lately I haven't been talking so much in terms of rules.

Increased flexibility in role and working style was expressed by the counselor at the experienced professional phase who was using the metaphor of freely choosing rides in an amusement park to describe flexible use of techniques when working with clients.

Most experienced professionals trust their professional judgments. Most feel comfortable about their work, feel competent, and that they are able to establish good working alliances with their clients. They also feel they can challenge the client if necessary. This provision of both safety and challenge have been found to be key features in the work of master therapists (Sullivan, Skovholt, and Jennings, in press, 2004).

During the experienced counselor/therapist phase there is also a profound realization that there are often no clear answers to the challenges encountered. One informant said:

I'm more loose than I used to be in my approach to the work. Sure, everything must be done ethically and professionally. That's a given. I'm just not so frantic about answers or even questions. Now I really feel there isn't a right way to do it, although there is a right process for me.

For many years, the experienced counselor/therapist has negotiated internally and externally to find the appropriate level of involvement with clients. With experience, as goal-setting has become more realistic, with increased awareness of strengths and limitations, and with a clearer definition of and differentiation of responsibility, it is more likely that the involvement level has been fine-tuned in a professional way. The practitioner is typically good at regulating involvement and identification with clients. A male therapist said: "I have a better sense of personal boundaries and blame myself less if things don't work out well." Another said: "When the session is over I can leave it there." This process of letting go of "over-responsibility" is likely a prerequisite for the regulation of emotions and attitude expressed when the

counselor/therapist is able to be totally absorbed in client work and then, when the session is over, is able within minutes to refocus attention and subsequently engage in work with another client. When this is successfully and ideally mastered, the counselor/therapist can end many workdays more refreshed and stimulated rather than exhausted and depleted.

Learning this skill, called in the description of master therapists as "boundaried generosity" (Skovholt, Jennings and Mullenback, in press, 2004) is very difficult, yet crucial for the long-term intimate involvement with human suffering that is central to the work of therapists. This description of boundary regulation fits some experienced informants better than others. Some reported considerable hardship and felt challenged also in the mature professional years. Also, burnout prevention is an issue at all experience levels (Skovholt, 2001).

International research on therapists in many countries can inform us about the baseline for therapists' involvement styles and ways of relating to clients (Orlinsky & Rønnestad, in press). This research may inform us about how well therapists regulate their emotions in their work. In this research, categories of practice patterns were identified from combinations of high and low scores on the dimensions of stressful and healing (therapeutic) involvement. Overall, as many as 1/3 of therapists reported stressful involvement with their clients, a result that was moderated by the fact that some of these therapists were also experiencing healing involvement. More reason for concern was the fact that 13% of therapists, including many who had practiced for decades, experienced "distressing practice."<sup>9</sup> From this international survey research, a conclusion is that a minority of therapists report rather substantial difficulties in their practice in combination with a sense of professional decline. In line with what we found in our qualitative interview study of 100 practitioners, the majority at the experienced professional phase, however, seem well able to regulate their emotions and handle the professional challenges that they encounter. The majority also feel they are growing professionally.

Paralleling improved regulation of professional boundaries, the experienced professional has learned how to separate the professional role from roles such as that of a friend, parent, or spouse. One female reflected back to her graduate school years when this was more of a problem. Laughing, she said that her daughter gave her useful feedback when she said: "Mother, will you quit being a damn social worker and just be my mother!"

Major sources of influence that we have found to influence profes-

sional development (theories/research, clients, professional elders [professor/supervisors/mentors/therapists], peers/colleagues, one's own personal life, and the social/cultural environment) continue to play an important role for the professional functioning and development of the experienced professional. As previously described, counselors/therapists report that interpersonal experiences impact them strongly throughout their career. With increasing experience, however, this is even more the case. Specifically, the experienced professional reports that much learning comes from their direct experience with clients and from their personal life. In addition, there is a broadening in what influences the more experienced professional. Some report that typical senior activities such as mentoring others in roles such as supervisor and teachers is a valuable source of learning. Increasingly, the experienced counselor/therapist reports understanding human behavior through professional literature in related fields such as anthropology or religion or through reading prose, poetry, biographies, or through movies, the theatre and other artistic expressions. We will briefly comment on this change in emphasis.

The experienced counselor/therapist learns primarily through reflecting upon interpersonal experiences in the professional and personal life domains. Theoretical/empirically based concepts serve an important but nonetheless secondary function in the sense that they are accepted or rejected depending on the degree to which they assist meaningful interpretation of experiences. Untested ideas are only useful when the individual approaches a new area where experience is lacking. Extensive and varied experience, generated through thousands of hours of client work and life experiences, described by an informant, as "I have lived through a lot of hell and lot of pleasures," have contributed to a contextual sensitivity in the process of abstracting or generalizing knowledge. We call this "contextually sensitive knowledge development" a central process toward the attainment of wisdom. We may express this by stating that the epistemological center for the experienced professional is experience based and contextually anchored generalizations. A therapist expressed it this way:

With a new client I think about cases I've had. I think about how they have gone. Themes come in a case and this stimulates a memory in me. The memory is in the form of a collection of vignettes, stories and scripts. It isn't fully conscious but new cases do kick off the memory—the memory of how things went before provide a foundation to begin the current case. Interestingly, most of the stories come from the early days of my practice; they are the most embedded. Later cases don't stand out

as much except if I was proved wrong or something dramatic happened. Then my thinking changes and my memory changes.

As suggested by the above quote, it is not every client, but clients who have profound experiences and particularly successful or unsuccessful counseling/therapy work that provide the most significant learning for counselors/therapists at the experienced professional phase. Even quite experienced counselors/therapists are typically deeply moved if one of their clients experiences a profound event, either positive or negative, when they are working together.

As we interviewed therapists/counselors with more experience, we increasingly heard stories of the interrelationship between adult personal and professional life. Although some talked about how the fatigue from overburdening work could negatively influence family life, or how professional knowledge and competence could be transferred into one's personal life, there were more tales of "traffic" in the other direction, i.e., of how personal life was seen to influence professional functioning. One said: "You learn a lot from your kids just like you learn a lot from your clients." Another talked of her divorce being the most difficult experience of her life. She found it forced her to see herself as separate person and not a daughter or wife in relation to others. She said: "It really shocked me to my core. I had to tap into some dark places and look at things about me." The whole experience, she said, increased her connections with human pain, made her more intellectually curious, and ultimately helped her be a better therapist. We heard many similar stories of the long term positive influence of adverse experiences in therapists/counselors adult personal life.

