

An exploration and comparison of the student placement experiences of UK and
German psychotherapist trainees.

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Abstract

Research on trainee psychotherapists' experiences during mandatory training placements remains limited. Additionally, comparative research on psychotherapy training across different countries is scarce. This study investigated the experiences of psychotherapy trainees in counselling placements in the UK and Germany. With the use of semi-structured interviews, three trainee psychotherapists from the UK and three trainees from Germany shared their lived experiences in placements. Then, the data was analysed through interpretative phenomenological analysis, revealing eleven group themes, with 15 subordinate group themes, that illustrated the various experiences of trainee psychotherapists in placement. Themes broadly included experiences of challenges in placements, personal and professional development, supervision, experiences of placement characteristics and conditions, as well as country-specific reflections. Findings addressed implications for training placements, such as improved regulation of placement supervision, thorough placement induction processes, and enhanced supportive and well-monitored placement environments. They highlighted similar experiences of therapeutic work and supervision, and systemic differences to the environments in psychotherapy placements between the UK and in Germany. Based on these insights, recommendations for future research on psychotherapy training placements in more countries, and with improved comparability of placement parameters are provided.

Keywords: *Psychotherapy training, Counselling placements, Clinical Placements, Psychotherapy course, UK, Germany*

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An Exploration And Comparison Of The Student Placement Experiences Of UK And German Psychotherapist Trainees

Training to work psychotherapeutically can be experienced as very stressful due to the demands experienced in placements, low quality of supervision, and emotionally straining therapeutic work, as reported by over 60 percent of trainee clinical psychologists in a pioneering study on stress experienced in clinical psychology training (Cushway, 1992). Although this study is over 30 years old, it illustrates that it is crucial to gain insight into the challenges experienced by trainee psychotherapists, particularly in their therapy placements, to improve training programs and support trainees to manage the emotional demands of their work. Yet, the core training of counsellors and psychotherapists, especially the practical placements, has received little attention in academic research (Beidas & Kendall, 2010).

This gap in knowledge may stem from the relatively early development of standardised training in the field of psychotherapy, not only nationally but globally. Priebe and Wright (2006), have revealed significant differences between countries like Germany and the United Kingdom (UK) in terms of accreditation standards, qualification requirements, and the structure of therapy sessions.

For instance, in the UK, various accrediting bodies, such as the British Association for Counselling and Psychotherapy (BACP), have long provided professional standards and ethical frameworks for counselling and psychotherapy training. However, until recently, there was no unified set of standards, leading to diverse training content across programs. In 2015, the BACP, British Psychoanalytic Council, and United Kingdom Council for Psychotherapy (UKCP) collaborated to create the Scope of Practice and Education (SCoPEd) framework (BACP, 2022). The framework should address inconsistencies in the roles, competencies, and training

standards for professionals at different levels in the field. Since then, the organisations have worked together to refine the framework, releasing two draft versions. In 2020, other Professional Standards Agency-accredited bodies, including the Association of Christians in Counselling and Linked Professions, Association of Child Psychotherapists, Human Givens Institute, and National Counselling and Psychotherapy Society (NCPS), joined the SCoPEd project. By 2023, all partners had agreed to adopt the framework and began a phased implementation process, with full integration expected by 2026 and complete adherence by 2028. The SCoPEd framework is expected to significantly impact the UK's counselling and psychotherapy professions by standardising competencies, skills, and training requirements across six major accrediting bodies. This standardisation could offer greater clarity for trainees, clients, and the public, enabling more informed decisions when choosing a psychotherapist or counsellor based on clearly defined qualifications and competencies at each practitioner level. Likewise, standardisation of the training placement requirements could improve experiences for trainee psychotherapists and support the management of stress and challenges experienced in this work.

In contrast to standardisation efforts in the UK, Germany's psychotherapy profession is governed by the Psychotherapists Act, first enacted in 1999 and revised in 2020 to reform psychotherapy training (BGBI.1, 2019, p.1604). Published in the *Bundesgesetzblatt*, the federal law gazette, this law aims to improve access to psychological therapies, which were previously limited to medical doctors or delegated psychotherapists. The Act regulates psychotherapy training, licensure (approbation), and practice. Since the 2020 reform (BGBI.1, 2020, p.448), psychotherapy training in Germany now requires an integrated bachelor's and master's degree, along with practical training phases (PT1 and PT2). PT1 involves clinical practice in settings like psychiatric

hospitals, while PT2 focuses on outpatient therapy. The reform includes a grace period until 2032 for students who began their studies before the new law, allowing them to complete their training under the old system, which required a psychology degree and additional postgraduate training at private institutes. Overall, Germany's regulation of psychotherapy is stricter than in the UK, highlighting significant differences in training regulations, though some aspects of practice may converge.

For instance, entry requirements for psychotherapy training courses in the UK are comparable to Germany in that a prior qualification in a related profession, e.g. psychology, is required (BACP, 2022). Moreover, psychotherapy training in the UK is commonly delivered in postgraduate research courses (Aafjes-van Doorn *et al.*, 2018), which was adapted by Germany since the reformation of the Psychotherapists Training Act (BGBl, 1, 2020, p.448). Furthermore, Germany's Psychotherapists law requires a component of ongoing therapeutic practice with clients (BGBl, 1, 2019). This mirrors UK training programs, where therapeutic placements are an essential component (BACP, 2018).

With evident differences and similarities in psychotherapy regulations between the UK and Germany, comparing psychotherapy training across countries can help clarify the term "psychotherapist," which varies internationally in definition and practice (Lutz & de Jong, 2015). While psychotherapists commonly provide psychology-based support for mental health issues, there is no universally agreed-upon definition of the role. This could lead to misaligned expectations from clients and healthcare providers, given differing views within the profession regarding the necessary competencies, skills, and training of psychotherapists.

To better understand psychotherapy training in the UK and Germany, it's important to examine the role of therapy placements. To date, little research addressed

this essential component of training courses across countries. However, supervision, a crucial component of therapy placements has been examined. For instance, supervision provides a vital space to discuss client work, support strategies, and placement dynamics (Wilson, Davies & Weatherhead, 2016). It serves as a tool for reassurance, learning, and reflection, enabling experienced colleagues to share knowledge and advice (BACP, 2018). The quality of supervision can profoundly influence trainees' professional and personal development, as it can shape their ability to form trusting relationships with supervisors and can facilitate open discussions about placement experiences (Milne et al, 2002).

