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How students use deliberate practice during the first stage of counsellor training

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Abstract

Deliberate practice, in the form of ongoing commitment to skill development outside of direct clinical work, has been proposed as a means of enhancing therapist competence and expertise. In this study, a deliberate practice orientation was introduced into the first phase of a counsellor training programme. Students' experiences of learning and using deliberate practice in relation to the acquisition of counselling skills were investigated using a mixed-method design. It took time for students to internalise principles of deliberate practice. They reported a wide range of deliberate practice learning activities, both within and beyond the classroom, and regarded these tasks as having made a significant positive contribution to their learning. The findings of the study underscore the value of viewing deliberate practice as an approach to learning that can be articulated in multiple ways. It is important for future research to identify the forms of deliberate practice that are most relevant to enhancing competence within the specific context of therapeutic work.

KEYWORDS

content analysis, deliberate practice, interpretative phenomenological analysis, pluralistic therapy, training

1 | INTRODUCTION

Therapists differ in terms of their levels of effectiveness with clients (Castonguay & Hill, 2017). Research into the psychology of expertise represents a potentially valuable source of ideas about how to support therapists to maximise their clinical effectiveness. Of particular interest has been work around the use of deliberate practice to address specific skill and competence deficits (Ericsson & Pool, 2016). In fields such as music, chess, sport and medicine, it has been established that practitioners who continued to improve following initial training tend to devote significant amounts of time engaged in targeted learning activities in addition to their primary service delivery or performance commitments.

Effective deliberate practice has been shown to involve the following steps: focusing on a particular skill or area of competence that the learner has identified as problematic; acquiring a mental representation of a more effective pattern of response; support from expert coaches or peers to formulate a practice regime; repeated practice of the skill in situations that stretch the learner; and feedback on the effectiveness of new responses. Examples of deliberate practice include a violinist working under the guidance of a music teacher to master a challenging passage in a score, a tennis coach setting drills for a player to improve the skill in using a stroke that had been implicated in loss of games in previous matches, or a surgeon practising a procedure on a simulator under supervision from a colleague.

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Within the domain of psychotherapy, Rousmaniere (2016, 2018) has described a model of deliberate practice in which clinical supervision focused on enabling the supervisee to address skill deficits highlighted in client feedback. In studies of training workshops in specific skills, deliberate practice of modelled responses has resulted in higher level trainee skill improvement, compared with outcomes when deliberate practice was not used (Anderson et al., 2019; Di Bartolomeo et al., 2020; Di Bartolomeo et al., 2020; Hill et al., 2019; Shukla et al., 2020; Westra et al., 2020). A further pattern of deliberate practice of therapy competencies comprises self-practice in which practitioners develop competence in therapy concepts and interventions through spending time applying these tools to issues in their own life (Bennett-Levy, 2019; Bennett-Levy & Finlay-Jones, 2018). Goldberg et al. (2016) observed year-by-year enhancement of client outcomes in a counselling service that had adopted a deliberate practice ethos. There is evidence that therapists who obtain better client outcomes engage in more deliberate practice than colleagues whose clients demonstrated lower levels of change (Chow et al., 2015).

Despite its potential, the application of the deliberate practice paradigm in the field of therapist development is associated with considerable challenges. The strongest evidence for the value of deliberate practice comes from studies of expert performers in a somewhat select subgroup of occupations, in which it is relatively straightforward to assess outcomes and training routines have been honed over decades (or in the case of music, centuries) (Ericsson & Pool, 2016). Trainees are socialised into these routines at an early age (e.g., sport) or from the beginning of their training (e.g., in medicine). These occupations have been sufficiently highly regarded, at a societal level, to support the establishment of institutions (e.g., music schools, training camps for elite athletes) that are organised around learners being able to engage in many hours of practice and rehearsal outside of direct work performance. Such elements of 'classical' deliberate practice are not readily transferable to the domain of therapist development.

The context-specific nature of deliberate practice in different occupational settings has been widely acknowledged (Billett et al., 2018; Ericsson & Harwell, 2019). Widely differing patterns of practice have been observed in studies of the development and maintenance of expertise in occupations such as elite soccer (Horrocks et al., 2016), medicine (Van de Wiel et al., 2011) and teaching (King, 2019). There are also many examples of individuals who achieve sustained professional accomplishment over the course of a career on the basis of idiosyncratic, personally improvised practice routines in the absence of a coach or trainer (Ericsson & Pool, 2016; Tiselius, 2013). Sustained deliberate practice may call on self-motivation strategies (Bateman & Barry, 2012) and membership of communities of practice that enable access to multiple sources of expertise (Damasceno, 2018; Lave & Wenger, 1991). Developmentally, early acquisition of basic skills has been associated with a phase of 'deliberate play', where tuition and feedback are embedded within activities that are inherently enjoyable (MacNamara et al., 2015). Deliberate play is a form of practice that is particularly relevant in occupations that call for skills to be exhibited in a creative, flexible

manner in interaction with others (Hornig et al., 2016), such as psychotherapy. There is some debate around the extent to which engagement in deliberate practice is equally efficacious in all work contexts: large performance effects have been recorded in studies of deliberate practice in sport and music, with smaller (or nil) effects reported in education and other professions (Macnamara et al., 2014; Miller, Chow, et al., 2020).