The immediate influence of adverse personal experiences is often negative. One senior therapist told us her story that moved us deeply. She told that after losing her husband and her only daughter within a two-year period, it took two years "before she could breathe again." It was not until after a long period of intense grieving that she could use the traumatic experience constructively in her work.

There were several stories of negative experiences in early childhood and family life exerting an adverse, and not positive, influence on professional functioning (Rønnestad & Skovholt, 2001). This was surprising as it runs counter to a common perception of "the wounded healer" (Henry, 1966), where healed early wounds are understood to contribute to the formation of a more effective helper. Early wounds are not necessarily healed, and may find their expression in adult professional functioning.<sup>10</sup> However, from our interviews, there were sev-

eral stories indicating that wounds acquired late (i.e., in adult life) can, if they are reflected upon, understood, and assimilated (see Stiles, 1997) contribute to more effective helping.

Emerging with more hours of practice at the experienced professional phase is a strongly felt belief that there is not much new in the field. One person said: "I've recently stopped going to workshops. They seemed to be geared to 'Freshman English' and to be old stuff. For example, assertiveness training was done long ago under a different label. I'm especially uninterested in workshops on new little techniques." This disinterest is contrasted with the continued influence of earlier role models, influences which for many have been internalized. One of our informants, for example, talked about John, his supervisor twenty years ago: "I have been running around in my mind words, phrases, quotes that I periodically pull back to . . . and sometimes I say to myself, how would John handle this situation." These "fantasy mentors" were often recalled with great fondness and appreciation.

#### *Phase 6: The Senior Professional Phase*

At this phase of professional development the practitioner is a well established professional who is regarded as a senior by others. Although some attain this senior status in mid-career, the modal senior professional has practiced for 20 to 25 years or more and many are approaching retirement.

The transition for the experienced counselor/therapist to become a guide for novices in the field was hesitantly welcomed by some and actively embraced by others. One male describing the transition to being seen differently by others, said: "Suddenly I was seen by others as a leader, but I didn't see it that way. I didn't feel I belonged." Another individual talked of the stimulation of interacting with younger colleagues. Talking about supervising younger interns, one said: "They get brighter all the time: I feel that I learn as much from the interns as I teach them. They have become my teacher."

The most experienced group in our sample, was on the average 64 years when we interviewed them the first time, and 74 when we interviewed them again.<sup>11</sup> This has provided us with a unique opportunity to learn about experiences and reflections of counselors/therapists in the very mature professional years. Some are similar to what we have just described for the experienced professional. Some are different, emerging from the reality of loss that is common for the senior professional phase. A few of our informants took early retirement and many

reported a gradual transition into retirement. Some continued to have a limited practice even long after formal retirement. We heard many reports of distress, sadness, and concern about failing health of self and family members, of reduced energy, limitations in activities and accomplishments. We heard objections to the glamorization of old age, such as one male therapist who said, "I think the golden age is not best by any means. As far as I can tell, being old and wise is not better than being young and innocent and energetic" (Rønnestad & Skovholt, 2001, p. 183). Some expressions of regret seemed to contain elements of "too soon old and too late smart," the anticipatory grief over future losses.

Many experience loss, not only anticipated ones, but also present and past ones. For example, their own professional elders are no longer alive and same age colleagues are generally no longer a strong source of influence. Divergent interests and values have often brought a separation. Loss of innocence is a term that can be used to indicate a sense of realism, the fading of illusions, and increased sense of reality in terms of what can be accomplished professionally. Also, there is a sense that there is and will not be any significant new knowledge in the field. One counselor/therapist expressed it this way:

By the time a person reaches the end of one's work life, he/she has seen the wheel reinvented so many times, has seen fashions in therapy/counseling change back and forth. Old ideas emerge under new names and it can be frustrating to the senior therapist to see people make a big fuss about something he/she has known about for years. This contributes to cynicism for the person.

The seductions for professionals at the senior professional phase are the intellectual apathy and sense of boredom that can come from routine tasks completed over and over again, experiences which can reduce engagement in client work. Research of the ISDP suggests, however, that most therapists avoid this disengagement (Orlinsky & Rønnestad, in press). The general picture for therapists/counselors at the senior professional phase is one of continued commitment to grow professionally. They generally have a sense of self-acceptance and feel satisfied with their work. They feel competent but also more modest about what they can accomplish in their work. One of the senior counselors/therapists expressed it this way:

With diminishing anxiety, I became less and less afraid of my client and with that came an ease for me in using my own wide repertoire of skills

and procedures. They became more available to me when I needed them. And during those moments it became remarkable to me that someone would have the willingness to share their private world with me and that my work with them would bring very positive results for them. This brought a sense of intense pleasure to me.

The above quote also illustrates the high work satisfaction that are typical not only for the senior professional, but for therapists/counselors at all phases of professional development.

### **Themes of Therapist/Counselor Development**

As described in the introduction, in the reformulation of our results we condensed the 20 original themes to 14 themes.

#### *Theme 1: Professional Development Involves an Increasing Higher Order Integration of the Professional Self and the Personal Self*

There are two central expressions of this integration process. First, there is an increasing consistency between therapist's personality and theoretical/conceptual affinities. Second, there occurs a selection and formulation of professional roles in which the counselor /therapist can freely and naturally apply personally chosen techniques and methods in his/her work.

This integration process can be understood at the intrapersonal level and at the personal/environmental interactional level. Intrapersonally, it includes a movement from an unarticulated, pre-conceptual way of functioning to a mode of functioning which is founded on the individual's own integrated, experience-based generalizations or what we call Accumulated Wisdom. Generalizations are not regarded as being universally true, but limited by and constituted in various contexts. In its optimal expression, integration involves a process akin to Roger's (1957) concept of congruence, where experiences are consistent with the (professional) self-concept. It involves shedding values, beliefs, and use of methods which no longer fit the personality and the self of the therapist. Integration may also be understood in the framework of Donald Super, emphasizing vocational development as implementation of the self (Super, 1953, Super, Savickas & Super, 1996), and is consistent with counselors' identity development as formulated by Loganbill, Hardy and Delworth (1982).