Yet, despite psychotherapy training being regulated by law, Germany lacks regulated supervision in placements, leading to variation in structure and quality (Nodop, Thiel & Strauss, 2010). While in the UK, there are existing guidelines on required amount of placement supervision, e.g. BACP (2018), there are no clear standards in either country for session structure, supervisor qualifications, or whether supervision should be one-on-one, or group based. This unregulated provision of placement supervision might impact trainees' overall experiences in therapy placements. Despite its importance, little attention has been given to what and how psychotherapy trainees experience on placement in the literature.

Consequently, this begs the question what experiences trainees have on their psychotherapy placements. Moreover, the lack of literature comparing the experiences of trainees on psychotherapy or counselling placements in the UK and other countries, e.g. Germany, leads one to question how these experiences might compare or differ. Thus, the aim of this research project is to explore psychotherapy trainees' experiences towards student placements as part of their training, and to identify similarities and differences between experiences of students in the UK and in Germany. Accordingly,

the purpose of this research is to better understand the experiences of psychotherapy trainees' student placements and to gain an understanding of how experiences of psychotherapy trainees' student placements compare or differ in UK and German training programs. In this, the objectives of this research are the consideration of the relevant training approach, cultural aspects and institutional conditions of training to gain a representative understanding of psychotherapy or counselling trainees experiences of their practice placements.

In the following, Chapter Two, pertinent literature will be reviewed critically to illustrate the gap in knowledge this research seeks to address and to outline the position of this study within the wider academic literature. In Chapter Three, the methodology of this study will be outlined to present how the semi-structured interviews with trainee psychotherapist participants in the UK and Germany were conducted. Further, the subsequent analysis using interpretative phenomenological analysis (IPA; Smith, Flowers, and Larkin, 2022) of the interviews will also be presented. Then, in Chapter Four, the findings from the IPA are discussed with consideration of the current literature gap on placement experiences in UK and German psychotherapy training programs. In Chapter Five, the implications of the findings are discussed and connections to the existing literature are drawn as well as recommendations for future research and psychotherapy training programs are given. Finally, a conclusion is presented to answer the research question “What are psychotherapy trainees' experiences in student placements and how do these differ among UK and German trainees?”.

Chapter Two: Literature Review

This research is an exploratory study of psychotherapy trainees' placement experiences. To gain an understanding of trainee psychotherapists' placements and their experiences of being on training placements, a comprehensive literature search was conducted using various academic databases, including PsycINFO, ProQuest, Google Scholar, and the university library. Access to a plethora of reputable publishing and academic resources was facilitated via Open Athens. Search terms such as "placement", "counselling placement", and "psychotherapy training", were combined with modifiers like AND, OR, and NOT. Search terms were adjusted for regional spelling variations, such as "counselling" and "counseling." The initial search focused on literature from 2019 onward but was later expanded to include works dating back to 2010. Eventually, all filters were removed to ensure a comprehensive review of relevant sources.

Given the limited research specifically addressing the experiences of trainee psychotherapists during placements, this review included relevant literature on training placements in related healthcare professions, such as psychology, to identify factors influencing trainees' placement experiences and highlight gaps in the knowledge surrounding psychotherapy training placements. Due to the scarcity of results, this review critically considered dissertations, non-peer-reviewed articles, and opinion pieces, including editorials and columns.

Moreover, owing to the researcher's bilingualism, German-language articles were incorporated. Inclusion and exclusion criteria were broadly delineated; articles were excluded if they did not address placements, psychotherapy/counselling training, or supervision. Literature was included if it pertained to aspects of psychotherapy/counselling training, placements, experiences of psychologically or therapeutically informed professionals in training, distinctions between the UK and

German healthcare systems, or facets of psychotherapist/counsellor trainee development. This approach highlights the significant gap in knowledge regarding psychotherapy and counselling placements, indicating a need for a deeper understanding of psychotherapy training placements. Such understanding is essential for developing optimal placements that lead to better training outcomes and, ultimately, a stronger psychotherapy workforce.

A clinical or counselling placement is an important element of these training programs. Various accrediting bodies such as the BACP, UKCP, and NCPS, along with German legislation governing the profession of Psychotherapists, mandate a practical psychotherapy component for the accreditation of counsellors/ psychotherapists. Consequently, many psychotherapy training providers, including UK universities and German training institutes, incorporate counselling/ psychotherapy placement requirements into their programs. For example, the NCPS (2024) stipulates a minimum of 100 hours of supervised placement within an organization or agency. In comparison, the German psychotherapist law (BGBL.I, 2020) mandates a combined total of 1,320 practice hours during Bachelor and Master psychotherapy studies for accreditation. Despite the inclusion of a practical therapeutic work component in psychotherapy training programs across countries, the significant contrast in the mandated hours of clinical practice for accreditation highlights a lack of standardisation within the psychotherapy profession globally. Dirk Rohr, the then-president of the European Association for Counsellors (EAC), recognised this in his 2021 book “Counselling in Europe: Training, standards, research, 'culture' & information about 39 countries”. In this work, he discussed the EAC’s training standards, which reflect the NCPS guidelines, including a minimum requirement of 100 hours of supervised client work. This points to the lack of uniformity in global training standards potentially contributing

to varying placement experiences for trainee psychotherapists in different countries. Therefore, it is crucial to explore and compare these trainees' experiences to highlight the differences in experiences across various training programs.

The significance of gaining practical work experience with clients/ patients during psychotherapy training is undeniable, as further underlined by Orlinsky, Botermans, and Ronnestad (2001), who conducted a study on influential factors for therapist development of 4,000 therapists from various countries, including Germany and the UK. The researchers identified practice-related interpersonal situations, especially direct client work, as the most significant positive influence on therapist development. However, the use of self-report measures denies more detailed data on what constitutes the positive influence on therapist development. Nevertheless, this finding highlights the importance of clinical practice in psychotherapy training and underscores the need to explore why direct client interaction is considered the most critical factor in therapist development, particularly for trainees.

Noteworthy, Orlinsky, Botermans, and Ronnestad (2001) found that the most negatively rated influence on therapist development was the institutional conditions in which they practiced. While therapists viewed client work as the most impactful aspect of their development, this suggests that the institutional environment during clinical placements can adversely affect their progress. Consequentially, investigating the lived experiences of trainee psychotherapists in the current study has the potential to assess Orlinsky and colleagues' findings 23 years later, as well as gain an improved understanding of what constitutes the influence of direct client work and institutional constrictions on therapist development.