In an analysis of the potential relevance of deliberate practice as a means of supporting the development of expertise in psychotherapy, Clements-Hickman and Reese (2020) concluded that 'the applicability of the deliberate practice model for psychotherapy likely requires choices and adjustments to the original framework.... the traditional view of expertise development through narrowly defined tasks and repetition may not hold in the field of psychotherapy' (p.5). The effective use of deliberate practice in relation to therapist development needs to be grounded in evidence of how therapists engage in this kind of learning process in different professional contexts at different stages of their careers. The present study seeks to contribute to the establishment of such evidence by exploring the use of deliberate practice in counselling students at the initial, skill-oriented, pre-practicum stage of their training. Participants were introduced to a deliberate practice model of learning at the start of training, and provided with tutor support around pursuing deliberate practice in whatever way seemed meaningful for them given their learning goals and circumstances. Data on student utilisation of deliberate practice were collected over a nine-month period. The study was designed to explore the following questions: How much time did students devote to deliberate practice? What types of deliberate practice did they carry out? How useful did they perceive this form of learning to be? What was the experience of deliberate practice for students, in terms of its meaning and personal significance?

2 | Method

A convergent mixed-method design was used, in which qualitative and quantitative data were concurrently collected to explore the use and meaning of deliberate practice. Content analysis of critical incident report logs was carried out in order to identify different types of deliberate practice episode. Analysis of the lived experience of deliberate practice used interpretative phenomenological analysis (IPA; Smith et al., 2009) of data from focus groups and written narrative accounts.

2.1 | Participants

All students (62) involved in Year 1 of a three-year part-time MSc in Counselling programme at Abertay University were invited to take part in the study. Forty-two students (68%) consented for their data to be included. Students were mainly female (39; 93%), White European (40; 95%), mature learners (mean age 43.3 years; range 25–63 years) with previous experience and first degrees in occupations such as teaching, nursing, community work and business.

Nine students (21%) possessed master's or doctoral degrees in non-counselling subjects. Within their previous occupational and voluntary work roles, 17 (40%) reported having had no experience of prior training in counselling skills, four (10%) had undergone brief skill training of less than 12-hr duration, and 21 (50%) had completed longer skill training courses. Prior to entering the MSc, 32 (76%) had received personal therapy at some point in their lives. At the time of the study, 20 (48%) were currently in therapy (two for the first time). Students were invited to opt into the study during a briefing session at the final session of the year. Attendance at that session was low because of adverse weather conditions, which meant that many potential research participants did not receive the briefing materials and consent forms. Analysis of the research participant profile confirmed that students who opted in to the study comprised 93% of those who attended that session, with no non-attenders signing up.

2.2 | Procedures

2.2.1 | Context

The study was based in an MSc in Counselling programme at a university in Scotland, validated by the British Association for Counselling and Psychotherapy (BACP) as an approved training route leading to professional accreditation as a counsellor. All applicants for the programme were interviewed, assessed for interpersonal skill competence and required to have previous experience in a helping role. In Year 1 of the programme (the focus of the present study), students attended for one day (6 hr) each week. Activities each day comprised inputs on theory and professional issues, observed counselling skill practice in triads in which students act as clients for each other, and participation in experiential groups (10 participants) that focused on personal and professional development. In Year 2, students begin supervised practice in a wide range of community counselling agencies, receive further inputs on theory and professional issues and continue their experiential learning in personal and professional development groups. Year 3 focuses on further supervised practice, consolidation of theoretical and professional knowledge, and research-informed practice. Assignment tasks throughout the programme consist of essays, case studies, process analysis of recordings of therapy sessions, supervision reports and observation of skills.

The programme's training provides a pluralistic approach to therapy, a model of integrative therapy that places particular emphasis on client-therapist collaboration, dialogue and shared decision-making (Cooper & McLeod, 2011; McLeod, 2017). Alongside training in generic counselling skills, the curriculum includes workshops on specific pluralistic competencies such as goal agreement, collaborative case formulation, exploration of client preferences, metacommunication, using feedback tools, and activating client strengths and cultural resources. The programme includes training in the use of concepts and interventions from person-centred therapy, psychodynamic therapy, CBT, transactional analysis, narrative therapy and

existential therapy. The programme as whole operates as a learning community that encourages mutual support and constructive challenge. Students are not required to be in personal therapy during the programme, but are encouraged to do so. Students keep reflective learning journals and submit personal development reports at the end of each year, including feedback from peers and tutors.

