The professional development of counsellors and psychotherapists: Implications of empirical studies for supervision, training and practice.

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Inquiry into the professional development of counsellors and psychotherapists has its roots in many fields of study such as research on psychotherapy and counselling, career development, human development, and the sociology of professions. This development can be conceptualized as positive changes in the skilfulness, attitudes, cognitive capacities, emotional and interpersonal functioning, and vocational identity of professional counsellors and therapists.

The study of professional development also has the potential to contribute to many fields of study—e.g., the study of professions and career development in general; basic and continuing professional education within the health and social service fields, including supervision and personal therapy; and the understanding of therapist effects, and counsellor and psychotherapist expertise.

The empirical study of counsellor and therapist development that has focused on the entire career course is a relatively new research endeavour. Some early, primarily conceptual contributions, typically with a focus on supervision, were the works by Fleming (1953), Grater (1985), Hess (1987), Hill, Charles and Reed (1981), Hogan (1964), Jablon (1987), Stoltenberg (1981), Stoltenberg and Delworth (1987), and Loganbill, Hardy and Delworth

(1982). Also, the contributions of Henry, Sims and Spray (1971) and Ekstein and Wallerstein (1958) were important background studies for the understanding of development and training. Recent summaries of conceptual and empirical studies can be found in Bernard and Goodyear (2009, 2018 edition in press) and a review of training and supervision and psychotherapists' professional development (Hill & Knox, 2013). Rønnestad, Orlinsky and Wiseman (2016) documented that much research emphasizes early training, supervision and development, with little study of psychotherapists` post-graduate years. It is only in the last 25 years that systematic empirical studies of the career-long professional development of counsellors and psychotherapists have been conducted.

In this article we present some of the main findings of two major empirical studies of psychotherapist and counsellor development that have focused on the professional development throughout practitioners' lives: (1) *The Minnesota Study of the Therapist and Counselor Development* (Skovholt & Rønnestad, 1992/1995; Rønnestad & Skovholt, 2013) and (2) the *Society for Psychotherapy Research/Collaborative Research Network* (Orlinsky & Rønnestad, 2005; Orlinsky, Rønnestad & Willutzki, 2010; Schröder, Orlinsky, Rønnestad & Willutzki, 2015). We end the article with a brief description of a new international, collaborative, longitudinal study of therapist training and development informed by both of those prior studies, which is now being conducted by members of the *Society for Psychotherapy Research Interest Section on Therapist Training and Development* (SPRISTAD).

The Minnesota Study of Therapist and Counselor Development[1]

This study originated when Skovholt and Rønnestad in 1985 realized that they shared an interest in the study of therapist and counsellor development. They had been doctoral

[1] The description of the "Minnesota study" is a condensed and revised version of Skovholt and Rønnestad (1991/1995); Rønnestad & Skovholt (2003)

students in counselling psychology at the University of Missouri-Columbia in the early 1970s. They decided to design and execute a qualitative study that included participants from beginning students in the field to retired practitioners. The overall aim was to understand the professional development of therapists and counsellors over the full career span. An initial question was: “What is normative development for therapists and counsellors?” The study asked broad questions such as: How do therapists and counsellors progress and improve their competence? How is professional development enhanced? What hinders professional development? What is the relationship between therapists´ personal and professional lives? In addition, we asked more specific questions that guided our analyses. Data were gathered through 172 interviews with 100 therapists and counsellors in Minnesota, ranging from masters-degree students to a group of Ph.D. level practitioners with an average of 25 years of postgraduate experience (Skovholt & Rønnestad, 1992/1995). The authors employed a triangulated constant comparative method of analysis, a modified version of Grounded Theory as described by Glaser and Strauss (1967). In retrospect, our method can be described as Constructivist Grounded Theory (Charmaz, 2008).

The research procedure was extensive and included analysis of the same data by two research teams, feedback obtained from all interviewed participants, and re-interviews of 60 participants. The analyses involved a continuous movement back and forth between raw data and coding. Follow-up data were collected after 11 years from the most senior therapists who then were on average about 74 years old (Rønnestad & Skovholt, 2001). With input from more recent research on professional development (e.g., the SPR/CRN study reported by Orlinsky & Rønnestad, 2005) and from research on master therapists (e.g., Jennings & Skovholt, 1999), the original models have been revised, and a new cyclical-trajectories model of psychotherapist and counsellor development has been formulated (Rønnestad & Skovholt, 2013).

We first present a brief summary of the phases and thereafter present selected themes of professional development perceived as relevant regardless of practitioners´ experience level. This section ends with the descriptions of a cyclical-trajectories model of psychotherapist and counsellor development and with some practical implications for supervision. Space limitation allows for brief descriptions of some of the developmental tasks and contents of each of the five phases (Rønnestad & Skovholt, 2013) with some typical illustrative quotes, and a condensed and partly modified review of implications for supervision.

Phases of Counsellor and Therapist Development.

Professional development was initiated with two students phases: the *Novice Student Phase* and the *Advanced Student Phase*. For both, the core developmental tasks include meeting the criteria for conceptual knowledge and procedural competence set by the training program while maintaining an openness to new information and theory at the meta-level while also engaging in a "closing off" process by selecting therapy theories and techniques to use in practice.

In phase 1 the *Novice Student* enters professional training with aspirations to think and behave according to culturally embedded conceptions of what it means to be a therapist (Ulvik & Rønnestad, 2013). These ideal conceptions provide future goals, but for many these high ideals also add to the fear of failure and contribute to an experience of anxiety. Beginning students need to handle the intense emotional reactions that arise when engaging in role-play under the scrutiny of peers and supervisors, and when seeing their first clients in practicum under the watchful eyes of their supervisors. One Novice student said: "*At times I was so busy thinking about the instructions given in class, and textbooks, I barely heard the client*."[2] Another said: "*There was so much self-awareness. Every issue seemed to be mine."*

[2] All quotes in this section are from Skovholt & Rønnestad (1995)

For many, questioning their ability to meet the academic demands, in combination with the intense emotional reactions of performance, contributed to the question: *Do I have what it takes to be a counsellor?* Novice Students varied in their attitude towards theory. The "true believer" and "laissez-faire" attitude were conceptualized as non-optimal, while openness to varied theoretical orientation (e.g., "One dominant/but open" and "Multiple serial attachment") were conceptualized as conducive to professional development.

The *Advanced Student* (phase 2) must handle the bewilderment that ensues from seeing therapy as more complex, specifically by supplementing general theory with an individualized and contextualized conception of therapeutic work. This transition can be seen as an epistemological shift. One Advanced student said: "*I have learned [that]the basic stuff of active listening and support suffices at many times and this really helps. But it is also true that there is so much to know about specifics. I have to learn, but don't have time!*" Supervised practice is the primary learning arena, and the quality of supervision is paramount for continued growth. Negative supervision experiences are experienced as intensely disruptive.