Since the publication of findings by Orlinsky, Botermans, and Ronnestad (2001), there has been a notable dearth of further study aimed at enhancing comprehension of

the identified factors influencing therapist development. This underscores the conspicuous gap in research that this study has identified and seeks to address, specifically the lack of thorough investigation into psychotherapy trainee placement experiences, particularly within the last 5 years. To demonstrate, Grafanaki (2010) wrote a brief editorial outlining the need to understand contributing factors to formative experiences in counselling training programs, thereby highlighting a need for research in this field. Grafanaki argues that by understanding the formative experiences of counselling trainees, training programs could be improved, and outcomes and therapy skills could benefit clients more, which would impact society at large. This present investigation will thus contribute to the limited research on psychotherapy training placements, in particular, what experiences trainees have of their student placements and how these experiences could influence therapist development.

To explore the factors influencing psychotherapy trainees' clinical placement experiences, Heinonen and colleagues (2022) analysed data from a larger international longitudinal study on psychotherapy training conducted by the Society for Psychotherapy Research Interest Section on Psychotherapist Development and Training (SPRISTAD; Orlinsky et al., 2019). They found that high life stress correlated with economic insecurity, self-protectiveness, attachment-related anxiety, and childhood hardships. In contrast, trainees' well-being was most strongly associated with being married, having a warm interpersonal style, and experiencing economic and emotional security in childhood. While the study indicates that psychotherapy trainees generally enjoy a good quality of life, the authors recommend enhancing trainees' well-being through financial support, supportive supervision, and self-care training. However, the findings should be critically evaluated, as they are based on a subset of the original dataset, raising questions about their representativeness. The authors suggest that their

results align with previous research on quality of life factors, though the directional impact of these factors on life stress and satisfaction remains unclear. Nevertheless, these findings are relevant for assessing factors that could affect trainees' placements and hold promise for enriching the literature on the quality of life of psychotherapy trainees.

Similarly, relevant findings were reported in a study by Hubbard and colleagues (2024), with the aim of reporting on the varied factors that influenced the implementation of counselling & psychotherapy student placements in care homes. The researchers findings demonstrate what themes might occur in the experiences of counselling and psychotherapy trainees. Four trainees were interviewed at the start and end of their care home placement, in which they counselled the staff during the COVID-19 pandemic. The eight interviews and two reflective vignettes from one of the students and the counselling & psychotherapy programme coordinator were analysed thematically to identify themes across the data sets. The authors describe two themes, including three sub-themes each: Facilitators (Motivation and Value, Learning and Supervision, Providing accessible Support) and Challenges (Supportive Framework, Role Clarification and Placement hours). It is apparent that numerous subthemes are closely related with the experiences of trainees during their placements, providing valuable insights that are relevant to comprehending the experiences of counselling and psychotherapy trainees across diverse placement environments. These recurring patterns serve as informative indicators for both organizers of training programs and accrediting bodies, emphasizing crucial factors in formulating placement criteria. However, it is crucial to contextualize these findings within the unique circumstances of the study period. The COVID-19 pandemic presented numerous challenges to the healthcare system in the UK, which subsequently influenced the nature of the clinical placements

examined in this study. As the authors note, placements in care homes are typically uncommon for psychotherapy and counselling trainees. However, during the COVID-19 pandemic, social distancing measures may have heightened the demand for counselling and psychotherapy services among care home staff. Nevertheless, it is essential to assess the reliability of these findings in the current post-COVID-19 era, characterized by a significant reduction in social distancing measures and the lifting of healthcare restrictions. The current research may offer such insight by giving indication of whether Hubbard and colleagues results show similarity to the reported placement experiences of the psychotherapy participants.

Moreover, the themes discovered by Hubbard and colleagues (2024) highlight factors like supervision and support, which directly impact placement experiences. Knox and Hill (2021) reviewed training and supervision in psychotherapy, noting that individual supervision generally leads to positive outcomes for supervisees. Key contributing factors were strong attachment between supervisor and trainee, and a strong supervisory relationship, along with strong supervision skills and effective feedback. These findings align with research on trainees' experiences. For instance, Folkes-Skinner, Elliott, and Wheeler (2010), examined the experiences of trainees beginning counsellor training. They interviewed Margaret, a first-year trainee counsellor, at the beginning, middle and end of the first term, and subsequently analysed the data using IPA. The authors found that supervision, particularly in groups, helped Margaret manage stress and process experiential learning. Supervision was key in reducing stress related to client work, however working with real clients prompted the most significant change during the first term of training. Although based on one trainee, the findings highlight the potential benefits supervision might have to reduce stress of trainees' placement experiences. However, the study's reliance on a single participant

raises questions over the generalisability of its findings. Supporting these results, Gnilka, Chang, and Dew (2012) examined the relationship between perceived stress, coping resources, the working alliance, and the supervisory alliance in a study of 232 counsellor supervisees, indicating further that effective supervision reduces stress from working therapeutically.

Further emphasising the influence of supervision on trainees' experiences of placements, Carless, Robertson, Willy, Hart & Chea (2012) investigated what influenced successful postgraduate placement experiences in an Australian population. They examined the influence of job characteristics, including task variety, task identity, task significance, feedback, and autonomy, as well as the influence of supervisor characteristics, particularly the relationship quality and mentoring, on placement outcomes. Two samples from professions for which placements were a requirement of their course were collected; Sample 1 comprised 266 undergraduate nurses, and sample two included 176 postgraduate psychologists. The findings revealed that job and supervisor characteristics impacted both, professional development and placement satisfaction. Job skill variety, feedback from the job, and significance of tasks influenced the outcome of placements. Mentoring emerged as the most influential supervisor characteristic for professional development and placement satisfaction, followed closely by the quality of the supervisor-student relationship. When considering these results, the significance of supervision is undeniable. Nevertheless, these findings do not indicate a directionality of influence of how the explored job and supervision characteristics influence placement outcomes. Additionally, although some may argue that there are similarities between the job characteristics of nurses, psychologists and counsellors/ psychotherapists, more research is needed to establish how the distinct job characteristics of counselling and psychotherapeutic client work impact placement

experiences. This study aims to address this gap in knowledge and may provide supporting or contrasting evidence regarding the impact of job and supervision characteristics on trainees' placement experiences.

The unique context of the COVID-19 pandemic continues to shape the landscape of counselling and psychotherapy placements. Pelden & Banham (2020) note that trainees in counselling and psychotherapy faced significant challenges during the COVID-19 pandemic, as sessions shifted from in-person to remote formats via phone or video conferencing. While trainees adapted to these changes due to social distancing and healthcare restrictions, accreditation requirements mandate a certain number of in-person practice hours. The authors highlight that trainees and universities struggled to meet professional standards, grappling with the challenges and lost opportunities brought on by the uncertainty of the pandemic. COVID-19 compelled accrediting bodies, training providers and trainees to explore alternative practice modalities and find creative solutions to meet training requirements and accreditation criteria. Consequently, researchers are now examining the viability of remote counselling and psychotherapy, which could influence the requirements and content of training programs, as well as placement opportunities. The increased adoption of remote client practice during the pandemic makes it essential to explore psychotherapy trainees' clinical placement experiences across different countries to better understand this trend of globalisation.