At the personal/environmental interactional level, Holland's theory



of vocational development (1997), which emphasizes movement from activity, interests/preferences, competencies to personal dispositions as these evolve both in personal life and in the interaction with the work-environment, may illuminate this process.

We have observed numerous expressions of movements as described above. Examples include therapists/counselors who have changed their theoretical orientations due to lack of success with a chosen counseling method or due to significant and transforming events in their personal lives. We have heard moving reports of therapists/counselors who have reported dramatic change in therapist identity due to experiences in their personal life, experiences which have markedly changed how they see themselves and their work.

Paralleling the process of integration, two reciprocal movements occur: The therapist/counselor relates to clients with an increased ability to differentiate responsibilities and to know what oneself and the client contribute to the working relationship. Second, the therapist/counselor is progressively more able to relate in a professionally connected way to clients. This two-sided process is analogous to the work of Grotevant and Cooper's (1986) individuation process. Their definition includes both the "... qualities of individuality and connectedness" (p. 89).

*Theme 2. The Focus of Functioning Shifts Dramatically Over Time.  
From Internal to External to Internal*

It appears that the integration process we have described above may be differentiated into three distinct steps each characterized by a specific mode of functioning: the lay helper mode of the pre-training period, the external and rigid mode of the training period, and the loosening and internal mode of the post-training period. We will briefly describe each.

*Pretraining: The conventional mode:* During this period the individual operates from a common sense base of helping. Helping behavior is conventional as contrasted to professional. Behaviors and conceptions of helping reflects each individual's interpretation of effective ways of helping others, ways that are fuelled by both personal dispositions and cultural discourses on helping. As mentioned earlier under the phase descriptions, some characteristics of conventional helping in our culture are: to define the problem quickly, to provide strong emotional support, to provide sympathy as contrasted to empathy, and to give

advice based on own experience. As the individual is not socialized into the professional culture and is not guided by theory, concepts and principles of professional helping, we may say that the attentional focus is internal. There is a personal base of helping which contributes to helping being experienced as *authentic and natural*.

*Training: The external and rigid mode:* There occurs a distinctive shift in attentional focus and behavior when the lay helper enters professional training. Attention shifts towards the theoretical bodies of knowledge (e.g., developmental psychology, theories of disability and pathology, conceptions of counseling and therapy) and toward professionally-based conceptions of methods and techniques. Student functioning becomes increasingly more externally driven with the student suppressing characteristic ways of functioning. Behavior becomes less natural, loose and more rigid. The use of humor may be seen as an index of this movement from natural and loose/flexible in pre-training to non-natural and rigid during training and back to natural and flexible with more professional experience. Use of humor typically disappears for the student counselor/therapist to reappear with the professional self-confidence of the experienced counselor/therapists.

*Post-training/experienced: The internal and flexible mode:* After training and with more professional experience, there is a gradual shift towards a renewed internal focus. This movement is propelled by the disillusionment with training after being confronted with the hardships and challenges of practice. Disillusionment may induce exploration into assets and strengths but also weaknesses and liabilities. As this internal renaissance of the post-graduate years is based not only on personal but also on professional experience, it can eventually manifest itself in more assured, confident and flexible professional functioning.

### *Theme 3. Continuous Reflection Is a Prerequisite for Optimal Learning and Professional Development at All Levels of Experience*

Reflection is understood as a continuous and focused search for a more comprehensive, nuanced and in-depth understanding of oneself and others, and of the processes and phenomena that the practitioner meets in his/her work. As will be described in more detail later, the ability and willingness to reflect upon ones professional experiences in general and on challenges and hardships in particular, is a prereq-

uisite to avoid the stagnant process that ensue mismatch between competence and task. A stimulating and supportive work environment, including informal dialogues among colleagues and in formal supervision, impact the reflective capacity and adaptive handling of the challenges encountered. The concepts of scaffolding (Wood, Bruner & Ross, 1976) and proximal zone of development (Vygotsky, 1962, 1978) may inform us of the supportive and relational conditions that stimulate reflection, learning and development at all levels.

*Theme 4. An Intense Commitment to Learn Propels the Developmental Process*

Most of our informants, whether students or practitioners, impressed us with an attitude of reflective awareness and an eagerness to learn and develop. Commitment to learn and willingness within ethical boundaries to take risks and to be open to new learning are building blocks of increased professional functioning. We learned of periods of moratorium that slowed the developmental process and also of stagnation and decline, but most reports conveyed a message of an urgency, commitment and intensity in motivation to develop professionally.

Research on master therapists (Skovholt & Jennings, in press, 2004) has shown this to be so for colleague-nominated experts. However, this does not only seem to be the case for this elite group. Research within the CRN (Orlinsky et al., 1999) has shown that therapists' sense of currently experienced professional growth did not decline as a function of years in practice. Survey responses of therapists with two or more decades of professional experience also reported a sense of growth characterized by experiences of improving, becoming skillful and feeling a growing sense of enthusiasm about doing therapy. The researcher interpretation of the results was that "... therapists' sense of currently experienced growth reflects a renewal of the morale and motivation needed to practice therapy, a replenishment of the energy and refreshing of the acumen demanded by therapeutic work" (p. 212).

*Theme 5. The Cognitive Map Changes: Beginning Practitioners Rely on External Expertise, Seasoned Practitioners Rely on Internal Expertise*

Consistent with what we have described earlier (Theme 1 and 2) the locus of practitioners' attentions changes from external to inter-

nal. Student demand for external expertise is demonstrated by the intense demand to observe models of professionally defined expert behavior and for favoring supervision which is instructive and didactic (Rønnestad & Skovholt, 1993). With increasing experience, there occurs a marked shift toward a self-directed preference for what to learn and how to learn. Experienced practitioners varied in preferences such as seeking stimulation from traditional professional sources of knowledge, such as a trusted mentor, use of peer group supervision, reading professional literature, or seeking stimulation in other knowledge domains such as studying psychological themes in movies, biographies, philosophy, anthropology. As mentioned in Theme 1, experience makes possible a shift towards contextually defined and contextually limited experienced-based generalizations.