2.2.2 | Intervention

A deliberate practice orientation was introduced into the Year 1 curriculum on a pilot basis. In previous years, students had not been taught about a deliberate practice model, and the maximum possible time that each student might have engaged in deliberate practice (in skill practice sessions when they were in the counsellor role) was no more than 30 min each week. In the intervention investigated in the present study, students attended a 90-min introductory workshop on deliberate practice in week three. The workshop included experiential exercises to sensitise participants to an awareness of their personal learning strategies (e.g., a personal journal reflective writing task on 'how you have acquired skills in other areas of your life, and whether these ways of learning are applicable to how you develop a repertoire of counselling skills'), lecture and question time around the deliberate practice model and use of deliberate practice learning logs, and information about the research study. Participants were provided with a detailed handout on deliberate practice, supplemented by further resources available through a virtual learning environment, and were encouraged to consult tutors, or ask questions in class, about their ongoing use of deliberate practice at any point over the course of the academic year. The handout included an account of deliberate practice activities from Chow et al. (2015) and Rousmaniere (2018), supplemented by examples of potential deliberate practice sequences around skills of potential relevance to students: starting a counselling session, using metacommunication and dealing with personal emotional responses triggered by client material. A copy of the handout and other training resources can be obtained from the author.

Course assignments were adapted to require reflection on learning arising from deliberate practice activities, and the submission of deliberate practice logs. Tutors used a deliberate practice model to inform their responses to students in observed counselling skill training sessions, for example by indicating skills that might require further practice. Tutors were supported in their use of a deliberate practice orientation through regular team meetings.

In the initial workshop, reading materials and subsequent consultations between tutors and students, deliberate practice was defined as repetitive live skill practice in response to perceived evidence of gaps in competence.

2.2.3 | Researcher Stance

The author is a pluralistic therapist, with primary training in person-centred counselling and relational transactional analysis

psychotherapy, and more than 30 years of experience as a counsellor educator. She was responsible for delivery of the Year 1 curriculum, co-ordinating the involvement of other tutors, the design of the study, and data collection and analysis. Her pre-expectations, before commencing the study, were that while a deliberate practice model had the potential to make a valuable contribution to student learning, it might also prove to be too demanding for students, given the already substantial pressures on their time. She also had concerns that students might find it hard to conceptualise and plan relevant deliberate practice activities in the absence of direct feedback from work with clients, and was mindful of the ethical and methodological implications of her dual role as researcher and teacher. The researcher had received training in the use of deliberate practice and consulted with leading figures within the psychotherapy deliberate practice professional network during the course of the study.

2.2.4 | Research ethics

Students were informed that participation in the study was entirely voluntary and would have no effect on course grades. Information about the study was initially distributed at the start of the academic year. Students submitted deliberate practice logs as appendices to regular course assignments. Once grades for the final assignment had been published, students attending the final session of the year received a further explanation of the study, had opportunities to ask questions and were invited to sign consent forms to confirm whether they were willing for their data to be included in the study. Those who consented were asked to complete participant information forms, providing data on age, gender, education and prior experience of personal therapy and occupational use of counselling skills. Participants in focus group interviews were provided with information about confidentiality of recordings, and completed a further consent form. Information about participant identity was removed from all data being analysed. All data were stored in an approved secure database. Preliminary findings circulated to participants for validity check purposes were screened to ensure informant anonymity. Approval for the study was received from the Research Ethics Committee, Abertay University.

2.3 | Data collection

2.3.1 | Deliberate practice logs

Forms for reporting on deliberate practice episodes were specifically designed for the study, informed by principles of critical incident methodology (Butterfield et al., 2005; Flanagan, 1954) and the deliberate practice log form available in Rousmaniere (2016, 2018). Forms were distributed as electronic files with no length restrictions. Open-ended responses were elicited around the duration of the deliberate practice, learning topic/goals, who was involved, type of learning activity and general reflections on the experience. Ratings (10-point scales) were used to collect data on the overall

usefulness of the activity, level of emotional challenge and degree to which the learning goal had been accomplished. Students were asked to submit a selection of deliberate practice logs that were typical of their practice.

2.3.2 | Open-ended narrative reports

At the end of the academic year, students were invited to submit non-assessed, open-ended reflective accounts of their experience of engaging in deliberate practice. Reports varied in length between 200 and 2,500 words.

Focus groups. Students were invited to participate in focus group interviews towards the end of the academic year. Groups were audio-recorded, lasted for 60 min and were facilitated by the primary investigator in accordance with guidelines for focus group methodology (Krueger & Casey, 2014). Participants were asked to discuss three questions: In what ways had deliberate practice been helpful or useful?; In what ways had deliberate practice been unhelpful or hindering?; and How could the deliberate practice dimension of the course be improved for future groups of students?

2.3.3 | Participant information forms

Students opting to contribute their deliberate practice log data to the study completed an information sheet that included items on age, gender, ethnicity, occupational background, previous academic qualifications, previous and current experience of personal therapy, previous experience of counselling skill training, previous and current experience of clinical supervision, amount of time devoted to deliberate practice each week, and a single item rating of 'overall helpfulness of Deliberate Practice for your development as a counsellor' using a 9-point scale ranging from harmful/extremely unhelpful (1) to extremely helpful/transformative (9) with a mid-point (5) defined as mixed/neutral.

2.4 | Data analysis

Qualitative inductive content analysis was used to identify types of deliberate practice activity described in critical incident logs (Elo & Kyngas, 2008). The researcher and a colleague independently read through the log reports to generate lists of categories of deliberate practice activity. These lists were compared and differences resolved through discussion. In a further phase of content analysis, each log was separately coded by each reader, using the agreed list. Differences in coding were resolved by discussion. Each deliberate practice episode was also coded in terms of duration of the episode, who took part and learning focus. Within each of these domains, a single code was allocated to each episode.