Following this, there are three post graduate phases: the *Novice Professional Phase*, the *Experienced Professional Phase*, and the *Senior Professional Phase*. For postgraduates to develop optimally and experience satisfaction with the professional choice they have made, *Novice Professionals* in phase 3 need to resolve issues around identification with the profession, and need to transform the dependency on teachers and supervisors experienced in graduate school in order to function independently. In addition, they need to master any disillusionment with training, self, and the profession that may emerge—and do emerge for many—at some time after graduation. This phase may be the most critical in terms of continued development or stagnation. It is challenging for the Novice Practitioner to reconcile the expectation that they shed the dependency from graduate school while also

experiencing the many difficulties in practice that arise. One Novice Professional said: *"I felt like it was only me going through the disillusionment with what I didn't know. Once I started talking with colleagues, I found that there were others in the same place. Then I didn't feel quite as alone."* Supervision is approached with enthusiasm, but for many the positive expectations are combined with apprehension and defensiveness. Many Novice Professionals enter personal therapy at this phase.

For *Experienced Professionals* (phase 4) the developmental tasks include maintaining a sense of professional growth and resiliency while avoiding burnout and stagnation, and integrating their personal and professional selves. For the Experienced Professional, the modal movement is one towards a consistency between their worldview, epistemology, theory and technique. A process from being externally influenced to being internally directed has taken place. One Experienced professional said: *"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."*

Finally, although *Senior Professionals* continue to engage in the tasks of the preceding phase, another is added for some: to prepare for partial or full retirement from practice, which entails to adjust client caseload and prepare clients. They increasingly report that they understanding human behavior through professional literature in related fields such as anthropology, sociology, philosophy or religion or through the arts (e.g. prose, poetry, biographies, drama or film). The professional self of the modal *Senior Professional* is expressed by a sense coherence and genuineness in relating to clients, and also by a strengthened sense of consistency between their values, self-concepts, theoretical/conceptual models, and techniques.

A Cyclical-Trajectories Model of Therapist Professional Development.

The Cyclical-Trajectories model of development suggests three potential *trajectories* that practitioners can cycle through within and between each of the phases of professional development described above.

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insert Figure 1 about here (A cyclical/trajectories model etc.)

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Trajectory I leads to *Continued Development*, trajectory II leads to a sense of *Exhaustion*, and trajectory III leads to a sense of *Disengagement*. According to this model, the main source of stimulus and foundation for professional development is the therapist's experience of challenges and difficulties in therapeutic work. (See left side, bottom of figure)

As will be shown below, this differs somewhat from the SPR/CRN Cyclical-Sequential model which highlights the importance of positive work experience as the root of therapist development. The difficulties encountered by practitioners seem infinite. Particularly disturbing, especially for Novice Practitioners, is the experience of not being able to establish a satisfactory working alliance with clients. Their distress is augmented by the well documented and contemporary emphasis on client-rated working alliance for a successful outcome. Relatedly, clients may be dropping out at higher rates than expected. Many practitioners report being surprised by how challenging it has been to deal effectively with their clients´ emotional reactions, and surprised also by the intensity of their own emotional reactions when they encounter experiences of difficulties in their work.

How these difficulties and challenges are met depends on the qualities of the work environment as well as the capacities of the individual therapist/counsellor. Characteristics of the working environment such as providing stimulation, support, and feedback constitute a foundation for the practitioner's ability to learn and master the difficulties encountered, and impacts the *reflection process* which differentially influences movement within and across phases of development. Movement is to a large extent also determined by the therapist's

capacity for and engagement in *reflection* (see next to bottom, left side of figure); that is, the extent to which they are "reflective practitioners" (Schön, 1983, 1987). Optimal reflection requires tolerance for ambiguity, capacity for cognitive complexity and meta-cognition, openness to experience, and ability to process negative affect (Rønnestad & Skovholt, 2013). In the Cyclical-Trajectories model, Schön's concepts of 'reflection-in-action' and 'reflection-on-action' are supplemented with the concept of 'reflection-***pre***-action'. Productive reflection involves the organization of relevant material in a way that enables the therapist to respond constructively to their clients´ needs. Productive reflection facilitates *functional closure* and continued development. Alternatively, *premature closure* and *inadequate closure* result in stagnation in either of its two form, i.e. exhaustion or disengagement. (see two top rows of figure boxes). These are described below.

Functional closure involves a decision-making process which enables the practitioner to react constructively and respond therapeutically. A therapeutic response can be defined in different ways, such as (a) actions that lead to constructive therapy process (e.g., measured by client-rated working alliance) and (b) a good therapy outcome, preferably also assessed at follow-up (measured by established outcome measurement procedures), and (c) actions which correspond to 'good therapeutic practice' as judged by competent professionals.

By contrast, *premature closure* is a defensive process that is triggered when therapists' knowledge and skills are not sufficient to resolve the challenges or difficulties they encounter. Common characteristics of this process are distortions (e.g., misattribution) and over-simplification of phenomena when difficulties are encountered. Examples of premature closure include: (a) therapists misinterpreting client drop-out as insufficient client motivation, while external observers notice therapists' lack of empathy in their response to clients (an example of *distortion*/*misattribution*); (b) therapists erroneously interpreting client aggressions towards them as transference reactions, while from another observational

perspective the client's reaction may be a sensible reaction to the therapist's lack of sensitivity and skill (an example of *distortion/misattribution*); and (c) the therapist's work fails because the therapy plan was too simple (*dysfunctional reduction* of phenomena encountered). At all phases of development, but particularly important in the early phases of the career, a poor match between the professional challenges encountered and skilfulness of the psychotherapist can lead to erosion of skilfulness and mastery.

Particularly helpful in understanding how optimal challenge facilitates learning are Vygotsky`s (1999) concept of *zone of proximal development*, the concept of s*caffolding* inspired by Vygotsky (Wood, Bruner & Ross, 1976), and Csickzentmihalyi's (2008) concept of *flow*, an emotional state which is facilitated by being optimally challenged.

By contrast, *inadequate closure* refers to therapists' inability to terminate reflection due to their being unable to integrate and synthesize their experiences at a level necessary for constructive therapeutic action. It involves inability to organize information hierarchically, expressed as insufficient capacity to differentiate essential from inessential information. Therapists who are engaged in this process may experience themselves as being "stuck in detail."

Over time, repeated *functional* closures fuel continued development (the cyclical nature of development is indicated by the arrow from *continued development* to *experiences of difficulties/challenges*), whereas repeated *inadequate* closures lead to emotiona*l exhaustion,*whereas repeated *premature closures* lead to emotional *disengagement* from the client or from therapeutic work. If the latter prevails, therapists typically do not take steps to deepen their knowledge or improve their competence. Both *exhaustion* and *disengagement* can influence therapists to leave the field (exit). However, it is important to note that neither *exhaustion* nor *disengagement* are necessarily final states in terms of development. (Again, the cyclical nature of development is indicated by the arrow from *exhaustion* to *reflection*

and the arrow from *disengagement* to *experiences of difficulties/challenges*) The cyclical nature of the developmental process presents opportunities for renewed growth. The key factors for development over time are therapists´ *experiencing difficulties/challenges* followed by *reflection* and *functional closure* and the avoidance of i*nadequate* and *premature closure.* A full description of the model can be found in Rønnestad & Skovholt, 2013.