Belenky et al. (1986) have formulated a model for understanding the evolution in knowledge development that we have observed. Anchoring their model in Perry's (1981) model of cognitive meaning and development, they described seven levels of ways of knowing. An early level, Received Knowledge, was described as follows: "While received knowers can be very open to take in what others have to offer, they have little confidence in their own ability to speak. Believing that truth comes from others, they still their own voices to hear the voices of others" (p. 37). This seems to fit only partly the experiences of the students that we interviewed. While some students expressed themselves with confidence, others did not. There was, however, substantial convergence among students in wanting to hear and observe what seasoned practitioners had to offer.

The highest level of Belenky's model, Constructed Knowledge, seemed to fit many of our experienced practitioners. They define it as:

All knowledge is constructed, and the knower is a intimate part of the known (p. 137) . . . To see that all knowledge is a construction and that truth is a matter of the context in which it is embedded is to greatly expand the possibilities of how to think about anything (p. 138). . . . Theories become not truth but models for approximate experiences . . . (p. 138)

Without being identical, there is some similarity between this high level of knowledge and conceptions of wisdom such as that formulated by Baltes and Smith (1990). In their formulation, awareness of uncertainty in ways of helping is one criteria of wisdom and thus similar to Belenky's highest level of knowledge development. Both share a rejection of precisely defined realities in understanding matters of human interaction.

*Theme 6. Professional Development Is a Long, Slow, Continuous Process That Can Also Be Erratic*

Professional development is generally experienced as a continual increase in a sense of competence and mastery. Reports indicate that this process may at any point in time be barely noticeable, but appear retrospectively as substantial. Conversely, over the course of the career, some may experience the developmental process as an intense change process, perhaps initiated by a specific critical incidence (Skovholt & McCarthy, 1988) or by transforming life events or epiphanies (Denzin, 1989; Miller & C'de Baca, 2001) possibly followed by a period of slow change. Changes may be conceptualized as recycling loops in which themes such as lack of confidence in one's ability may emerge repeatedly in one's career as new challenges are encountered. Development may be conceptualized as repeated cycles of enthusiasm/experienced hardship, self-doubt, anxiety, dejection, exploration/processing (new learning), and integration (mastery) (Rønnestad, 1985).

*Theme 7. Professional Development Is a Life-Long Process*

Most models of development within the counseling and therapy professions are in fact models of student development. "Little is known about the postgraduate counselor. . . . Such studies are necessary for a complete understanding of counselor development across the professional life span" (Border, 1989, p. 21). Interviews with postgraduates informed us of major changes in many aspects of work and the professional self during the postgraduate years. Examples are an increased sense of competence, improved ability to handle challenges and more skill in regulating responsibilities. Also, the involvement of oneself as a professional elder in the capacity of mentor, supervisor, teacher, or consultant provides for experiences that fuel professional growth. Our senior informants helped us understand that there is commitment to grow and develop also in the senior years.

*Theme 8. Many Beginning Practitioners Experience Much Anxiety in Their Professional Work. Over Time, Anxiety Is Mastered by Most*

Much is at stake when students meet their first clients. High standards of performance, unrealistic expectations, the achievement orientation of academia, fear of being unsuited for counseling/therapy work, and lacking professional knowledge and competence are elements which

combine to create an evaluative focus and pervasive anxiety for many beginning students. As one student said after having seen a client: "I was so scared, I barely heard what the client was saying." The anxiety of the beginner has been discussed by many authors since Robinson's description of social work trainees in 1936 (cited by Gysbers & Rønnestad, 1974), e.g., Dodge, 1982; Grater, 1985; Loganbill et al., 1982; Stoltenberg and Delworth, 1987.

Many beginning therapists of various professions report lacking professional self-confidence, feeling challenged and having high levels of anxiety (Orlinsky & Rønnestad, in press). With increasing experience and an accompanying sense of mastery and expertise, anxiety levels diminish markedly. As one greatly respected senior informant told us in the research interview: "In time you are no longer afraid of your clients."

*Theme 9. Clients Serve as a Major Source of Influence and Serve as Primary Teachers*<sup>12</sup>

Counselors/therapists at all levels of education and experience expressed in a unison voice that interacting with clients is a powerful source of learning and development. By disclosing their distress, their developmental histories, and ways of managing and coping with their problems of living, clients inform counselors/therapists of causes and solutions to human distress. The knowledge thus attained not only supplements and expands, but also brings depth and intensity to the theoretical knowledge obtained in formal schooling.

The counseling/therapy room is a laboratory for both client and counselor/therapist learning. Client reactions to counselor/therapist behaviors and attitude continually influence the practitioner. Through the close interpersonal contact between client and counselor/therapist, the feedback provided by the client to counselor/therapist interventions, add intensity to the learning process. Negative client feedback can be a major impetus for shifts in theoretical orientation. Although clients provide valuable feedback for practitioners at all levels of experience, we had many reports indicating that inexperienced practitioners are particularly receptive and often vulnerable to client feedback. Lack of positive client feedback is typically experienced as threatening and sometimes traumatic for the student therapist, a finding which is consistent with the high level of anxiety experienced by many students.

A survey investigation of psychotherapists from 20 countries sup-

ports the paramount impact of clients for professional learning and development (Orlinsky, Botermans & Rønnestad, 2001). In this study, more than 4,000 psychotherapists assessed the importance of various sources of influence for their overall professional development. No other category matched "Experience in therapy with clients" as most important across professions (psychologists, psychiatrists, others), nationalities, and theoretical orientations.

*Theme 10. Personal Life Influences Professional Functioning and Development Throughout the Professional Life Span*

During our initial interviews of counselor/therapist at all education and experience levels, we were informed of the many ways that experiences in childhood, adolescence, and adulthood impacted professional functioning and development. Family interactional patterns, sibling and peer relationships, one's own parenting experiences, disability in family members, other crises in the family, personal trauma and so on influenced current practice and more long term development in both positive and adverse ways.

As we interviewed the more experienced therapists, there were more reports of this connection. This was confirmed in our follow-up interviews of our most senior therapists who were, on the average, 64 years old when we first interviewed them. Eleven years later, when they were on average 75 (Mdn)/74 (Mode) years old, two of the learning arenas that we identified and described were in personal life domains. They were: "Profound impact of early life experience," and "Profound personal experiences in adult life" (Rønnestad & Skovholt, 2001).<sup>13</sup>

During the second round of the senior interviews, eight of the senior informants that we interviewed told us how early family experiences had impacted them as professionals. It surprised us that for six of them the stories were primarily negative. The main family themes were psychological abandonment, a demanding achievement orientation in the family of origin, rigid and restraining child rearing practices, receiving conditional love from parents, and growing up in a family with a rule of no emotions. These experiences were seen as influencing professional life and functioning in various ways, such as selection of work role and theoretical orientation, therapeutic style and focus, attitude toward colleagues, experienced hardships, and ways of coping in practice.