Open-ended narrative written statements, comments on deliberate practice logs and transcripts of student focus group meetings

were treated as a single qualitative text that was analysed using interpretative phenomenological analysis (Smith et al., 2009). The first stage of qualitative analysis involved noting potential meanings of statements and passages within the text. The second stage comprised identification of themes across participants. These steps were carried out independently by the researcher and a colleague, who then met to compare meaning units and theme lists. Differences were resolved through discussion, leading to a preliminary set of agreed main themes and subthemes. Each analyst then went back to the data to look for potentially deviant cases and identify key informant statements (Smith, 2011a). In line with the exploratory nature of the study, all subthemes identified by at least five informants were included in the analysis.

2.5 | Trustworthiness

A range of procedures were implemented in order to enhance the trustworthiness and credibility of the study (Levitt et al., 2017; Smith, 2011b). The data analysts kept research journals as a means of reflexive documentation of their values, standpoint, pre-understandings, expectations and assumptions around what the study would find (Finlay, 2012). These journals recorded many examples of findings and insights that had not been anticipated prior to the commencement of the study. Data analysis focused on foregrounding the voices and experiences of research participants. All phases of data analysis were independently conducted by each researcher, with areas of disagreement resolved through discussion. A copy of the findings section was sent to all research participants with a request for comment (member check of synthesised analysed data; Birt et al., 2016). Participant feedback included suggestions for clarification around aspects of the analysis, and additional data that expanded on certain themes. Many participants reported that they had been surprised by the diversity of types of deliberate practice identified in the study and that reading about the findings has stimulated them to consider further ways in which they could expand their learning (catalytic validity; Stiles, 1993).

3 | Results

Findings are presented in two sections. First, a descriptive account is provided of the characteristics of deliberate practice undertaken by participants. Second, an interpretative phenomenological analysis of the lived experience and meaning of deliberate practice is presented.

3.1 | Characteristics of involvement in deliberate practice

Students (42) contributed a total of 227 deliberate practice log forms (103 at the end of semester 1; 124 at the end of semester 2). Most students (86%) rated their overall experience of deliberate practice

as valuable: four (10%) rated deliberate practice as transformative, 32 (76%) as very helpful or helpful, five (12%) as neutral or slightly unhelpful and one as harmful/extremely unhelpful. The amount of time each week devoted to deliberate practice ranged from 20 min to 16 hr ($M = 148.3$ min; $SD = 80.55$).

A wide range of patterns of involvement in deliberate practice activity were reported (Table 1). The single most frequently described type of learning episode was brief (30 min), involved deliberate practice of a counselling skill that the informant had identified as problematic for them, and took place in a small group of students, either during scheduled class time or in the context of self-organised meetings with fellow students on other days. However, students also described practising skills at home, with a friend or family member as client, and in the context of work encounters with service users or colleagues.

Student-generated learning goals pursued within deliberate practice episodes mainly focused on core counselling skills. These mainly comprised general skills oriented towards facilitating client problem exploration, for example listening, use of silence, challenging and questioning, and skills highlighted in pluralistic therapy, such as metacommunication, use of feedback and goal setting. A further broad category of practice goals referred to relationship-building skills, such as authenticity, empathy and handling conflict. Other deliberate practice learning tasks consisted of personal development and self-care strategies, emotional self-regulation skills and learning about deliberate practice.

Deliberate practice logs included several examples of episodes in which students decided to experiment with acting differently in everyday life situations, as a means of gaining insight into ways of responding that were of potential value in therapeutic work, but which they had previously avoided. For example, one student, in the process of deliberate practice around use of questions, intentionally made use of skilful questioning in a highly stressful meeting with health professionals around the care of an unwell family member.

A variety of learning partners were used by students: students and tutors within the programme, their personal therapist, work colleagues, friends and family members. In other deliberate practice episodes, students described spending time alone developing their understanding of target skills, by reading (or watching videos) on how the skill was applied by experienced therapists or how it had been defined and analysed in research studies. There were also several examples of cognitive review of helping interactions, in the form of inner recollection of episodes, or written recollection and reflection facilitated by note-writing or journaling. For example, one student wrote that they 'thought back to my practice the day before where I could have challenged the client and only did so once....I made notes on what I actually said and what I could have said at the points where I didn't challenge them'.