Some General Themes of Professional Development.

When taking a step back and observing the perspectives generated, 18 themes of therapist and counsellor development were formulated (Skovholt & Rønnestad, 1995). Some of these were later revised and the number of themes reduced to 12, as described in Rønnestad and Skovholt (2013). Examples are: "Continuous reflection is a prerequisite for optimal learning and professional development at all levels of experience" (p. 149); "An intense commitment to learn propels the developmental process" (p.151); "Many beginning practitioners experience much anxiety in their professional work: But over time, anxiety is mastered by most" (p. 151); "New members of the field view professional elders and graduate training with strong affective reactions" (p. 156). "Interpersonal sources of influence propel professional development more than 'impersonal' sources of influence" (p. 153). The latter theme consists of subthemes, two of which are: "Clients are primary teachers" (p. 153); "Personal life impacts professional functioning and development throughout the professional life span (p. 155).

Implication for Supervision[3]

In this section, we draw some implications for supervision from the Minnesota Study.

[3] This section is a highly condensed and revised version of chapter 11, titled "A developmentally sensitive approach to supervision", published in Rønnestad & Skovholt, 2013, p. 176-210).

In the first part, principles assumed to be relevant for all supervision are presented. Thereafter follows some phase-specific suggestions for supervisors to consider in their supervision of students and practitioners at different phases of development. We are *not* advocating a supervision practice where there are specific tasks and methods assigned for each experience level, an approach which would ignore variations in supervisee preferences and learning needs within experience phases, and also ignore that there may be similarities in preferences and learning needs across experience levels. This said, research on counsellor and professional development has shown that at the group level, there is a developmental course that can inform both supervisors and supervisees. The term 'phase-specific considerations' which will be described below is in line with this view. The intention is to contribute to a *developmentally sensitive approach to supervision* while also recognizing that there are some principles of supervision that are valid for all supervision practice.

At one level of abstraction, all dominant models of supervision (e.g., psychotherapy based and/or orientation-specific models, integrated/integrative models and developmental models) have a common aim to enhance the competence of the supervisee. However, models vary in terms of definition of competence; the focus, such as the domains of knowledge, skills, attitudes, and values (see Rodolfa, Bent, Eisman, Nelson, Rehm, & Ritchie,, 2005); and the means by which competence is enhanced (e.g., learning and developmental strategies). An assumption is that the quality of supervision can be enhanced by the supervisor and supervisee being explicit on what aspects of competence should be addressed in supervision.

General Supervisory Principles.

To repeat, the general supervisory principles should be attended to in all supervision. They have priority over the phase-specific considerations presented later.

General supervisory principle 1. To lay the groundwork for the supervisees to expect

that supervision will be helpful, which can be attained in at least three ways: (a) by training institutions selecting trainings sites and supervisors with a reputation for providing training and supervision of high quality; (b) by ensuring good communication between training institution and training site; and (c) by a well-constructed supervisory contract.

General supervisory principle 2. For the supervisor to give priority to establishing a supervisory alliance that provides a safe base for learning: a positive bond; clarity in terms of what is expected from whom, through clarification of roles and tasks); and goals defining what should be accomplished—a principle based on Bordin´s (1983) concept of the working alliance, which he explicitly suggested was relevant for supervision. This principle awards precedence to establishing a supervisory contract to guide all supervision practice.

General supervisory principle 3. For optimal supervision, the supervisor creates a reflective culture in supervision, a principle which is jeopardized if the supervisor and/or supervisees are "true believers" (Hoffer, 1951) and reject the usefulness of knowledge generated from other theoretical perspectives than their own. A focus on the teaching and learning of one particular approach should be done with an openness to other approaches. Methods such as "Reflective conversation and questions"(RCQ) (Gray & Smith, 2009) is an example of a tool for the supervisor to use in order to help supervisees in maintaining a reflective, open and solution-focused approach in supervision as well as in therapy/counselling.

General supervisory principle 4. For optimal supervision, the supervisor should convey an attitude respect for the complexity of therapeutic work and an awareness of the many perspectives that interact in a comprehensive conceptualization of client work. The concept of intersectionality (Crenshaw, 1989), which has been used in the analyses of supervision (e.g., Hernandez & McDowell, 2010; Porter, 2010; Gray & Smith, 2009; referred in Ulvik, 2013) is such a perspective. It provides a conceptual tool that can assist the

supervisor in addressing issues such as the social categories of gender, social class, and ethnicity, as well as assist in the analyses of the social institutions in which training and supervision takes place.

General supervisory principle 5. If possible, the supervisor should assist in regulating the level of challenge that supervisees experience in their work, which involves decisions regarding size of case load as well as level of client disturbance. Relevant here is Vygotsky`s (1999) concept of *zone of proximal development*, the related concept of s*caffolding* (Wood, et al.,, 1976), and Csikszentmihalyi`s (2008) concept of *flow*, as noted above.

General supervisory principle 6. The supervisor should ensure that the supervisee is provided with the corrective experiences needed to develop optimally, which can be done in different ways (e.g., continual outcome assessment), and which presupposes that the supervisor has access to data on how the supervisee works (e.g., video and/or audio recording, or observation via one-way mirror).

Supervision Within Phases of Development.

Given the general principles that are valid and have priority in supervision at *all* phases of development, here are some additional phase-specific recommendations for the supervisor to consider.

Supervision of the Beginning Student.

The developmental tasks of Novice Students (described above) reflect the varied and intense experiences that these students experience. Many feel overwhelmed by the challenges of meeting the demands of the training institutions, and may experience high levels of anxiety in their first encounters with clients.

Phase-specific consideration 1: Supervisors should give priority to creating a "holding environment" (Winnicott, 1960) for their supervisees. A safe supervisory relationship is of course important in all supervision (see General principle 2, above), but as

anxiety level is at its peak at this phase, and much is at stake when Novice students see their first clients, we choose the formulation “must give priority to”, in order to highlight how salient this recommendation is at this beginning level.

Phase-specific consideration 2: In the supervision of Novice Students, supervisors may assume more of an instruction/teaching role than they do in the supervision of more experienced supervisees; but this must be done with attention to the general principles of supervision and with a recognition of the limitations of a teaching approach.

Phase-specific consideration 3. If needed, for the supervisor to communicate to the supervisee that experiences of disillusionment and doubt in their skilfulness are common among Novice students, and if processed constructively can be conducive to establishing a good therapeutic relationship and to professional development.