The general flavor of the reports indicated that early negative expe-

riences continued to influence work in adult professional years, which may question the universal validity of the wounded healer perspective (Henry, 1966) when wounds are afflicted early. However, low N's in this subgroup warrant considerable caution when interpreting results. Many clinical reports are contrary to this. Also, research within the International Study of the Development of Psychotherapists (ISDP) project, has shown some relationship between self reported quality of early care and later professional functioning, but that this relationship is moderated by therapists' personal therapy (Orlinsky & Rønnestad, in press; Orlinsky et al., in press).

Adversities and crises in *adult* personal life were seen to exert an immediate negative influence on professional functioning, yet, often the long term consequences were positive. This is consistent with the discourse of the interconnectedness of suffering and wisdom which we find in many cultures, which is also implied in Nietzsche's formulation that "the easy life teaches nothing." Examples of intense personal experiences that in the long run were instructive include: death of spouse and children, physical disability, or severe psychological impairment of members of family. Examples of positive consequences were: increased ability to understand and relate to clients, increased tolerance and patience, heightened credibility as model and greater awareness of what is effective helping.

Marriage was often described as highly sustaining with supportive and caring spouses convincingly portrayed as impactful. The close relationship between personal and professional functioning was also shown in the ISDP project. Measures of life and marital satisfaction were significantly associated with the way therapists related to clients (ibid.).

#### *Theme 11. Interpersonal Sources of Influence Propel Professional Development More Than Impersonal Sources of Influence*

Our informants told us convincingly that meaningful contact with people was the catalyst for growth. People most often mentioned were clients, professional elders (i.e., supervisors, personal therapists, professors, mentors), professional peers, friends, family members, and, later in one's career, younger colleagues.

There is striking similarity between these findings and what emerged in one of the studies within the ISDP project (Orlinsky, Bothermans & Rønnestad, 2001). As described earlier, therapists generally rated interacting with clients as most impactful for their professional



development. Furthermore, supervision and personal therapy were rated 2nd and 3rd, and personal life was frequently ranked 4th. For the most experienced group of therapists, giving supervision or consultation to others was ranked 4th. Less but still moderately important as a sources of influence were: "Having informal case discussion with colleagues," "Taking courses or seminars," and "Reading books or journals relevant to your practice."

Even though there is a convergence in the value ascribed to interpersonal experiences in our qualitative study of 100 therapists and the ISDP project, this is not an argument for deemphasizing traditional academic training such as coursework that include reading books and journals and understanding theory and empirical research. The ratings of these activities in the ISDP were moderate, not low.<sup>14</sup> An explanation for these findings is that counselors/therapists according to Holland's (1997) vocational developmental theory are Social types. This means their interpersonal orientation and interests are likely expressed in a learning preference that is interpersonal. Also, the dichotomy between interpersonal sources of influence and theory/empirical research may be artificial as theory and research are often mediated by respected peers or seasoned practitioners (e.g. professors, supervisors).

*Theme 12. New Members of the Field View Professional Elders and Graduate Training with Strong Affective Reactions*

The interpersonal orientation of the counseling and therapy professions finds its expression in students continually scrutinizing and evaluating professors, teachers and supervisors. Students want to learn from and model seniors they see as competent. By possessing the key for entry into the profession, professors and supervisors have the power to close the gate to student continuation in or graduation from the training program. The power differential probably intensifies the affective engagement by which students view their seniors and contributes to the tendencies to either idealize or devalue them. Strong admiration is expressed for those more advanced in the profession who possess behaviors or personal characteristics that are perceived as highly positive, such as intellectual brilliance, strong therapeutic skills, outstanding supervision ability, unusual emotional support for beginners, and the modeling of professional values in personal life.

The interviewees informed us that that negative reactions to professional elders were just as common and just as intense. Devaluation

seems to occur at the same intensity level as idealization. Being in a dependent and relatively low power position is the fuel that propels the sometimes strong reaction. Professional elders are devalued if they possess behaviors perceived as highly negative. These include individuals such as a supervisor who is perceived as unfairly critical or a professor who teaches counseling but seems unable to practice it.

The student counselor/therapist in time, usually years later, often goes through normative transitions in the way most regard parents: from idealizing the parent as a child, through devaluating/criticizing parents as an adolescent, to seeing the parent as a person with all the ordinary humanness of people in general. Beyond graduate school, professional elders are idealized and devalued less and their humanness (ordinariness, strengths/weaknesses, uniqueness) is seen more clearly.

Most therapists and counselors experience some disillusionment regarding their graduate education and training. Participants report a strong expectation to be taught specifically and concretely how to do counseling and therapy, an expectation which is often not met. A common question by students across training programs is: "Why didn't they train us better for this." Asking questions is often perceived as more valuable by the faculty than providing narrow answers. Good supervision seems to buffer against the student confusion and stress.

*Theme 13. Extensive Experience with Suffering Contributes to Heightened Recognition, Acceptance and Appreciation of Human Variability*

There seems to be a parallel and interactive development of wisdom and aging. Contributing to both is awareness of the unpredictability of life, uncertainties as to the best way to handle difficult life situations (Baltes & Smith, 1990), and increased tolerance for human variability. Research on the development of wisdom suggest that the self-evaluation and self-acceptance that follow the inner-directed life review process contribute to wisdom (Hartmann, 2001). Interviews with our informants suggest that insight, introspection and reflection contribute to the development of wisdom and its elements of social judgment and integrity as conceptualized by Erickson (1950). Our informants tell us of the varieties of personal and professional experiences which have combined to influenced them in unique and diverse ways (Rønnestad & Skovholt, 2001).