Some students made audio or video recordings of their skill practice with learning partners and audio-recorded skill practice sessions with friends and family members. Recordings were reviewed in terms of adequacy of performance of target skills, and evidence that skill levels had improved over time. Students also described learning

TABLE 1 Analysis of deliberate practice logs

	Semester 1	Semester 2
	n (%)	n (%)
Total	103	124
Duration of DP episode		
<30 min	64 (62)	51 (41)
30–60 min	26 (25)	38 (31)
1–10 hr	11 (11)	30 (24)
>10 hr	2 (2)	5 (4)
Who took part in the episode (learning partners)		
STUDENTS/tutors	52 (50)	51 (41)
Non-students (work colleagues/clients, family members, friends)	27 (26)	38 (31)
Self	18 (17)	29 (23)
Professional counselling colleagues (supervisor, therapist, experienced counsellor)	6 (6)	6 (5)
Learning focus or goal		
Process-facilitating counselling skills		
Basic skills (listening, use of silence, reflecting, challenging, questioning, non-verbal behaviour, beginning/ending sessions)	69 (67)	25 (20)
Pluralistic therapy skills (metacommunication, use of feedback, goal setting)	9 (9)	15 (12)
Specific therapeutic interventions (2-chair work, cognitive reframing, relaxation, transference interpretation)	1 (1)	10 (8)
Relational skills		
Authenticity, congruence, relational depth, immediacy	7 (7)	27 (22)
Empathy, attunement	1 (1)	7 (6)
Other (conflict, rupture, boundaries)	0 (0)	3 (2)
Personal development and self-care (saying no, co-dependency, personal attachment patterns, assertiveness, death awareness, experimenting with new behaviour)		
Learning activities required by syllabus (not deliberate practice)	8 (8)	10 (8)
Bodily and emotional processes (e.g., breathing, putting feelings into words)	3 (3)	7 (6)
Cognitive rehearsal	1 (1)	4 (3)
Preparation for deliberate practice (reading, watching videos about DP)	0 (0)	5 (4)

activities based on cognitive anticipation and rehearsal, in the form of imaginative exploration of what it would be like to respond to a client in a specific manner. Students described using scales and measures for both self-assessment and comparison of personal competence with established standards. In some cases, this involved consulting measurement instruments in order to evaluate their own personal competence. In other cases, skill practice 'clients' (learning partners) were asked to complete relevant sections of a measure.

Differences were reported in deliberate practice activities between semester 1 (October–Christmas) and semester 2 (January–Easter) (Table 1). Deliberate practice episodes in semester 1 were more likely to focus on basic counselling skills being introduced within the curriculum, such as listening, reflecting back, challenging, use of silence and questioning. By contrast, episodes from semester 2 logs included a higher proportion of learning activities oriented towards relational/interpersonal competencies and personal development themes. Semester 2 activities were also more likely to describe episodes that took place outside of the university.

3.2 | The experience of deliberate practice

Qualitative accounts of the experience of deliberate practice were received from 42 students (12 of whom also took part in focus group interviews). Analysis of these reflective accounts is presented in terms of a set of emergent themes and subthemes (Table 2).

3.2.1 | Learning how to learn

Learning how to use deliberate practice was described as a challenging process that involved *revisiting pre-existing assumptions about learning*. One participant stated that 'it took time to realise what it actually was'. This process required working out the similarities and differences between deliberate practice and other learning strategies with which they were already familiar. Grasping the distinctive features of deliberate practice was assisted, in some instances, by drawing on personal memories of skill acquisition at earlier stages

TABLE 2 The experience of using deliberate practice

Themes
Theme 1. Learning how to learn
Subtheme 1.1 Revisiting pre-existing assumptions about learning
Subtheme 1.2 A shared language that removes judgement
Subtheme 1.3 Creating a learning network
Theme 2. Deciding what to work on
Subtheme 2.1 Using feedback from others
Subtheme 2.2 Self-reflection
Subtheme 2.3 Identifying gaps in theoretical knowledge
Subtheme 2.4 One thing leads to another
Subtheme 2.5 Developing an action plan
Theme 3. Engaging in practice
Subtheme 3.1 Accessing external sources of expertise
Subtheme 3.2 Repetition in different contexts
Theme 4. Being guided by results
Subtheme 4.1 Evidence of enhanced competence as a counsellor
Subtheme 4.2. Enhanced capacity to learn from other aspects of the training programme
Subtheme 4.3 Knowing when to stop
Subtheme 4.4 Personal gains

of life (e.g., learning a musical instrument). Students described conversations with tutors and fellow students as a means of 'learning the language' of deliberate practice. There were several descriptions of 'false starts' in the form of realising that their initial strategies for implementing deliberate practice had not been effective. Some informants mentioned that it had been important for them to realise that deliberate practice gave permission to try creative and spontaneous ways of learning—to 'think outside of the box' in terms of situations in which skills and self-awareness might be developed. Most students who found deliberate practice unproductive reported difficulties around re-aligning their learning style to accommodate a deliberate practice approach.

The deliberate practice model provided a common point of contact between tutors and students (*a shared language that removes judgement*). The language and concepts of deliberate practice were experienced as conveying a sense that even highly trained, expert therapists need to pay attention to their own limitations, and work to resolve them. The existence of this way of thinking seemed to have the effect of creating a space in which areas of personal uncertainty or anxiety in the counselling role, such as holding back on reactions to the client, or avoiding conflict or emotional material, could be understood not as symptoms of pathology, but as areas for deliberate practice work.