Supervision of the Advanced Student

Key characteristics of many Advanced students include: Fluctuation between feeling competent and vulnerable; experiencing conditional autonomy; being more critical towards the training program; being intensely invested in supervision (conflict in supervision may be at its peak); wanting direct feedback from the supervisor; seeing therapy/counselling as more complex; searching to learn the specifics with a focus on individual differences and context as basic skills have been acquired; having high standards of performance as graduation is approaching; and finally not being risk-taking.

Phase-specific consideration 1: With advanced students, supervisors may assume less of an instructional and teaching role than they do with beginning supervisees. However, these roles need not be abandoned, and if applied, should be executed with careful attention to the supervision contract and to the advanced student's need for autonomy.

Phase-specific consideration 2: In supervising advanced students, supervisors should give feedback that is more direct and honest than the supervisor is inclined to believe is

purely positive. However, feedback should nevertheless be communicated with sensitivity and skilfulness.

Phase-specific consideration 3: In dealing with advanced students, supervisors should be attentive to the wish communicated by many students to explore how personal characteristics influence their work. However, this principle activates the need for the supervisor to be attentive to the different tasks and goals of supervision and psychotherapy.

Phase-specific consideration 4. If a goal of supervision is to increase supervisees' mastery of 'using themselves as an instrument of treatment' (an extension of the point above), this should be done with knowledge of and respect for how demanding it is to do this in an optimal way.

Phase-specific consideration 5. Supervisors may encourage entering personal therapy as a constructive activity to enhance the student's personal and professional development, when the timing and conditions to do so are right—a recommendation to be voiced in general terms and not as a reaction to any shortcoming in the supervisee.

Supervision of the Novice Professional

In the beginning of this phase, the Novice Practitioner invests much energy in confirming the usefulness and validity of training. The transition from being a student to assuming more individual responsibility, and the disillusionment experienced by many novice practitioners after some time in practice, provide a particular challenge not only for the Novice Professional but also for the supervisor. For most Novice Professionals who experience disillusionment, the issue is *not* one of suitability as a therapist/counsellor, although many raise that question. Such experiences are common at this phase of development and should be dealt with as such. Tensions within practice institutions vary and supervisees seek supervision for diverse reasons.

Phase-specific consideration 1. If the supervisee experiences disillusionment with

self, training and/or the profession, the supervisor should assist the supervisee in exploring these feelings, communicate the normative character of such feelings, and point to the potentially constructive consequences that may ensue from reflecting on the challenges encountered. An important aim for the supervisor is to assist the supervisee in avoiding premature closure.

Phase-specific consideration 2. As Novice Practitioners typically continue to explore how personal issues impact their work and many aspire to better learn how to use themselves as instruments, the supervisor should also at this phase be mindful of the distinction between the therapy/counselling role and the supervisor role. The supervision contract becomes a map to navigate in this terrain.

Phase-specific consideration 3. The supervisor should be sensitive to any contextual circumstance (e.g., power relationships and tension within the treatment institution), that may influence the supervisee´s work, and if so to discuss this with the supervisee.

Phase-specific consideration 4. The supervisor should be aware of the different intentions of the supervisee (e.g., external reasons such as meeting requirements for licensure, obligatory part of postgraduate training, or internal reasons such as to optimize one´s skills, learn new therapy/counselling methods, and develop professionally) and to discuss these intentions as part of forming the supervision contract.

Supervision of the Experienced and Senior Professional.

Even though many experienced therapists report they still receive formal supervision (Orlinsky & Rønnestad, 2015) and more than 50% of experienced therapists have supervised less experienced therapists (Rønnestad et al., 1997), there is surprisingly little empirical knowledge about supervising therapists beyond the Novice Practitioner phase. Nevertheless some assumptions about this may be plausibly made which lead to the following considerations.

Phase-specific consideration 1: Compared to less experienced supervisees, experienced therapists who seek supervision are more in a position to choose who they would like as supervisors. They are likely well informed about potential supervisors' strengths and limitations, and are thus better able to make informed choices—although structural barriers (e.g., availability of supervisors) may still limit their choice.

Phase-specific consideration 2: Experienced supervisees may need to choose between (a) deepening their conceptual knowledge and procedural competence within the therapeutic schools they are familiar with, and (b) expanding their knowledge and competence outside of their known orientations. As knowledge on therapist development seems to favour diversity in terms of theoretical breadth (Orlinsky & Rønnestad, 2005), we tend to somewhat favour variety. This recommendation is made cautiously however, as deepening their experience within a known school of therapy can be most favourable for the development for some therapists.

Phase-specific consideration 3: As both the supervisor and supervisee are experienced therapists and are likely to feel professionally competent, the supervisory scenario may not be as threatening for either party. Consequently less time may be needed to form a supervisory relationship, although this may be modified by contextual issues arising from the *intersectionality* of age, sex, ethnicity, class and culture.

Phase-specific consideration 4: As experienced supervisees are more likely to know what their developmental needs are, less time may be needed to establish a supervisory contract. Combining this consideration with the preceding one, suggests that the pragmatic tasks of supervision (i.e., do the actual work) can start quite quickly.

Phase-specific consideration 5: If the experienced supervisee seeks supervision while learning a new therapeutic approach, the supervision process may be more like in the supervision of the beginner. The supervisor may need to assume the role of

teacher; the supervision may be instructional and technique-oriented; and the learning that takes place may have a modelling character. However, even in this circumstance it may be more likely to see an interchange between supervisor and supervisee that is typical of colleagues despite their different roles; and in some cases supervisees may also provide a "holding" and confirming environment for their supervisors as supervising others provides an opportunity for experiencing generativity and integrity (Erikson, 1959). Thus, supervision can also be a deeply meaningful experience for the supervisor.

Closing comment on the ´Minnesota study`.

As clients need to recognize their vulnerabilities and strengths to reach their goals, therapists and supervisees need to be aware of and tolerate the difficulties they experience in order to develop optimally as professionals. In this sense, there is a parallel between development in the professional and personal life domains. In order to optimally develop, therapists need to continually make use of the developmental resources that are available to them, resources such as work-shops, conferences, supervision (individual/group and formal/informal), consultation, personal therapy and resources in their personal life.

The SPR/CRN Study of Development in Psychotherapists

The term 'SPR/CRN' refers to the *Society for Psychotherapy Research Collaborative Research Network.* SPR/CRN is a group of SPR members who, as clinician-researchers, discovered their shared interest in research on therapist training and development. Formed in 1989 at the European-SPR conference held in Bern, Switzerland[4]), the group started a major international survey study of psychotherapists and counsellors of diverse professions, theoretical orientations, nationalities and career levels, and that is still operating after 30

[4] This section is based on Orlinsky (2005, Appendix A).

years and the collection of data from more than 12,000 therapists. This long-lasting group, that over time has acquired many new members, was initially organized by David Orlinsky (USA) with colleagues including Nicoletta Aapro and Hansruedi Ambühl (Switzerland), John and Marcia Davis (UK), Alice Dazord and Paul Gerin (France), and Ulrike Willutzki (Germany). Other early group participants were Jean-François Botermans (Belgium), Manfred Cierpka (Germany), Thomas Schröder (UK) and, since 1992, Michael Helge Rønnestad (Norway).