Psychotherapy is a global practice with many countries offering diverse training programs. Differences in content and delivery, including placement requirements, often stem from country-specific demands and cultural nuances. Despite the availability of psychotherapy training, comparative research on trainees' experiences across countries is limited. For instance, Park, Lee, and Wood (2017) examined the experiences of

international counselling students in practicum and internship modules in the USA using semi-structured interviews. Their Consensual Qualitative Research revealed key cultural sensitivities affecting placement experiences, such as the need for supportive relationships with cross-cultural supervisors, adequate faculty support for adapting to local requirements, and understanding clients' diverse needs. These findings highlight the significant impact of cultural factors on trainees' experiences. Therefore, training providers and accrediting bodies must recognize and address these influences to enhance placement experiences and improve therapeutic competencies among trainees.

Hence, the motivation for the current study is to explore psychotherapeutic trainees' placement experiences in two distinct countries, the UK and Germany, offering new insights into culture-specific and country-specific factors impacting their journey. Notably, despite targeted and extensive searching, no existing literature which directly compares student placement experiences between UK and German psychotherapy trainees was found. Consequently, this research endeavour holds immense promise in enriching the existing literature and shedding light on trainees' placement experiences across diverse nations, particularly between Germany and the UK, by exploring the lived experience of their student placements by current psychotherapy trainees.

Chapter Three: Methodology

Epistemology & Design

This study aimed to explore psychotherapy trainees' experiences of their student placements and compare experiences among UK and German trainees. Due to the exploratory nature of this study, it was endeavoured to develop a comprehensive understanding of the lived experiences of a small number of individuals on psychotherapy placement.

Therefore, the suitable research design chosen for this purpose was a qualitative enquiry using semi-structured interviews. The aim was to gather extensive information about the lived experiences of psychotherapy placements from participants, however, to contribute to the scarce existing literature on psychotherapy training, it was determined that a semi-structured interview using a schedule with ten topics would allow extensive data collection, while also offering comparability of participants' experiences. A detailed description of the development of the interview schedule is given in the materials section on page 24. This design enabled the collection of rich data on participants' lived experiences during psychotherapy placements. Interpretative phenomenological analysis (IPA; Smith, Flowers, & Larkin, 2022) was selected to explore how the individual participants make meaning of their sensations, perceptions, and environments, particularly relating to key experiences. Smith, Flowers, and Larkin (2022, p.1) describe IPA as method to examine “what happens when the everyday flow of lived experience takes on a particular significance”. Thus, IPA was deemed the appropriate method for understanding how psychotherapy trainees interpret their placement experiences, as participants reflected on and made meaning of their counselling placements during the interviews.

IPA is rooted in transcendental philosophy and Husserl's phenomenological inquiry (1859-1938, cited in Willig, 2008, p.52), which seeks to understand and describe subjective experiences as lived by individuals, marked by the reflexive effort to make meaning of this process. This idiographic focus on meaning-making aligned with the study's aim of understanding unique individual experiences rather than generating generalisable findings. Additionally, IPA draws on hermeneutics; focusing on how interpretation is derived. Specifically, IPA employs a double hermeneutic, where the researcher interprets the participant's interpretation of their experience, acknowledging the individual's subjective meaning-making as in phenomenology. IPA also involves thematic analysis, where researchers identify patterns or themes in participants' accounts and explore their meaning. This process considers broader contextual influences, including cultural, social, and personal factors that shape the participant's experience. Thus, IPA was chosen as a valuable approach for investigating the placement experiences of psychotherapy trainees in both the UK and Germany.

Recruitment

Participants were recruited through online advertising via a flyer detailing the interview parameters and contact information (see Appendix A). Inclusion criteria required participants to be psychotherapy trainees with at least one placement experience, able to interview online via Microsoft Teams, and proficient in English. These criteria ensured participants could discuss their lived experiences of psychotherapy training placements and understand the interview materials, such as the information sheet, informed consent sheet, interview schedule (in preferred language), and debrief form (see Appendices B, C, D, and E). Ultimately, six participants were recruited; three German participants and three British participants, who were allocated pseudonyms to ensure anonymity (See Table 1).

Participants

A pilot interview with a German participant tested the interview schedule. Based on participant feedback and the researcher's reflections, the schedule was translated into German to ensure smooth interview flow and accurately capture participants' experiences. As a result, the researcher conducted German interviews in German. The pilot interview was excluded from the analysis, leaving a final sample of three German and three UK participants.

Demographic data on age, gender, and ethnicity were collected to compare trainee characteristics (see Table 1). The gender identity question confused participants, who responded with biological sex (e.g., "female" instead of "woman"). To avoid this confusion in future studies, a question about preferred pronouns should be included for inclusivity. Clarifying the purpose of the question resolved the confusion in this study.

German participants had paid psychotherapy trainee placements on psychiatric wards as part of the "PT1" clinical phase of their training, while British participants held voluntary placements in the third sector, such as charities or mental health organisations. Data on country of training, modality, start date, and total therapy hours were collected for context and comparison. German trainees worked full-time, with additional responsibilities like ward rounds and writing admission or release letters. Therapy hour estimates, including group therapy, reflect participants' approximations of the hours accumulated during their placements. British trainees engaged in voluntary placement hours part-time and therapy hours included one-on-one sessions with clients.

	Greta	Simon	Elsa	Katie	Judy	Irene
Age	28	29	27	51	38	57
Gender Identity	Female	Male	Female	Female	Female	Female
Ethnicity	White German	White German	White German	White British	White British	White British

Country of Training	Germany	Germany	Germany	Scotland	Wales	Wales
Training Modality	Behavioural Therapy	Behavioural Therapy	Behavioural Therapy	Cognitive-Behavioural Therapy	Person-Centred Therapy	Adlerian Therapy
Start date	January 2023	(unable to identify month) 2020	May 2023	January 2023	March 2022	November 2023
Therapy hours	~200 hours	>800 hours	>180 hours	53 hours	>100 hours	6 hours

Table 1. Participant Characteristics

Materials

Due to the limited literature on psychotherapy trainees' placement experiences, the interview guide was developed using multiple methods. Inspired by Xiong et al. (2022) and Cole (2019), the researcher adapted their questions to capture the depth of placement experiences, using broad, open-ended questions to encourage free expression. The final guide began with general prompts (e.g., "Please describe your experience with your placement.") and followed with more specific questions (e.g., "What is your experience with placement and course supervision?"). This approach aimed to allow participants to discuss their experiences freely and avoid redundancy if they covered specific topics in their initial responses, thereby maximising the information gathered about their lived experiences.