Participants reported that effective engagement in deliberate practice required *creating a learning network*. Although some deliberate practice activities were pursued in private, for instance reviewing recordings of therapy sessions or cognitive rehearsal of new skills, students predominantly engaged in deliberate practice episodes that involved the co-participation of other people. To

enable this to happen, they created personal collaborative learning networks comprising others with whom they could reflect on their use of deliberate practice, and plan learning exercises, or who would be willing to play a client role to enable them to implement skills and receive feedback on their performance. Some students expressed frustration in relation to practical difficulties, associated with personal time demands, in establishing a learning network.

3.2.2 | Deciding what to work on

An important aspect of the experience of deliberate practice centred on the question of how to identify appropriate deliberate practice topics. Students described *using feedback from others* as a basis on which to identify specific areas of skills or competence that were problematic for them. Feedback from tutors, during skills practice sessions during class time, was experienced as valuable and highly influential. The impact of tutor feedback was attributed to both their status as experts and their ability to suggest and model specific activities that might be pursued. Some deliberate practice topics arose from personal *self-reflection* on situations (both during the course and in everyday life) that were experienced as difficult. For example, one student described intense shame and distress triggered by presenting their autobiography in the personal development group, and how this had led them to reflect on the implications for their performance as a counsellor, and then to initiate deliberate practice activities around learning how to be able to become more emotionally open and disclosing to others.

Some deliberate practice activities focused on *identifying gaps in theoretical knowledge*. An example of this process was a student who was intrigued by a lecture input on the importance of collaborative use of metaphor, and engaged in deliberate practice activities to try out different ways of being more responsive to client-generated metaphor. In some cases, decisions around what to focus on in deliberate practice arose from insights arising from earlier practice sessions (*one thing leads to another*). Having identified a deliberate practice topic, students turned to *developing an action plan* in the form of relevant learning tasks that would enable them to develop new ways of responding to clients.

3.2.3 | Engaging in practice

The experience of being involved in actual deliberate practice activity was associated with challenges around knowing whether skill performance had achieved a sufficient level of competence (*accessing external sources of expertise*). Within skill practice sessions, feedback was sought from the 'client' and observers concerning whether a skill had been demonstrated at a 'good enough' level or might require further work. Books, research articles and videos were searched for indications of the characteristics of expertise. For example, a student who struggled to know how to close a counselling session reported that 'I watched a few different therapists on

YouTube to see how they effectively closed a session'. During practice sessions, students noted examples of good practice by peers. A key feature of deliberate practice was *repetition in different settings*. Students commented on the importance, for them, of practising a target skill with different volunteer 'clients' or in different settings. Alternative practice contexts were associated with different levels of emotional challenge. For example, some students regarded the experience of being observed by a tutor as highly stressful and intentionally sought out practice sessions with colleagues that might allow them to 'take more risks'. There were examples of practice carried out with friends or family members that were playful ('at the end, we both just started to laugh'). Other examples described situations in which the student chose to practise a skill in a highly pressurised real-life setting. For instance, one student sought to 'reverse the habits of a lifetime' by trying out their authenticity skills through disagreeing with their mother.

3.2.4 | Being guided by results

Effective use of deliberate practice was experienced as requiring a capacity for self-evaluation. One way in which this typically occurred was through personal observation of *evidence of enhanced competence as a counsellor*. Students noted several different types of evidence regarding the capacity of deliberate practice to enhance their competence, for example through a shift occurring during the practice episode. For example, one student had decided to practise 'risking seeming incompetent', by asking for clarification and admitting puzzlement, rather than (as before) pretending to understand everything. Over the course of deliberate practice, they noted that they had been 'delighted by how much the conversation deepened' as a consequence of their new approach. Evidence of enhanced competence also included indications that what had been learned had made a difference to a client. Typically, deliberate practice episodes with volunteer 'clients' included time to receive feedback from the recipient on their experience of the session. This provided the counsellor with valuable information on whether their intended effects had been achieved.

Students reported that their willingness to engage with demanding deliberate practice tasks resulted in an *enhanced capacity to learn from other aspects of the training programme*: the deliberate practice framework enabled them to identify and focus on specific aspects of their counselling role that were meaningful for them, in terms of being able to break down the complexity of counselling theory and practice into 'bite-size chunks'. Deliberate practice groups that met outside of class time had a support group dimension that involved sharing experiences around the stressfulness of the course as a whole. A few informants mentioned that deliberate practice helped them to develop a disciplined approach to learning that was helpful for all aspects of the course. Some also observed that the capacity to analyse therapy processes in detail made it easier to write other assignments.

Being guided by the results of deliberate practice also involved *knowing when to stop*. Some reports were collected of student

experiences of realising that particular deliberate practice activities that they had been pursuing were either not helpful or represented development tasks that they were not yet ready to tackle. In rare instances, deliberate practice activities were described as being emotionally painful but without leading to any lasting harm. Although most students rated deliberate practice sessions as being moderately emotionally threatening, one informant described a particular practice session as 'off the end of the scale', and another wrote at length about how deliberate practice around their emotional awareness was painful because it was a 'reminder of my inadequacies'. One student observed that their friends had complained that, since starting the course, they had become too serious and less fun to be with.