The first 18 months of work from 1989 to 1991 were devoted to designing and testing a broad-ranging study instrument called the *Development of Psychotherapists Common Core Questionnaire* or DPCCQ (Orlinsky, Ambühl, Rønnestad et al., 1999), modelled as an interview among colleagues which gathered reports about their professional development and the conditions they experienced as facilitating or limiting that development, together with much detailed information about their professional, work-related, and personal characteristics and experiences. The initial group of researchers were all experienced psychotherapists, teachers and supervisors of various theoretical orientations and professions, helping to ensure that the DPCCQ was experienced as relevant and meaningful for therapists and counsellors; a result attested to by the fact that thousands of colleagues have willing used the instrument, despite its length.

The DPCCQ has been used (with some slight modifications) to collect data about therapists and counsellors for nearly 30 years, and has been an important foundation for the longitudinal study of trainee development recently initiated by members of the Society for Psychotherapy Research Interest Section on Therapist Training and Development (the SPRISTAD study to be described below). In its original version, the DPCCQ consisted of 392 items, most of which consisted of items with a structured response format, but included some open-ended questions as well. Since then different sets of items have been added by

colleagues with specific research interests. The results for the original data analyses—reported most fully in the book *How psychotherapists develop* (Orlinsky & Rønnestad, 2005)—were based on the first approximately 5000 respondents from many countries, in various languages, who filled out the questionnaire.

There are four main features of the SPR/CRN study. First, the diversity and experience of the initial group of researchers helped produce an instrument that was experienced as relevant and meaningful for therapists and counsellors of different theoretical orientations, professional backgrounds, and career levels. Second, the SPR/CRN study has a *life-span focus*, covering early student years through senior practitioner years as well as retirement. Retrospective assessments of childhood experiences are also targeted. Third, the study focuses on how psychotherapists and counsellors *experience* of their work and development. Fourth, the study explores the interplay of experiences between therapists´ private/personal as well as professional life domains.

For the last two decades, the SPR/CRN has published a series of journal articles (e.g. Lorentzen, Orlinsky & Rønnestad, 2011; Orlinsky, Ambühl, Rønnestad et al., 1999; Orlinsky, Botermans & Rønnestad, 2001; Rønnestad & Orlinsky, 2005a; Rønnestad, Orlinsky, Parks, Davis, & the Society for Psychotherapy Research (SPR)/Collaborative Research Network, 1997); book chapters (e.g. Ambühl & Orlinsky, 1998; Orlinsky, Rønnestad & Willutzki, 2010; Orlinsky & Rønnestad, 2013; Rønnestad, Orlinsky & Wiseman, 2016; Schröder, Orlinsky, Rønnestad, & Willutzki, 2015), and the book *How Psychotherapists Develop: A study of therapeutic work and professional development* (Orlinsky & Rønnestad, 2005). Current analyses aim to explore the relationships between the personal and professional aspects of psychotherapists' lives. Moreover, though the SPR/CRN study originally focused on psychotherapists´ experiences, the application of the DPCCQ in other research programs has allowed for examining how psychotherapists` experiences are

related to processes and outcomes of psychotherapy measured from other observational perspectives (e.g., Heinonen, Lindfors, Härkänen, Virtala, Jääskeläinen, & Knekt, 2013; Nissen-Lie, Havik, Høglend, Monsen, & Rønnestad, 2013; Nissen-Lie, Monsen, & Rønnestad, M. H. (2010); Nissen-Lie, H. A., Monsen, J. T., Ulleberg, P., & Rønnestad, M. H., 2013; Odyniec, Probst, Margraf &Willutzki, 2017).

The Aim of the Study and Research Method.

The long-term goal of the study aimed to answer the following general questions (Orlinsky & Rønnestad, 2005, p. 7):

1. To what extent, and in what respects, do professional psychotherapists develop over the course of their careers?

2. What professional and personal circumstances and factors influence positively or negatively, the development of psychotherapists?

3. How does the development of psychotherapists, in turn, influence their therapeutic work and personal and professional lives?

4. To what extent are patterns of therapeutic work and professional development, and the factors that influence them, broadly similar for all therapists, and to what extent do they differ by profession, theoretical orientation, nationality, or other characteristics (e.g. gender)?

The statistical approaches used to answer these questions are varied and include general descriptive analysis and multi-level factor analyses, initially on sets of single items and then on reliable multiple-item scales reflecting diverse aspects of experience. This "bottom-up" procedure allowed for the definition of basic dimensions of therapists` experiences of work and development, which subsequently could be analysed in relation to each other as well as in relation to various therapist characteristics.

Central Dimensions of Therapeutic Work.

This procedure yielded two general dimensions of work experience, *Healing Involvement* and *Stressful Involvement*, which constitute central components of the conceptual models to be presented below. Therapists and counsellors concurrently experience some degree of both dimensions of work involvement.

The dimension of *Healing Involvement* was defined by:

> "…scales representing the therapist as personally *Invested* (involved, committed) and *Efficacious* (effective, organized) in relational agency, as *Affirming* (accepting friendly, warm) and *Accommodating* (permissive, receptive nurturant) in relational manner, as currently highly *Skilful*, as experiencing *Flow* states (stimulated, inspired) during therapy sessions, and as using *Constructive Coping* strategies when dealing with difficulties." (Orlinsky & Rønnestad, 2005, p. 63)

The strongest predictors of *Healing Involvement* were breadth of theoretical orientation, and breadth and depth of case experience across diverse treatment modalities (e.g., individual, group, couple, and family therapies). Breadth of theoretical orientation implies the availability of multiple conceptual and technical resources that ideally can be applied flexibly in order to respond therapeutically to the needs of their client. Breadth and depth of case experience adds to the potential of responding flexibly to clients' needs. A positive work morale also predicted Healing Involvement,

The dimension of *Stressful Involvemen*t was defined by the "therapist's experience of multiple difficulties in practice, together with therapeutically unconstructive coping strategies (e.g., avoidance or blaming when in difficulty), and in-session feelings of anxiety and boredom" (Orlinsky & Rønnestad, 2013, p. 267). Stressful involvement was predicted by having little support in one's main work setting, low work satisfaction, not being in private practice, and especially by seeming to be trapped in a negative cycle of demoralization.

Patterns of Practice.