Procedure

Once participants were recruited, they received the information sheet, consent form, and interview schedule via email, with a request to return the signed consent form before the interview. Interviews were conducted on Microsoft Teams at a pre-arranged time and recorded using the platform's recording feature. At the start of each interview, participants were greeted, informed consent was reaffirmed, and they were reminded of their right to ask questions and withdraw at any time. Data were collected through semi-structured interviews. Then, participants were asked demographic questions (see Table

1). Afterwards, participants first discussed their training course details, followed by the interview questions, with supplementary prompts like “How did that feel?” or “Could you give more detail?” to elicit further insights into their placement experiences. After all topics were covered, the interviewer informed participants that the interview had concluded. The participant was debriefed and informed that a debrief form would be emailed afterward. They were reminded of their right to withdraw within two weeks, in which case their data would be excluded from the research. Participants could ask additional questions, and the researcher explained that data analysis would begin. After stopping the recording, the interviewer and participant briefly chatted informally before concluding the interview.

Interviews were then transcribed with the aid of the Microsoft Teams Transcript feature. The interviews from German participants were translated into English. Finally, the data were analysed following the steps of IPA, as outlined in Chapter Five (Smith, Flowers, and Larkin, 2022).

Analysis

The interview data were analysed using IPA (Smith, Flowers, and Larkin, 2022). The process began by listening to the recordings and transcribing them verbatim into a Microsoft Word document, capturing pauses, non-verbal cues and emotive expressions. To illustrate, participant Elsa’s transcript included this passage:

(pauses) Well, there's someone sitting there who has just been through a suicide attempt. And (sighs) yeah (shrugs), I also don't really know what to do then. (Elsa, page seven, line number 141)

Following Smith, Flowers, and Larkin’s (2022) proposed analytic process, the researcher first created an analytic table including the transcript and columns for notes. She then recorded her reflections to account for potential biases and maintain focus on

the data. To demonstrate, following participant Katie's interview, the researcher noted her initial preconceptions:

Participant Katie very success- & solution-focused. Participant is very influenced by teacher career and still employs a lot of "teacher behaviour" as a counsellor. Part. very dedicated to getting most out of placement experience, e.g. supervision example. Part. quite strongly opinionated.

Next, the researcher actively engaged with the data by re-reading the transcript and highlighting key sections. This process flowed into the second analytic step, where the researcher recorded anything of interest in the parallel column during multiple readings, such as language patterns or speculative interpretations of values or concerns. These exploratory notes also included the researcher's reflective questions about the data, as seen in this excerpt from Judy's transcript:

That was an interesting one, because during the interview process, we were told that you're very much cwtched in and that someone would always be there... And I found that interesting, the phrase "cwtched in", because even though in Mind the boss was always there, we knew- uhm, she didn't like...uhmm, (sighs) how can I explain it? She liked us to be independent as well. (Judy, page seven, line number 148)

The researcher annotated this excerpt:

"interesting" But not curiosity; not good? cwtched = Welsh term for "hugged tightly". "interesting" = promising?

In the third step, the initial notes were condensed into interpretative statements about the participant's experience and recorded in the corresponding table column. For instance, in this segment of Irene's interview transcript:

Uhm, so when you get a real-life client [laughs], it's sort of-, so you've got this to- toolbox that you can pick things out of, but it's up to- you know, you've got a little bit of- well, you know, start with this, the contracting and then, you know maybe with the Adlerian we do life task schools and stuff like that. (Irene, page 13, line number 243)

The researcher interpreted the exploratory notes and participant's statement to formulate this experiential statement:

Builds a formula or toolbox for client work on the course, but the lack of experience limits the usefulness.

In step four, the researcher consolidated the statements into themes by identifying connections and divergences in the experiential statements. This process was intertwined with the next and fifth step, where emerging personal experiential themes (PETs) were named and organised into a table alongside corresponding experiential statements and transcript excerpts. To illustrate, a section of Katie's PETs table:

B. TEACHING BACKGROUND

Connections

Fortunate to not need to interview for placement due to connections. p.26 *"I didn't have to go through an interview or anything because I've I've worked with the director of TCS"*

Then, in the sixth step the analysis was repeated for all six interviews. The researcher employed bracketing to focus on each participant's lived experience, ensuring unbiased, rigorous results. This was achieved by taking breaks between analyses and reflexively noting any emerging preconceptions. In the seventh and final step, personal themes from each participant were compared and contrasted to create a table of group themes, with corresponding quotes from participants who shared similar or contrasting experiences. To demonstrate, the following is an excerpt of the Group Experiential Themes table capturing both the shared and unique aspects of participants' psychotherapy placements:

A. SYSTEMIC CHALLENGES TO PSYCHOTHERAPY PLACEMENTS

Generally challenging aspects to being on placement

Systematic issue of underfunding healthcare providers prevents long-term therapy. *"it's more the NHS and not, you know, putting more money into it"*
(Katie, p.33)

In the next chapter, the findings of this analytic process are presented.

Trustworthiness

To ensure rigorous and trustworthy analysis, Levitt et al.'s (2018) journal article reporting standards for qualitative research (JARS-Qual) were employed to gauge validity. Smith, Flowers, and Larkin (2022) further guide the specific application of the JARS-Qual to IPA. Methodological integrity was maintained by using data that accurately captured the lived experiences of six psychotherapy and counselling trainees, providing a diverse and substantial basis for analysis directly relevant to the research question.

Ethics

The study received ethical approval by the University of Wales Trinity Saint David's Ethics Committee. Participants provided written informed consent before the interview and were reminded that their participation was voluntary throughout.

Chapter Four: Findings

The interview data were analysed using IPA (Smith, Flowers, and Larkin, 2022) to address the research question: “What are psychotherapy trainees' experiences in student placements and how do these differ among UK and German trainees?” To provide an overview, the analysis revealed 11 superordinate themes and 15 subordinate themes, illustrating the placement experiences of the six psychotherapy trainees and their similarities or differences (See Table 2). Themes were identified if shared or contrasted among at least three trainees, as recommended for samples of more than five participants (Smith, Flowers, and Larkin, 2022). A comprehensive list of the identified group experiential themes, including transcript extracts, is available in Appendix E.