Students described different types of *personal gains* that demonstrated the value of deliberate practice. A general theme was that deliberate practice enabled the development of a general sense of confidence in their capacity to help clients and an 'ability to focus on what was significant in counselling interactions'. For some, there were deeper gains, in the form of shifts in how they understood themselves and others: 'it becomes part of the way that you see the world'. Other students described positive effects on personal development and everyday relationships.

4 | Discussion

Students in the initial phase of counsellor training described a wide range of ways of engaging in deliberate practice. Deliberate practice was generally regarded as valuable, although its implementation was viewed as demanding, challenging and time-consuming. On average, students reported that they engaged in deliberate practice for more than two hours each week, over and above their course attendance, which is consistent with research findings around the substantial time investment necessary to benefit from this learning process (Chow et al., 2015; Ericsson & Pool, 2016).

The present study offers new insights into the use of deliberate practice in counsellor training. It was apparent, on the basis of asking participants to describe what they actually did during deliberate practice episodes, that there was a large degree of overlap between self-practice (i.e. application to self of therapy concepts and techniques) and deliberate practice (i.e. repeated implementation skills in which learners had identified themselves to be deficient). Participants in the present study also reported that it took time to understand and become proficient in deliberate practice (Hill et al., 2019) and that this process of 'learning how to learn' resulted in the internalisation of a deliberate practice perspective that they believed to be, in itself, a valuable learning process. Although participants were clear that their learning was intended to serve the goal of becoming a counsellor, many of them described deliberate practice episodes that had a highly personal dimension, resulting in personal development alongside acquisition of professional competence (Pascual-Leone et al., 2013). Adoption of a deliberate practice perspective made it possible for participants to regard stressful learning episodes, such as those described by Kanazawa and Iwakabe (2016),

as comprising valuable sources of information. Some participants provided accounts of using domestic and non-therapy workplace settings as contexts for deliberate practice, consistent with trainee accounts of informal supervision (Coren & Farber, 2019).

A further significant contribution to knowledge about the integration of deliberate practice into counsellor training relates to the wide range of deliberate practice activities devised by students. Although some occupations have evolved standardised deliberate practice training routines delivered by expert coaches, Ericsson and Pool (2016) and other sources have documented many examples of innovative activities developed by individuals and groups in the absence of such structures. For participants in the present study, the deliberate practice paradigm offered a set of principles that they were able to operationalise in many different ways, according to circumstances.

Although writers on the experience of therapy training have consistently emphasised the challenging and complex nature of the process of acquiring therapeutic competencies, the literature is largely silent on the learning strategies used by trainee therapists to develop competence. Participants in the present study appreciated the opportunity to acquire a meta-model of professional learning. None of the participants in the study had prior knowledge of a deliberate practice model: they needed to be convinced that it would be worthwhile to commit to an unfamiliar, challenging and time-consuming mode of learning, to make sense of how it aligned with previous experiences of learning, and then learn how to implement it. The main process through which participants came to embrace deliberate practice was to try it out, and discover that it made a tangible difference to their sense of self-efficacy as counsellors. The credibility of the deliberate practice framework was additionally supported by both scientific evidence and personal examples. Participants were convinced by what they read about the research on deliberate practice (Chow et al., 2015; Ericsson & Pool, 2016), and by first-person personal accounts of deliberate practice in books and videos produced by Rousmaniere (2016, 2018) and similar personal experiences recounted by course tutors. Although the importance of role models and mentors has been widely reported in studies of trainee experiences of therapy training, these accounts have tended to emphasise the influence of faculty members in terms of professional values and ways of being a therapist (Gelso et al., 2013; Rønnestad & Skovholt, 2013) rather than as exemplars of how to learn.

Student use of deliberate practice was guided by an active search for both learning opportunities and evidence of whether skills were being used effectively. These observations are consistent with a constructivist approach to therapy training that highlights learner agency (McAuliffe & Eriksen, 2011). Participants in the present study consistently conducted deliberate practice on skills and competencies that they had chosen for themselves, based on self-appraisal of their personal limitations. This kind of individualised learning goal had the effect of enabling the learner to devise tasks that were at a level of emotional, interpersonal and intellectual difficulty that was neither too easy nor too demanding, in line with Vygotsky's theory of 'zone of proximal development' (Yasnitsky, 2018). Many

participants conducted deliberate practice on core skills in the early part of the year, consistent with the 'scaffolding' available to them at that stage, and only later moved on to tackle more emotionally complex competencies. Unlike a fixed training curriculum, flexibility around learning goals made it possible for participants to spend as much or as little time as they needed on each deliberate practice topic. Because of prior life and work experience, therapy students are likely to enter training with good levels of skill in some areas, and significant deficiencies in other skill domains. Individualised learning goals and tasks avoid the need to spend valuable time on competency areas in which performance is already satisfactory.