A further level of analysis was possible due to the statistical independence of the Healing Involvement and Stressful Involvement dimensions presented above—meaning that therapists experience different levels of each involvement style. After defining statistically and clinically meaningful cut-off points of "much" and "not much" Healing Involvement, and "little" and "more than a little" Stressful Involvement, four practice patterns were differentiated: *Effective Practice* (much Healing Involvement with little Stressful Involvement); *Challenging Practice* (much Healing Involvement combined with more than a little Stressful Involvement); *Disengaged Practice* (not much Healing Involvement as well as little Stressful Involvement); and *Distressing Practice* (not much Healing Involvement and more than a little Stressful Involvement).

Almost 50% of the approximately 5000 therapists we surveyed, experienced themselves engaged in an *Effective Practice*, and another 23 % were in a *Challenging Practice*. An apparently *Disengaged Practice* was experienced by 17% of the 5,000 therapists, which may suggest a low level of personal investment in their therapeutic work. However, possibly most troubling from the perspective of therapists´ work satisfaction, and more importantly, quality of therapeutic work, was the 10% of therapists who experienced a *Distressing Practice*, for whom clinical work was experienced as both emotionally taxing and therapeutically unproductive.

Experiences of Professional Development

From the perspective of the therapists, development can be experienced as current change (growth or decline) in competence and skilfulness, termed *Currently Experienced Development*; or as an aggregate experience of positive change over time, or *Cumulative Career Development*. These perspectives on development were assessed by items reflecting current growth, retrospective experiences of positive change over time, and positive changes (or improvement) in skill levels across career cohorts. A third perspective on development

was based on the cross-sectional comparison of successive career cohorts.

Currently experienced development. "Currently experienced development refers to the psychotherapist´s present, ongoing experience of transformation—either improvement or impairment–-in contrast to a stable, basically unvarying sense of therapeutic functioning" (Orlinsky & Rønnestad, 2005, p. 108). Factor analyses of scales assessing current change provided two dimensions: *Currently Experienced Growth*, which included a sense of becoming more skilful, a deepening understanding of therapy, overcoming past limitations as a therapist, experiencing change and this change as positive and lastly, an increasing enthusiasm in therapeutic work; and *Currently Experienced Depletion*, in which there was a sense of change as decline or impairment, a feeling that therapeutic work was becoming just routine, a sense of loss in capacity to be empathic, and disillusion about the effectiveness of therapy. Depending on combinations of high or low growth and depletion, therapists' experiences of current development appear to reflect a sense of *Progress* (much growth, little depletion—53%), *Flux* (much growth and more than a little depletion—14%), *Stasis* (not much growth but little depletion—22%), or *Regress* (not much growth and more than a little depletion—11%). Although only a small minority, therapists experiencing *Regress* may be in need of special attention and support.

Cumulative Career Development. This form of development "refers to the therapist´s overall experience of development, spanning the time from their first contact with patients in psychotherapy until the present" (Orlinsky & Rønnestad, 2005, p. 111). Three methods were used to measure this form of development: (a) a direct measure obtained by asking therapists to judge retrospectively whether and how much they had developed since the start of their; (b) an indirect measure obtained by calculating the mean difference between therapists' rating of multiple clinical skills when starting in practice and at the present time; (c) a rating by the degree to which therapists felt they had attained a high level of therapeutic mastery or

expertise. Interestingly, the combined index of Cumulative Career Development was only modestly correlated with years of clinical experience, but was most strongly correlated with breadth and depth of case experience—an important point as it shows that variety and depth of case experience influence not only work involvement style but also a sense of long-term development.

In addition, when asked directly "How much influence (positive and/or negative) do you feel each of the following [14 factors] has had on your overall development as a therapist?" about 4000 psychotherapists gave these answers (Orlinsky, Botermans, & Rønnestad, 2001): Ranked first was the "Experience in therapy with clients." Alternating between second and third rank were "Getting formal supervision or consultation" and "Getting personal therapy, analysis, or counselling." The results were remarkably consistent across therapists' nationalities, professions, and theoretical orientation—except for Novice therapists (<1.5 years of therapy practice), for whom "Getting formal supervision or consultation" was ranked first. "Experiences in personal life outside of therapy" was most frequently ranked 4th. One common feature among these varied sources of influence is that they are all interpersonal rather than intellectual in nature.

Comparative Cohort Development. To study development by comparing cohorts of therapists, six chronologically defined levels of practice-experience were defined: *Novice* therapists (< 1.5 years of experience with real clients); *Apprentice* therapists (1.5 years to 3.5 years); *Graduate* therapists (3.5 to 7 years); *Established* therapists (7 to 15 years); *Seasoned* therapists (15 to 25 years); and *Senior* therapists (25-50 years).

What stands out particularly among analyses across experience cohorts are differences in therapist´s self-assessed *therapeutic mastery*. Defining *high* therapeutic mastery as a score of 4 or 5 on a 0-5 scale, the proportion of therapists with *high* therapist mastery was 2.5 % of Novice therapists, increasing through 4%, 10%, 23% and 37% for the

successively more experienced Apprentice, Graduate, Established and Seasoned therapists to an average of 50% for the *Senior* therapists. We don't yet know the relationship between therapists´ assessment of therapeutic mastery and assessments of mastery from other observational perspectives (i.e. client or external observers). Whether therapists *on average* obtain better results (measured by clients) as they get more experience is at present still controversial. Some reviews suggest they do (e.g., Beutler et al., 2004), while other studies suggest they do not, and even deteriorate (e.g., Goldberg et al., 2016; Wampold, 2016). Further research in this area should also assess the degree to which clinical results are maintained over time.

A Cyclical-Sequential Model of Psychotherapist Development.

As a theoretical culmination of their work on the perspectives presented above about therapists' practice involvement styles and patterns, current and cumulative development, and their predictors (which, due to space limitations, were only partially presented here) Orlinsky and Rønnestad (2005) were able to formulate an integrative Cyclical-Sequential model of psychotherapist development. This model consists of two concurrently operating cycles—one positive and one negative—that can be visualized as spiralling forward through time. “The actual course of a therapist´s development is determined by the balance between these two interrelated and partially interpenetrating cycles…” (Orlinsky & Rønnestad, 2005, p. 167).

In the *positive cycle*, Healing Involvement is linked to Currently Experienced Growth which with the passage of time is linked to Cumulative Career Development. In the short term, Currently Experienced Growth also enhances the therapist's work morale, clinical motivation, therapeutic understanding, constructive coping with difficulties, and skills that can be applied to further enhance the therapist's ability to challenges of therapeutic work.

In the negative cycle, Stressful Involvement is linked to Currently Experienced Depletion, which with the passage time erodes or constrains Cumulative Career

Development. In the short term, Currently Experienced Depletion also *increases the likelihood that therapists may cope non*-constructively when difficulties arise (e.g., by withdrawing in an emotionally self-protective manner from client, and/or by blaming the client).

Because these theoretical considerations can have practical implications for training, supervision and clinical practice, they will be presented more fully and also compared with the Cyclical-Trajectories Model of development already discussed in connection with the Minnesota Study.