Superordinate group experiential theme	Subordinate group experiential themes
Systemic challenges to psychotherapy placements	Generally challenging aspects to being on placement German trainees’ financial hardships during placement
Importance of thorough induction to placements	Poor start to placement due to lacking support Helpful induction to placement
Uncertainty in placement due to lack of experience	Feeling uncertain over therapeutic work due to lacking experience In contrast, self-confident and proactive approach to challenges in therapeutic work
Limited number of sessions prevents opportunity to work at therapeutic depth in placements	
Positive reframing or tempering optimism of negative experiences on placement	
Gaining confidence in therapeutic practice with increased experience	
Importance of effective supervision in psychotherapy placements	Experience of inadequate supervision Importance of effective supervision in placement

	<p>Effective supervision is characterised by supportive guidance, reliable supervisor and exchange of ideas</p> <p>Effective and helpful peer support/ intervention</p>
Significance of supportive, validating, and efficient placement environments	<p>Feeling supported and valued in placement</p> <p>Positive and efficient placement organisation</p>
Importance of self-care and time for leisure while on placement	
Significance of altruistic satisfaction	<p>Recognised as effective practitioner gives sense of purpose</p> <p>Rewarding feeling to help patients or clients</p>
German trainees' curiosity and reflection on gathered therapy hours	

Table 2. Overview of Group Experiential Themes.

Analysis of the group experiential themes (GETs)

SYSTEMIC CHALLENGES TO PSYCHOTHERAPY PLACEMENTS

The first overarching theme highlights the systemic challenges that interviewees experienced during their trainee placements. This was demonstrated through two sub-themes.

Generally challenging aspects of being on placement

Most participants reported issues and challenges in their placement experiences pertinent on a systemic rather than individual level. For instance, Katie stated:

I did feel like she'd been let down by the system [R: Uh-mhm] but it is what it is. That's what the funding for. That- that's what you get. Certainly not the fault of the placement, it's more the [national health service] and not, you know, putting more money into it. (p.33)

In this statement, Katie discusses her work with a patient she felt was failed by the UK healthcare system, which offered only six short-term therapy sessions. She

speculates that the fault lies not with the placement but with the underfunding of the National Health Service (NHS), which limits long-term interventions for patients. In addition, another systemic challenge was discussed by Irene:

I don't know, it's- it's quite tricky knowing... Who- who's taking on and, 'cause I know a lot of it is on funding and stuff like that, so unless you've got a very clear idea that you wanna work for a particular organisation, it's quite tricky to know kind of who's taking on people who has placements. (p.47)

In this instance, Irene faced difficulty discovering available placement opportunities and would have benefited from clearer advertisements. She also empathised with organisations funding these placements, highlighting a systemic issue in psychotherapy placements. Similarly, Greta described another systemic challenge in psychotherapy placements:

I also have some friends who work 40 hours, and there I realise that I couldn't do that, and I also notice that they are reaching their limits. (p.46)

Here, she discussed her experience of working part-time rather than full-time during her clinical placement. She also reflected on her peers' struggles with full-time work, showing considerable self-awareness in recognising that she would also struggle to cope with the stress of full-time weeks in a psychiatric hospital. This highlights a systemic issue with full-time work in psychotherapy training placements in Germany, a concern not mirrored by UK psychotherapy trainees. However, this theme is echoed in a subsequent GET by Simon and Elsa, who described their struggles to maintain a healthy work-life balance during their placements. Moreover, Greta also described another challenging aspect of placements at the systemic level:

So you are also already very exploited in certain places, but that's... exactly, I would maybe change that. (p.46)

This statement shows that Greta perceives the conditions of psychotherapy placements in Germany generally unfair, exploitative and insufficiently supported.

Convergently, Simon described his frustrating experience of excessive requirements of trainees in clinical placements:

Yes, you just have a role somewhere, somewhere I have a lot of responsibility for patients, but no responsibility like that on a...[gesticulates steps with hands], so because we did the therapy but actually have a trainee status and an internship contract and there are no qualified psychotherapists there, and, but somewhere we are in this placement and but have a heck of a lot of responsibility and then no say at all. (p.55)

Here, Simon described his own experience of feeling of unfair treatment, hinting at a broader systemic issue without explicitly stating it. To summarise, interviewees encountered several generally challenging aspects of psychotherapeutic placements in both countries, such as underfunded healthcare systems, poorly resourced placement providers, and exploitative conditions within hierarchical hospital environments in Germany. Participants viewed these challenges on a systemic rather than individual level.

German trainees' financial hardships during placement

A second subordinate theme emerged only among the German participants' experiences, and showed a struggle with financial aspects, such as trainee wages while on placement. To illustrate, Simon described:

Yes, that's what I came up with, so in PT1 we had 1000 euros gross, 800 euros net, plus then five hours as a psychologist when I ended up at 1,200 net. But you have to pay rent, training costs and other things, so that's hard. (p.70)

To clarify, PT1 is an abbreviation for Praktische Tätigkeit 1, literal translation: Practical Activity 1, which describes the clinical placement in German psychotherapy training courses. Simon explains his earnings during this placement and indicates that he struggled to cover his living and training costs. He highlights the low trainee wage, which Greta also struggled with:

What is maybe also challenging is the question of the financial situation... that will be, well I don't know how it is for you, but ..[R smiles, GRETA smiles], but

yeah that is simply something that is resonating alongside everything all the time. Uhm [R; yeah], but I am also relatively... well I am currently taking out a loan through my parents and will simply pay that off at some point when it comes to that. Through that I can suppress that a little [both laugh]. (p.37)

Here, Greta discusses the challenging financial situation she faced during her placement. She describes the financial hardships as a constant presence throughout her experience but has taken the initiative to reduce the pressure by taking out a loan. The non-verbal communication in this transcript, with both the researcher and Greta smiling and laughing, indicates a solemn and resigned attitude towards the financial difficulties of placements, rather than any sense of happiness. Similarly, Elsa conveys similar frustrations:

Yes, because we're the cheap labourers, right? (p.39)

Elsa discusses a new master's program in clinical psychology and psychotherapy introduced in Germany in 2021/2022. She highlights the difficulties faced by graduates of this program in seeking placements, as they are competing with trainees following the traditional route of attending an institute for psychotherapy to gain a psychotherapeutic license. The conflicting qualifications result in lower pay for trainees on the traditional route, despite their equivalent qualifications, since a postgraduate degree in clinical psychology is a prerequisite for the traditional training path. Elsa expresses her frustration with this unfair pay discrepancy through a grim and sarcastic statement. However, her frustration extends to trainee wages in general, even though her personal experience with placement wages has been satisfactory. Similarly, Greta and Simon have taken measures to alleviate some personal financial hardships, yet their statements reflect a shared understanding of the systemic financial challenges faced by trainees on clinical placements.