The deliberate practice model places a strong emphasis on learner access to expertise as a means of ensuring that the skills being practised reflect the best available standards of excellence. Ericsson and Pool (2016) provide examples of both singular/apprenticeship sources of expertise (e.g., a music teacher or sports coach) and distributed sources (e.g., Benjamin Franklin studying the work of successful authors to improve his own writing skills). Within the field of deliberate practice of therapy skills, although a distributed approach to accessing expertise underpins the study by Chow et al. (2015), the predominant trend has been to espouse an apprenticeship model in which the learner is guided by a single authoritative coach (e.g., Anderson et al., 2019; Di Bartolomeo et al., 2020; Di Bartolomeo et al., 2020; Hill et al., 2019; Miller, Chow, et al., 2020; Miller et al., 2020; Rousmaniere, 2016; Shukla et al., 2020; Westra et al., 2020). Findings of the present study showed that students made use of multiple sources of expertise, including peers, experienced therapists (e.g., course tutors and videos of master therapists) and research evidence (e.g., measures of competence in specific skills), in a manner consistent with analyses of distributed expertise within communities of practice (Damasceno, 2018; Lave & Wenger, 1991). It could be valuable for future research into deliberate practice in therapy contexts to explore how apprenticeship and distributed strategies for harnessing sources of expertise may be most effectively combined.

The development of mental representations that enable complex responses to be performed and recalled represents a key element within the deliberate practice paradigm (Ericsson & Pool, 2016). Although (Chow et al. 2015) included a range of cognitive activities, such as reading and mental review of sessions, in their broad definition of potential deliberate practice activities, other studies of deliberate practice in therapy have not addressed this topic. In the present study, participant accounts showed that reading, reflection on experience and development of mental representations were important elements of the overall deliberate practice cycle of learning. Two distinct processes for developing mental representation could be identified. One process involved using concepts and models introduced in lectures and research studies (e.g., research and practice guidelines around skills such as empathic reflection or therapist self-disclosure) as heuristic tools to guide their learning. Another process unfolded at the level of learner self-concept. The theme 'a shared language that removes judgement' conveys an emergent capacity to view 'self-as-resource'

rather than 'self-as-problematic'. Participant use of self-practice (developing an understanding of skills and concepts by applying them to issues in their own life) also reflected a 'self-as-resource' stance. Therapist development appears to call on a capacity for trainees to acknowledge both of these self-positions (Kannan & Levitt, 2017; Nissen-Lie et al., 2017). Some established pathways for therapist development, such as personal therapy, may be regarded as being primarily based on an implicit assumption of 'self-as-problematic' (Bike, Norcross, & Schatz, 2009). By contrast, a deliberate practice stance aligns with perspectives on therapist expertise, such as the 'master therapist' studies (Jennings & Skovholt, 2016), the person of the therapist model (Aponte & Kissell, 2014), or the self-practice paradigm (Bennett-Levy, 2019), which can be viewed as grounded in a position of 'self-as-resource'.

5 | Limitations of the study

It is essential to acknowledge the limitations of the present study. Although data were collected from multiple sources and at different points in time, the findings of the study would have been enriched by inclusion of additional methodologies. In-depth interviews with trainees, video analysis of student deliberate practice sessions, ethnographic observation, diary methods and intensive single-case designs (Mumford et al., 2018) have the potential to generate additional insights into key aspects of deliberate practice such as the development of mental representations and individual differences between learners. It would also be valuable to collect longitudinal data on how early exposure to deliberate practice has an influence on later phases of a therapist's career. It is likely that students undertaking full-time training, or those who were younger and lacked prior professional experience or involvement in personal therapy, might respond in different ways to the invitation to engage in deliberate practice. It could be valuable for future research to investigate the use of deliberate practice in therapy training situations in which emotional and interpersonal learning was given less emphasis, where students were younger and had more limited life experience, or where full-time attendance on campus made it easier for students to arrange deliberate practice sessions with each other. A crucial limitation of the study, in relation to applicability to other learning contexts, was the cultural homogeneity of participants. Further research is required to explore the value of deliberate practice in respect of multicultural competencies such as therapist broaching skills. Finally, it is crucial to design studies that examine the effect of trainee engagement in deliberate practice on how they perform in practice, in relation to therapy process and client outcomes.

6 | Implications for practice

If supported by further research, the findings of the present study have important implications for counselling and psychotherapy trainers and tutors seeking to incorporate deliberate practice into

their programmes. Learners need time to grasp and apply principles of deliberate practice. The fruits of deliberate practice are only likely to become apparent to trainees following many hours of effort. As a consequence, training workshops where participants engage in limited amounts of deliberate practice over a restricted time period are unlikely to exhibit the full benefits of this model of learning. It is important that trainees are supported to access multiple sources of expertise within a learning community that provides them with regular opportunities for discussing their deliberate practice activities with peers and tutors, and reinforces ongoing commitment to a deliberate practice approach. As a philosophy or model of learning, deliberate practice does not require the abandonment of existing learning methods such as lectures, seminars, skill practice workshops and experiential groups. Instead, a deliberate practice ethos encourages students to use such sources of learning as opportunities for identifying individual skill and awareness deficits and goals, acquiring mental representations (e.g., concepts and models) relevant to mastery of these skills, and defining standards of excellence. The main changes to the curriculum are around teaching the principles of deliberate practice and providing structures (e.g., learning logs, assignments) that motivate trainee engagement in repeated behavioural rehearsal of target skill tasks that are effortful and amenable for continuous corrective feedback and refinement.

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