Figure. 2 about here (Positive developmental cycles linking etc.)

The *positive developmental cycle* shown in Figure 2 can be viewed as consisting of two loops: a short interior loop (see lower left quadrant of the figure), and a long exterior loop (from lower left to upper right of the figure, and back). In addition, some external predictors add to the conceptual richness of the model. A positive cycle is initiated by therapists experiencing their work predominantly as a Healing Involvement, which involves relating to clients in an invested and affirming manner, through which they express their basic relationship skills, use constructive coping strategies when encountering difficulties, and experience a heightened experience of *flow* during therapy session. Therapists who report being significantly influenced by a variety of theoretical frameworks are more likely to experience their work as Healing Involvement, suggesting that having multiple theoretical perspectives enriches the “continual professional reflection” that has been identified as a core characteristic for optimal professional development (Rønnestad & Skovholt, 1991; Skovholt & Rønnestad, 1995). By renewing the therapist's interest and optimism about therapeutic work, Currently Experienced Growth feeds back to Healing Involvement to strengthen the positive work experience, and feeds forward to Cumulative Career Development through the

learning that occurs when working with different clients and in different treatment modalities. The *external loop* is completed by Cumulative Career Development providing a sense of assurance, confidence, and flexibility in therapeutic work that contributes to a continued experience of Healing Involvement.

Figure. 3 about here (Negative developmental cycle linking etc.)

The *negative developmental cycle* shown in Figure 3 can also be viewed as consisting of a short interior loop (see lower left quadrant of the figure), and a long exterior loop (from lower left to upper right of the figure, and back). The negative cycle is initiated when, and to the degree that therapists experience their work as a Stressful Involvement—that is, experience many difficulties in working with clients, feel anxious and bored during sessions, and tend to react defensively. Stressful Involvement is more likely if therapists are consistently confronted with challenges they are not prepared to meet (often the case for beginners and for student practitioners); if they are disillusioned and demoralized by therapeutic work (as described above as common among Novice Practitioners); and if they experience Limited Cumulative Development.

The concept of *premature closure* described above (Rønnestad & Skovholt, 2013*)* captures the process by which therapists limit their capacity to thoroughly explore the hardships they encounter and find the solutions needed to engage in Healing Involvement and avoid Stressful Involvement—which feeds forward to heighten Currently Experienced Depletion, and in turn reinforces Stressful Involvement, erodes therapists' work morale and will minimally lead to stagnated development or, more severely, to deterioration.

Sequential development.

The individual trajectory of development over an extended time-frame is determined by both the stability and the potentially fluctuating character of Healing Involvement and

Stressful Involvement over time as well as by the stability and potentially changing character of *growth* and *depletion.* These complex dynamics contribute to variations in Cumulative Career Development.

Implications for Clinical Training, Supervision and Practice.

The findings and conceptual models of the SPR/CRN project provide several practical implications for clinical training, supervision and practice (see Rønnestad & Orlinsky, 2005b), for a fuller account).

For *training,* a paramount implication from our findings is that trainees while in practicum should be given the opportunity to experience their work as predominantly Healing Involvement, and minimally as Stressful Involvement. This requires that practice institutions have procedures to carefully select trainees' cases and that trainees are provided continuous and competent supervision.

All therapy trainees should have good basic relationship skills, and if possible, trainees should be screened on this criterion. Screening can be minimally attained by interviewing potential candidates. Further relationship training should start early (e.g., Anderson et al., 2016). Given the findings that client work is highly ranked as a positive influence on their development, students should be exposed to client work as early as their skill level and supervisory support allow for it. The SPR/CRN results also suggest that trainees should be provided experience in a variety of treatment modalities, not only with individual therapy or counselling, but also in couple, family and group therapy as co-therapists.

For *supervision,* we strongly recommend that this tradition within counselling and psychotherapy be maintained and further developed. We know that the organization, structure and financing of supervision vary across nations and professions. The importance of supervision as a developmental arena, even beyond basic training and the credentialing years,

was suggested by Orlinsky and Rønnestad (2015) who reported the proportion of therapists in some type of supervision for different age-cohorts. Among *Young adult* therapists and counsellors (21-29 years), 73% report they were in supervision. This dropped to 66% and 64% respectively for *Prime adult* (30-44 years) and *Mature adult* (45-59 years) , but was still maintained by a majority (56%) of *Senior adult* (60-90 years) therapists and counsellors.

Over the career span, including the most senior practitioners, supervision appears to be a major learning arena, ranked among the two most influential sources of influence for professional development after direct experience with clients (e.g., Orlinsky, Botermans & Rønnestad, 2001), and as first among *Novice practitioners*.

Our study has also demonstrated the negative potential of supervision, which partly at least can be attributed to the vulnerability of the supervisee, the evaluative function of supervision, the power differential between supervisor and supervisee, to the lack of organizational structure for supervision at the practicum level, and to inadequate supervisor competence. Research on non-optimal supervision has pointed to conflicts in supervision (Moskowitz & Rupert, 1983), communication that is restricted or distorted (Yourman & Farber, 1996), non-disclosure in supervision (Ladany, Hill, Corbett & Nutt, 1996), counter-productive events (Gray, Ladany, Walker & Ancis, 2001), impasses in supervision (Nigam, Cameron & Leverette (1997), and other unhelpful and potentially harmful experiences in supervision (Reichelt & Skjerve, 2002).

The abundant reports by trainees who have expressed their critique of supervision should be listened to carefully by the community of counsellors, therapists and supervisors. Negative experiences in supervision can have pervasive impacts by lowering trainees' self-confidence and trust in themselves as suited for the profession; can evoke negative counter-transference reactions to clients; and can initiate a destructive spiral as described in the negative cyclical model. Beginning therapists who experience Stressful Involvement with

clients in combination with negative experiences in supervision can experience a toxic state of *double traumatization* (Rønnestad & Orlinsky, 2005b). Beginning therapists are especially vulnerable to this and supervisors need to be sensitive to repair the supervisory alliance should this occur.

Finally, with respect to *practice,* our research has highlighted the cyclical and reciprocal relationship between therapeutic practice and development. The experience of Currently Experienced Growth is the strongest predictor of Healing Involvement (and vice versa), while Currently Experienced Depletion and Stressful Involvement are each other's strongest predictor. The experience of *growth* fuels a positive work morale—the basic optimism that is an essential element the therapist must communicate to clients—while *depletion* erodes and undermines work morale. On this basis, we strongly recommend that all therapists and counsellors continually and carefully assess their work morale and, if needed, seek correctives (e.g., training seminars, peer supervision, or personal therapy). On the basis of a selection of items from the DPCCQ, we have constructed two brief self-assessment forms, *Therapeutic Work Involvement Scales* and *Current and Career Development Scale*s, which can be found in Appendixes E and F of Orlinsky and Rønnestad (2005) *How Psychotherapists Develop* or Chapter 14 (Orlinsky & Rønnestad, 2013) of Rønnestad and Skovholt (2013) *The Developing Practitioner*.