*Theme 14. For the Practitioner There Is a Realignment from Self as Hero to Client as Hero*

Increased experience with a large variety of clients and experiences of failures and success over the years contribute to a gradual shift in understanding the change process. This change can be formulated as a movement from therapist/counselor power to client power. This shift in attitude parallels the recent emphasis of contemporary psychotherapy literature such as formulated as the heroic client by Duncan and Miller (2000). At the same time, as practitioners feel more confident and assured as professionals with the passing of time, also they generally see more clearly the limitations in what they can accomplish. Fueling this process of increased realism are the "series of humiliations" which therapists experience over time. If these "blows to the ego" are processed and integrated into the therapists' self-experience, they may contribute to the paradox of increased sense of confidence and competence while also feeling more humble and less powerful as a therapist. This general movement is similar to how Skovholt and Jennings (in press, 2004) describe master therapists.

**Some Final Comments on Professional Development and Stagnation**

We want to conclude this article by sharing some thoughts that are extensions of previously described Theme 3, which states that continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience. It is our understanding that the ability and willingness to continually reflect upon professional experiences in general and difficulties and challenges in particular, are prerequisites for optimal development. As described, we see reflection as a continuous and focused search for a more comprehensive, nuanced and in-depth understanding of oneself and others, and of the processes and phenomena that the practitioner meets in his/her work. We believe that stagnant or deteriorating processes (negative development) may occur if the counselor/therapist for some reason is not engaging in this reflective process.

An attitude of openness to new learning is demonstrated as a central element for professional development (Orlinsky & Rønnestad, in press) and master therapist functioning (Skovholt, Jennings, & Mullenbach, in press, 2004). An attitude of respect for the complexity of

counseling/therapy work lies at the base of ethical practice and also for a constructive professional developmental process. We have formulated this as an awareness of complexity which is a precondition for maintaining constructive professional development. Simplistic and reductionistic conceptions of the human condition in general and of the counseling/therapeutic endeavor in particular (expressed for example by the true-believer position as previously described) are the antithesis of this position. The discourse of wisdom in our culture also seen to contain some similar elements, such as that formulated by Baltes and Smith who see "Uncertainty" as one of five criteria of Wisdom<sup>15</sup> (Baltes & Smith, 1990). They see uncertainty as "knowledge about the relative indeterminacy and unpredictability of life and ways to manage."

The relationship between counselor/therapist skill and the nature of the challenge impacts the professional's attitude and emotionality. This conception is well formulated by Csikszentmihalyi (1997), who has suggested three emotional states (flow, boredom, and challenge) which result primarily from match/mismatch between competence and difficulty level of the task to be mastered. Optimal experience, or flow, is likely if both skill level and challenge is high.

The moments of truth in the individual's development is how the counselor/therapist processes the difficulties/challenges that are encountered. Stagnation will ensue if the counselor/therapist engages in the "distortive" process which we call *premature closure*. It is defined as a pre- or unconscious defensive process, characterized by misattribution, distortion, or dysfunctional reduction of phenomena encountered, and is applied when the counselor/therapist is unable to master the challenges of work. Schema-avoidance, schema-compensation, countertransference, or application of rigid projections are similar concepts within various theories. This conception highlights both the cognitive reflective capacity and the affective competence and engagement of the counselor/therapist. The cognitive reflective capacity and affective competence and engagement impacts the quality of therapists' involvements with clients.

There are many expression of premature closure. We will mention some examples that may accrue from an inability to adaptively process challenges encountered: choosing to work with one limited counseling or therapeutic method only, working with one age group or clients group only (maybe the very young or the very old, or other client groups erroneously interpreted to represent less of a professional challenge), or emphasizing only one aspect of one's professional role, for example, moving part or all of one's professional efforts into a re-

search, teaching, or administration. However, moves such as these may be conceptualized as development if they are based on continuous professional reflection, i.e., after careful processing of and insight into ones capacities and limitations. Only if these moves are based on premature closure are they part of a stagnation scenario.

We have previously referred to findings which support openness to experiences as a key characteristic propelling professional development. The results and interpretations of the survey research of the ISDP study and our qualitative study converge in a picture where most counselors and therapists at all phases of their professional life are strongly engaged in their work and are invested in and committed to their professional growth. We would like to conclude our article by pointing to a parallel between outcome research and research on professional development. Research on counseling/therapy has informed us of how important the quality of the client/helper relationship is for outcome. Research on professional development also supports a close and reciprocal relationship between how counselors/therapists handle challenges and difficulties in the client relationship *and* experiences of professional growth or stagnation. So, just like studies of counseling/therapy outcome will profit from including relationship measures in their inquiry, future studies of professional development would benefit from a continued focus on the helper/client relationship.

### Endnotes

1. For a more detailed description of method, the reader is referred to: Skovholt, T. M. & Rønnestad, M. H. (1992/1995). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester: Wiley.
2. We are fully aware that this is not possible to do, as our foreknowledge (Gadamer/Heidegger) will necessarily constitute a horizon which influences our perception.
3. The stage concept denotes an invariant ordering of universal changes. It entails a hierarchical, sequential and invariant ordering of qualitatively different functioning/structures (Lerner, 1986). We discussed replacing the concept of stage with the concept of level (Libella, diminutive of libra, meaning 'in balance'; Oxford English Dictionary, 1997), but finally chose the concept of phase, thus emphasizing the gradual and continuous nature of changes therapists go through. However, as previously described, some changes may appear as discontinuous, particularly those occurring after critical incidences in counselor/therapists' lives.
4. In the reformulation for this paper, Stage 1 is renamed the Lay Helper phase; Stage 2 and 3 have been collapsed and renamed The Beginning Student phase; Stage 4 is renamed the Advanced Student stage; Stage 5 is renamed the Novice Professional phase; Stages 5, 6, and 7 are collapsed and renamed the Experienced Professional phase; Stage 8 is renamed the Senior Professional phase.
5. Informant quotes are taken from the following source unless otherwise noted: Skov-

- holt, T. M. & Rønnestad, M. H. (1992/1995). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester, England: Wiley.
6. The Development of Psychotherapy Common Core Questionnaire, contains 21 items of currently experienced difficulties in therapeutic practice. Mean scores for seven of these 21 items were significantly different across therapist experience levels (ANOVA).
  7. The ISDP is run by the Collaborative Research Network of the Society for Psychotherapy Research. The network consists of psychotherapy researchers from all continents. So far, data from more than 5000 psychotherapists from more than 20 countries of various professions have been collected.
  8. Negative involvement style (called stressful involvement) and positive involvement style (called healing involvement) were constructed through 1<sup>st</sup> and 2<sup>nd</sup> order factor analyses of items on psychotherapeutic competence, difficulties experienced in sessions, coping style used in therapy, interpersonal styles and 'feelings-in-session.'
  9. Distressing practice was operationally defined as a combination of "more than a little" stressful involvement in combination with not much healing (or therapeutic) involvement.
  10. Research within the ISDP has shown that the relationship between early family experiences and later therapeutic functioning is positively moderated by therapists' personal therapy (Orlinsky et al., in press).
  11. Most seniors were either in private practice or were associated with a university. Some did both.
  12. The term 'source of influence' does not refer to causality in a traditional positivist sense, but rather to how therapists retrospectively construct their distant and close past.
  13. The two other primary learning arenas were: "Profound cumulative influence of professional experience" and "Profound influence of professional elders."
  14. Approximately 1,6–1,7 on a scale from 0 (not important) to 3 (very important).
  15. The others are: Rich factual knowledge, Rich procedural knowledge, Life span contextualism, Relativism and Uncertainty.