IMPORTANCE OF THOROUGH INDUCTION TO PLACEMENTS

The second overarching theme from the group of interviewees concerns the importance of thorough inductions during their placements. This theme includes two contrasting sub-themes.

Poor start to placement due to lacking support

The first subordinate theme represents the negative experiences participants had of their start to placement. For instance, Simon remembered:

I'd guess I was there for eight months, seven, eight months, about that. The time there, wow, that was my first time, I was pretty lost, let's put it this way, I felt quite lost. (p.12)

In this segment, Simon reflected to the beginning of his placement in a psychiatric hospital and recognises he felt lost, desolate and abandoned, which he emphasises through repeating “lost”. Judy experienced a similar mutuality:

So we sat down, we watched a few videos, ticked a few boxes basically. [R: Umm.] Ehm, and then that was the last time I seen her. I never seen her after that. (p.17)

Judy recalls her first day at her second placement, where the induction was unsatisfactory, and she subsequently had no further contact with her placement organisation lead. This lack of communication left Judy feeling disappointed and abandoned, a sentiment emphasised by her repeated mention of never seeing the organisation lead after the initial day. Collectively, these statements highlight the poor experiences of an inadequate induction phase for both Simon and Judy. Conversely, the emphasis on the negativity of these experiences underscores the importance of a thorough induction for both interviewees. This is further supported by the second sub-theme, which amplifies the importance of a comprehensive induction process during placements.

Helpful induction to placement

Other interviewees had positive experiences of beginning placement. For instance, Irene describes:

I've just got a placement with [redacted]. That's been really good. We've had an induction, I've met my supervisor... (p.9)

Here, Irene speaks about beginning a second placement which began well, because she had a satisfactory induction, including meeting her supervisor. The fact that she elaborates on what made the start to placement positive emphasises the importance of a thorough induction process for her. Similarly, Elsa also expressed:

Sooo, it started that I had an induction. I was told from the beginning that I would go along at first, almost like an internship, and that I would be shown everything. (p.5)

Elsa remembered the beginning of her placement experience, which was positive, and she explained the induction process was transparently laid out. The highlighting of the likeness to an internship emphasises the thorough nature of her induction to placement, which set her up to start her placement duties well. Greta shared a similar experience:

Well I have to say that now I had a very 'smooth' start into placement [smiles]. (p.15)

Here, Greta reflects on her upcoming outpatient placement and recalls the start of her previous placement, which she admits was smooth. She smiled because she used the English word "smooth" to describe this experience, while using German for everything else. The word "smooth" came naturally to her as the best description, signifying that her placement began with ease and without complications. Greta's reflection on the smooth start to her previous placement underscores the importance of a seamless beginning when considering her upcoming new placement.

CHALLENGES AND INSECURITIES IN PLACEMENT DUE TO LACK OF EXPERIENCE

The third overarching theme among the interviewees centres on the challenges and insecurities they face in their placements due to perceived lack of experience. This theme comprises three sub-themes: two highlighting the direct challenges and insecurities, and one focusing on overcoming the lack of experience, further underscoring the main theme shared among participants.

Lack of confidence in therapeutic skills due to lack of experience

A feature of the placement experience of three participants was a feeling of uncertainty in their therapeutic skills which they attributed to a perceived lack of experience in psychotherapeutic practice. As case in point, Irene said:

I suppose my mind is a little bit like- coming in a little bit going off “I wanna fix you, but actually, you know, I can't fix. I'm not here to fix you. You're- You're here to fi- You know you're here...” So it's all that kind of stuff going on. Just a little bit of insecurity around what I'm doing because I'm, you know, because I'm brand new at it. (p.14)

She was talking about her client practice being quite different to triad work in university when describing uncertainty through overthinking her work with clients due to not having had much experience. This is emphasised through her statement “So it’s all that kind of stuff going on”, which implies that there are many conflicting thoughts and processes happening while in session with clients due to a lack of confidence in her therapeutic skills. Quite similarly, Elsa described:

One just has to try it out a little bit and that was of course a queasy feeling at the beginning, to have that responsibility and to think a little bit before every conversation “Oh, let's see what happens, because (huffs) I can't really estimate it” (laughs). (p.9)

Elsa spoke about her professional development, but here she refers to the uncertainty she faced in patient sessions at the beginning of her placement, particularly

with high risk patients. She explains here that it was an uncomfortable feeling to carry responsibility in the therapeutic work with patients, but to feel uncertain about approaching sessions. Elsa indicated a risk-taking approach, illustrated by her saying “one just has to try” and “oh”, which implies in parts a resignation to her lack of confidence in her therapeutic skills, supported through her huffing, as well as an acceptance of the uncertainty over the therapeutic sessions, which is leaving her laughing at the impasse. Likewise, Greta expressed:

And yes, then... it's just kind of difficult sometimes to do- That's where I'm- I just noticed, I've come to my limits in the sense of 'I somehow don't really know what to do anymore'. (p.19)

In contrast, self-confident and proactive approach to challenges in therapeutic work

The second subordinate theme in relating to uncertainty in therapeutic skills through a lack of experience stands in contrast to the first subordinate theme in that it encompasses participants' experiences of uncertainty in their therapeutic work, which was encountered with a self-confident, solution-oriented and proactive approach to overcome challenge. To demonstrate, Katie expressed:

If I have felt 'how does CBT fit into this?' I'll go and read, or I'll take it to provision. (p.37)

She explains that when faced with uncertainty in therapeutic work, she adopts a proactive approach by researching topics or utilising supervision, demonstrating her determination to enhance her therapeutic skills. This illustrates that while she may feel unsure about applying Cognitive-Behavioural Therapy in her practice, possibly due to limited experience with the concepts, she approaches the challenge with confidence to learn and improve her decision-making abilities in therapy. This stands in contrast to Irene's statement highlighted in the first subordinate theme. Simon also demonstrated a proactive and self-determined approach:

I was like that 'No, but then I also take the time for it and don't let myself be stressed out somehow and take too many patients'. (p.19)

Here, he articulates his reluctance to dwell on frustrations stemming from the lack of guidance and orientation in his therapeutic work during clinical placement. Instead, he confidently manages his workload by limiting the number of patients he sees. This approach allows him to dedicate time proactively to researching interventions and addressing the uncertainties in his therapeutic interactions with patients. Another challenge faced by several participants is addressed in the fourth overarching theme.