For therapists who are currently experiencing little or no *Growth*, we recommend: (1) that therapists consider diversifying their therapeutic practice (e.g., by engaging in other therapeutic modalities such as couple, family, or group therapy as well as individual therapy); and (2) that therapists consider broadening their theoretical perspective by learning about other therapeutic approaches than what they practice (e.g., by participating in continuing education activities such as work-shops and conferences). These are ways to implement Norcross's (2000, p.212) recommendation to “diversify, diversify, diversify,” and

are also in line with Skovholt and Rønnestad (1995), who pointed to therapists' openness to varied theoretical perspectives as facilitating professional development.

For therapists in a *Disengaged Practice* pattern (experiencing little or no stress but not much healing), we recommend they consider seeking individual or peer supervision to evoke some enthusiasm and stimulate curiosity to motivate new learning. For therapists in a *Distressing Practice* (experiencing more than a little depletion and not much healing), we note they may be at risk of engaging in a non-optimal practice, and need to protect themselves as well as their patients. They should strive to find a better match between their level of competence and the challenges they encounter, possibly by a change in case load, and should actively use the developmental resources that are available to them (e.g., personal therapy, supervision, and formal or informal consultation).

Practitioners who work *only* in institutional (and especially inpatient) settings are more likely than others to experiencing little *growth* and more than a little *depletion*. It is worth noting that according to therapists' reports, this is *not* attributed to the challenge of treating severely disturbed patients, but rather by the institutional conditions in which they work. To add some private practice to the in-patient practice seemed to protect clinicians from this negative effect.

We end this section by repeating that the leading sources of influence for professional growth—in addition to experience with clients, in diverse modalities—are supervision (Orlinsky, Botermans & Rønnestad, 2001) and personal psychotherapy (Geller, Norcross & Orlinsky, 2005; Rønnestad, Orlinsky, & Wiseman, 2016). These facilitate the process of 'continuous professional reflection' which optimally leads to counsellors and therapists being reflective practitioners throughout the their professional lives.

The Collaborative Longitudinal SPRISTAD Study of Trainee Development

Both the Minnesota study and the SPR/CRN study have provided much insight into the professional development of psychotherapists and counsellors. Yet both studies are primarily cross-sectional and thus developmental patterns can only be inferred by comparing cohorts of therapists at different career levels. Direct evidence concerning development requires longitudinal research that tracks how specific therapists change over time. Moreover, while we know from these studies and other literature that early professional development is a particularly critical phase of psychotherapists' identity formation we still know little about the specific processes and factors involved here. And, as training practices are so varied across orientations and countries we also have little systematic knowledge about training programs, about which training elements foster or impede trainee development and/or how trainee characteristics are related to facilitating psychotherapy process and outcome. Furthermore, sample sizes of existing studies of psychotherapist training are too small to investigate the complexity of factors (e.g., program characteristics, training components, personal therapy, supervision, personal characteristics and relationships) that may interact to impact the quality of training (see Hill & Knox, 2013)

By 2011, these gaps in knowledge had become so salient for many researchers interested in psychotherapists' professional development that members of the Society of Psychotherapy Research (SPR) organized to promote research in this area by forming the "SPR Interest Section on Therapist Training and Development" [SPRISTAD; Society for Psychotherapy Research (SPR), 2011]. They decided to conduct a collaborative, longitudinal study of development in psychotherapy trainees. The goals of this study include: (1) tracking progressive changes over time in trainees as therapists; (2) identifying factors that tend to facilitate or impede trainee development; (3) relating trainees´ characteristics and their development to psychotherapy process and outcome; and (4) using both quantitative and qualitative data gathered from a large number of psychotherapy trainees of varied types in a

wide range of training programs (Orlinsky et al., 2015). A guiding principle of the SPRISTAD study is to look at training and psychotherapist development from different observational perspectives, and thus triangulate the findings:

- Training directors are asked to describe the structure of their training and the professional and legal framework their program is situated in.
- Trainees are asked to share information about their professional and personal background, training experiences, professional development and their work with particular patients.
- Supervisors are asked to contribute their perspective on trainees' work with particular patients.
- Patients may be asked to evaluate process and outcome of their work with the trainee.

Since 2012 SPRISTAD collaborators have created five instruments drawing heavily from the *Development of Psychotherapists Common Core Questionnaire* (DPCCQ) used in the SPR/CRN-study, and on Strauss et al. (2009) who conducted survey of training programs in Germany. The three core instruments are: (1) *the Training Program Description Form* (TPDF), completed by a training director at each participating training program to define salient characteristics of the training environment; (2) the *Trainee Background Information Form* (TBIF), completed by trainees on entering the study to describe aspects of their past and current lives and selves that are stable over time; and (3) the *Trainee Current Practice Report* (TCPR), the "longitudinal" instrument to be completed at 6-months intervals by trainees to track changes over time in their role-identity and role-performance as therapists. In addition, two parallel research instruments were designed to focus on particular treatment cases: (4) the *Trainee Case Progress Report* (TCPR/c), representing the trainee's view of a case s/he is working with and (5) the parallel *Trainee Supervisor's Progress Report* (TSPR). All instruments are available in multiple languages, adapted for the countries taking part in

the study, and can be accessed online privately from anywhere in the world by connecting with the SPRISTAD Data Management Centre).

Current State of the SPRISTAD-Study

Online data collection with final versions of the core instruments began in early 2017 after pre-tests in 2015-16 in Austria, Finland, Italy and India. As of this writing (July 2018) 52 training institutes in Argentina, Austria, Canada, Chile, Denmark, Finland, France, Germany, India, Ireland, Italy, Lithuania, the Netherlands, Norway, Romania, Slovenia, Sweden, Switzerland and the United Kingdom are participating in the study. A total of 885 trainees from these training institutes have shared information about their professional and private background with the TBIF. Also, about 600 have described their first experiences in training programs using the TCPR, with a steady accumulation as new programs and trainees enter the study and those already in the study complete the second and third TCPRs after 6 and 12 months have passed. Numerous participants have given feedback that the questionnaires are useful tools to reflect on their training and early work as a psychotherapist. In order to give something meaningful back to the trainees who participate, the SPRISTAD research committee is currently designing a feedback system so that they can review their own data to see how their experiences and perspectives are changing over time, and how they compare to the total SPRISTAD-sample and to similar early career therapists in the SPR/CRN-study database.

Invitation to Collaborate

The collaborative longitudinal SPRISTAD-study has only just started but has proven valuable for many trainees and training institutes all over the world. SPRISTAD is a project open to programs, trainees, and colleagues anywhere. If you would like to join as a collaborator in the SPRISTAD-study, or receive more detailed information about any aspect of the study, you may do so by email to the SPRISTAD Research Committee at:

therapistdevelopment@gmail.com. **References**

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