## References

- Baltes, P. B. and Smith, J. (1990). Toward a psychology of wisdom and its ontogenesis. In R. E. Sternberg (Ed.), *Wisdom: Its origins, and development*. Cambridge: Cambridge University Press.
- Belenky, B. L., Clinchy, B., Goldberger, N., & Tarule, J. (1986). *Women's ways of knowing*. New York: Basic Books.
- Bohart, A. C., Elliott, R., Greenberg, L. S., & Watson, J. C. (2002). Empathy. In J.C. Norcross (Ed.), *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients* (pp. 89–108). Oxford: Oxford University Press.
- Bohart, A. C. & Greenberg, L. S. (Eds.). *Empathy reconsidered: New directions in psychotherapy*. Washington, DC: American Psychological Association.
- Crits-Christoph, P., Baranackie, K., Kurcias, J. S., Carroll, K., Luborsky, L., McLellan, T., Woody, G., Thompson, L., Gallagier, D., & Zitrin, C. (1991). Meta-analysis of therapist effects in psychotherapy outcome studies. *Psychotherapy Research*, 1, 81–91.
- Crits-Christoph, P. & Mintz, J. (1991). Implications of therapist effects for the design and analysis of comparative studies of psychotherapies. *Journal of Consulting and Clinical Psychology*, 59, 20–26.
- Csikszentmihalyi, M. (1997). *Finding flow: The psychology of engagement with everyday life*. New York: Basic Books.

- Dawes, R. (1994). *House of cards: Psychology and psychotherapy built on myth*. New York: The Free Press.
- Dodge, J. (1982). Reducing supervisee anxiety: A cognitive behavioral approach. *Counselor Education and Supervision, 22*, 55–60.
- Duncan, B. L. & Miller, S. D. (2000). *The heroic client: Doing client-directed, outcome-informed therapy*. San Francisco: Jossey-Bass, 2000.
- Erickson, E. H. (1950). *Childhood and society*. New York: Norton.
- Glaser, B. G., & Strauss. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.
- Goffman, E. (1967). *Interaction ritual: Essays on face-to-face behavior*. Garden City, NY: Double Anchor, 1967.
- Grater, H. A. (1985). Stages in psychotherapy supervision: From therapy skills to skilled therapists. *Professional Psychology: Research and Practice, 16*, 605–610.
- Gray, L. A., Ladany, N., Walker, J. A., & Ancis, J. R. (2001). Psychotherapy trainees' experience of counterproductive events in supervision. *Journal of Counseling Psychology, 48*, 371–383.
- Grotevant, H. D., & Cooper, C. R. (1986). Individuation in family relationships. *Human development, 29*, 82–100.
- Gysbers, N. & Rønnestad, M. H. (1974). Practicum supervision: Learning theory. In G. F. Farwell, N. R. Gamsky, & P. T. Mathieu-Coughlan (Eds.), *The counselor's handbook* (pp. 133–140). New York: Intext Education Publishers.
- Hartman, P. S. (2001). Women developing wisdom: Antecedents and correlates in a longitudinal sample. *Dissertation Abstracts International, 62* (01), 591B. (UMI No. 3000957)
- Henry, W. E. (1966). Some observations on the lives of healers. *Human Development, 9*, 47–56.
- Henry, W. P. & Strupp, H. H. (1994). The therapeutic alliance as interpersonal process. In A. O. Horvath & L. S. Greenberg (Eds.), *The working alliance: Theory, research and practice* (pp. 51–84). New York: John Wiley & Sons.
- Hoffer, E. (1951). *The true believer*. New York: New American Library.
- Holland, J. L. (1997). *Making vocational choices: A theory of vocational personalities and work environments*. Lutz, FL: Psychological Assessment Resources, Inc.
- Ladany, N., Hill, C. E., Corbett, M. M. & Nutt, E. A. (1996). Nature, extent, and importance of what psychotherapy trainees do not disclose to their supervisors. *Journal of Counseling Psychology, 43*, 10–24.
- Lambert, M. J. (1989). The individual therapist's contribution to psychotherapy process and outcome. *Clinical Psychology Review, 9*, 469–485.
- Lerner, R. M. (1986). *Concepts and theories of human development*. New York: Random House.
- Loganbill, C., Hardy, E., & Delworth, U. (1982). Supervision: A conceptual model. *The Counseling Psychologist, 10*, 3–42.
- Luborsky, L., Crits-Christoph, P., McLellan, A. T., Woody, G., Piper, W., Liberman, B., Imber, S., & Pilkonis, P. (1986). Do therapists vary much in their success? Findings from four outcome studies. *American Journal of Orthopsychiatry, 56*, 501–512.
- McNeill, B. W., & Worthen, V. (1989). The parallel process in psychotherapy supervision. *Professional Psychology: Research & Practice, 20*, 329–333.
- Miller, W.R. & C'de Baca, J. (2001). *Quantum change: when epiphanies and sudden insights transform ordinary lives*. New York: Guilford.
- Moskowitz, S. A. & Rupert, P. A. (1983). Conflict resolution within the supervisory relationship. *Professional Psychology: Research and Practice, 14*, 632–641.
- Neufeldt, S. (1999). *Supervision strategies for the first practicum* (2nd ed.). Alexandria, VA: American Counseling Association.
- Orlinsky, D. E. & Rønnestad, M. H. (in press). *Therapeutic work and professional development: The psychotherapist's perspective*. Washington, DC: APA.
- Orlinsky, D. E., Rønnestad, M. H., Willutzki, U., Wiseman, H. Botermans, J-F., and the

- SPR Collaborative Research Network (in press). The Prevalence, parameters, purposes, and impacts of personal therapy: An international perspective. In J. D. Geller, J. C. Norcross, & D. E. Orlinsky (Eds.), *The psychotherapist's own psychotherapy: Patient and clinician perspectives*. New York: Oxford University Press.
- Orlinsky, D. E., Rønnestad, M. H. & Willutzki, U. (2003). Fifty years of process-outcome research: Continuity and change. In M. J. Lambert (Ed.), *Handbook of psychotherapy and behavior change*, 5<sup>th</sup> Ed. New York: Wiley.
- Orlinsky, D. E., Botermans, J-F. & Rønnestad, M. H. (2001). Towards an empirically-grounded model of psychotherapy training: Five thousand therapists rate influences on their development. *Australian Psychologist*, 36, 139–148.
- Orlinsky, D. E., Rønnestad, M. H., Ambuehl, H., Willutzki, W., Botermans, J-F., Cierpka, M., Davis, J., & Davis, M. (1999). Psychotherapists' assessments of their development at different career levels. *Psychotherapy*, 36 (3), 203–215.
- Orlinsky, D. E. & Howard, K. (1980). The relation of gender to psychotherapeutic outcome. In A. Brodsky & R. Hare-Mustin (Eds.), *Women in psychotherapy*. New York: Guilford.
- Oxford English Dictionary* (1997). Oxford: Oxford University Press.
- Perry, W. G., Jr. (1981). Cognitive and ethical growth: The making of meaning. In W. Chickering and associates (Eds.), *The modern American college* (pp. 76–116). San Francisco: Jossey-Bass.
- Ricks, D. F. (1974). Supershrink: Methods of a therapist judged successful on the basis of adult outcomes of adolescent patients. In D. F. Ricks, M. Roff, & A. Thomas (Eds.), *Life history research in psychopathology* (Vol. 3, pp. 275–297). Minneapolis: University of Minnesota Press.
- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21, 95–103.
- Rønnestad, M. H.; Skovholt, T. M. (2001). Learning arenas for professional development: Retrospective accounts of senior psychotherapists, *Professional Psychology: Research and Practice*, 32, 181–187.
- Rønnestad, M. H. & Skovholt, T. M. (1993). Supervision of beginning and advanced graduate students of counseling and psychotherapy. *Journal of Counseling and Development*, 71, 396–405.
- Rønnestad, M. H. & Skovholt, T. M. (1991). En modell for profesjonell utvikling og stagnasjon hos terapeutere og rådgivere. *Tidsskrift for Norsk Psykologforening* (A model of the professional development and stagnation of therapists and counselors. *Journal of the Norwegian Psychological Association*), 28, 555–567.
- Rønnestad, M. H. (1985). En utviklingsmodell for veiledning i klinisk psykologisk arbeid. *Tidsskrift for Norsk Psykologforening*, 22, 175–181. (A developmental model of supervision in clinical work. *Journal of the Norwegian Psychological Association*. English abstract).
- Skovholt, T. M. & Jennings, L. J. (Eds.) (in press, 2004). *Master therapists: Exploring expertise in therapy and counseling*. Boston: Allyn & Bacon.
- Skovholt, T. M., Jennings, L. & Mullenback, M. (in press, 2004). Portrait of the master therapist: Developmental model of the highly-functioning self. In T. M. Skovholt and L. Jennings (Eds.), *Master therapists: Exploring expertise in therapy and counseling*. Boston: Allyn & Bacon.
- Skovholt, T. M. (2001). *The resilient practitioner: Burnout prevention and self-care strategies for counselors, therapists, teachers, and health professionals*. Boston: Allyn & Bacon.
- Skovholt, T. M. & Rønnestad, M. H. (1992a). Themes in therapist and counselor development. *Journal of Counseling and Development*, 70, March/April, 505–515.
- Skovholt, T. M. & Rønnestad, M. H. (1992b). *The evolving professional self: Stages and themes in therapist and counselor development*. Chichester: John Wiley & Sons.
- Skovholt, T. M. & McCarthy, P. M. (1988). Critical incidents in counselor development. *Journal of Counseling and Development*, 67, 69–72.



- Stein, D. M. & Lambert, M. L. (1995). Graduate training in psychotherapy: Are therapy outcomes enhanced? *Journal of Consulting and Clinical Psychology, 63*, 182–196.
- Stiles, W. (1997). Multiple voices in psychotherapy clients. *Journal of Psychotherapy Integration, 7*, 177–180. (see entire issue)
- Sullivan, M., Skovholt, T. M. and Jennings, L. (in press, 2004). Master therapists' construction of the working alliance. In T. M. Skovholt & L. Jennings (Eds.), *Master therapists: Exploring expertise in therapy and counseling* Boston: Allyn & Bacon.
- Super, D. (1953). A theory of vocational development. *American Psychologist, 8*, 405–414.
- Super, D. (1953). Vocational adjustment: Implementing a self-concept. *Occupations, 30*, 88–92.
- Super, D., Savickas, M. L. & Super, C. M. (1996). The life-span, life-space approach to careers. In D. Brown & L. Brooks (Eds.), *Career choice and development*. (3rd ed., pp. 121–178). San Francisco: Jossey-Bass.
- Vaskoch, D. A. & Strupp, H. H. (2000). Psychodynamic approaches to psychotherapy: Philosophical and theoretical foundations of effective practice. In C. R. Snyder and R. E. Ingram (Eds.), *Handbook of psychological change* (pp. 200–216). New York: Wiley.
- Vygotsky, L. S. (1978). *Mind in society: The development of higher psychological processes*. Cambridge: MIT Press.
- Vygotsky, L. S. (1962). *Thought and language*. Cambridge: MIT Press.
- Wampold, B. E. (2001). *The great psychotherapy debate: Models, methods, and findings*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Wood, D. J., Bruner, J. S., & Ross, G. (1976). The role of tutoring in problem solving. *Journal of Child Psychology and Psychiatry, 17*, 9–100.
- Worthen, V. & McNeill, B. W. (1996). A phenomenological investigation of <<good>> supervision events. *Journal of Counseling Psychology, 43*, 25–34.