LIMITED NUMBER OF SESSIONS PREVENTS OPPORTUNITY TO WORK AT THERAPEUTIC DEPTH IN PLACEMENTS

This group experiential theme demonstrates that interviewees experienced challenges of working at therapeutic depth with their patients or clients due to a limited number of sessions in short-term interventions offered in their placements. Illustrated by Simon, who said:

And I was also- so this transfer from seminar to hospital is relatively difficult, because what you learn in the seminars is very much designed to work in practice, that you then also use yourself in [private] practice. So, and not in the hospital, where you only have six to eight sessions, whereas somehow you have many more sessions in outpatient therapy. (p.28)

Simon explains that adapting the interventions from seminars to his hospital patients is challenging because he only has six to eight sessions with them. The interventions were designed for private practice settings, where more sessions are available. As a result, he struggles to adapt these interventions within the limited time frame. Arguably, this would imply a lack of therapeutic depth or change where he feels the interventions are not effective for work with his patients. Greta conveys similar issues:

It's just that the patients are there for a maximum of 3-4 weeks and thus real therapy as in therapy is very rarely possible. (p.7)

In this statement, Greta also emphasises the short length of admission for patients on her addiction ward placement. She expresses that it is often not possible to do “real therapy” with patients because of the short amount of time for intervention. This implies that the length of time to work therapeutically is regarded as essential to the therapeutic depth and therapeutic change that can be achieved in the sessions. This is echoed by Katie, who further expressed struggling with the short interventions on placement:

And I think that's probably been the biggest challenge, is delivering uhm, you know, trying to support somebody in such a short space of time. (p.6)

Katie reflects on her placement challenges, identifying the limited number of sessions as the biggest obstacle. Initially, she mentions difficulties in delivering interventions but then shifts to supporting patients within a short time frame. This shows her concern about achieving therapeutic change with brief interventions. Hereby, she emphasises the struggle that Simon, Greta and her experienced during their placements.

POSITIVE REFRAMING OR TEMPERING OPTIMISM OF NEGATIVE EXPERIENCES ON PLACEMENT

The fifth group experiential theme encompasses the positive reframing of negative experiences three participants expressed in their interviews. Using optimism to reflect on their negative experiences tempered the severity of the dismay. For instance, Judy agreeably mentions:

Well, I think, you know, there's multiple things, little things that were kind of adding up with the other placement. Which was- Which was frustrating because, you know, the clients were fantastic. (p.27)

Speaking about bad experiences on placement, Judy states that there were multiple little things that added up in her second placement, which frustrated Judy who enjoyed working with her clients. Taking the broader context of Judy’s interview, she

spent a major portion speaking about aspects of her second placement that she did not enjoy, found frustrating or struggled with, so it appears she is positively reframing her experience by on the one hand arguing that her frustrations were “little things”, likely considering her first placement in comparison, which she enjoyed, while on the other hand tempering the negativity of her experience through focusing on her client work rather than the challenges with the placement organisation. Comparably, Simon actively chose a positive outlook:

*[thinks and looks away while pursing lips and weighing head from side to side]
Yes, well, we had... I don't know, I approached that time with “Hey, I'm trying it out”. So, and then I really felt free to choose. (p.17)*

In this section of the interview, Simon spoke about the trainees on the hospital ward doing all the therapy without a trained psychotherapist on the ward and the researcher asked for further elaboration on the experience of that. Simon then made the above statement, where he first takes a moment to reflect on the experience as shown through his non-verbal cues, as well as the starting of a sentence, but interrupting to reframe his attitude. With “that time” Simon seems to address his clinical placement in the psychiatric hospital. He explained that his narrative in the placement, which he approached with an optimistic mindset despite experiencing challenges, was one of appreciating the freedom he had from not having to follow instructions of a senior psychotherapist. A different type of positive reframing was addressed by Elsa:

I don't know if this passes as a bad experience, because it's somehow completely understandable that this is the case, that of course I have patients from time to time, less often fortunately, but where I'm just a bit stumped. (p.17)

Elsa reflects on bad experiences on placement and wonders if it can be truly considered a bad experience if feeling occasionally stumped in her therapeutic work. She reasons that such feelings are understandable. This showed that self-compassion and normalising tempered her uncomfortable feelings. Arguably, feeling stumped was

an unpleasant experience as Elsa brings this up when considering the researcher's question about bad experiences on placement.

GAINING CONFIDENCE IN THERAPEUTIC PRACTICE WITH INCREASED EXPERIENCE

The sixth GET summarises the shared experiences of all participants in gaining confidence in their therapeutic practice with increased experience in therapeutic work during their placements. Illustratively, Irene states:

It's a bit sketchy, my road map at the start. (p.11)

She used the analogy of a road map to describe how her therapeutic work experience and confidence in her skills would evolve the more she practices, just like a road map would become more detailed through discovering new roads and places. Using the analogy, she expressed that her confidence in her therapeutic skills is “sketchy”, and that like building the road map, it was limited. This implies that she will gain more confidence with increased experience of therapeutic practice. This sentiment was shared by Greta:

You become a little more relaxed and also then know, even if everyone is different, everyone is different, you get a bit of a feeling for how you react in such a way that you still remain appreciating. (p.55)

Although she uses generalising pronouns, she speaks of her own experience of becoming more relaxed and confident in working respectfully with patients. This illustrates she gained confidence in her professional self, and uncertainty around working with patients reduced with increased experience of working therapeutically in placement. Similarly, Simon reflected on his professional development in placement:

Wow, it's also really nice to notice that I'm... it feels like I am always getting better and better. So 'better' right... [gesticulates quotation marks]. (p.41)

Here, Simon appreciates the feeling of improving his therapeutic skills, but then he relents by quoting “better”. He appears to do this out of modesty and to not appear cocky, but his positive use of language, particularly “wow” and “really nice”, stresses his pride and appreciation of reflecting on his professional growth. Likewise, Elsa shared the experience of recognising a feeling of being settled in placement:

And that it's however also very satisfying to realise at some point, okay, now I've arrived, and I know the in's and out's here and how it all works. (p.45)

Here, Elsa describes a satisfaction of realising that she is settled and familiar with therapeutic work on placement. She conveyed a sense of increased confidence in her therapeutic work by stating that she knows the procedures and requirements of the trainee position and the environment of her clinical placement. Similarly, Judy describes her experience of professional development:

And you know, now I am qualified, and I've got a job in [redacted], I feel a lot more confident and comfortable with my clients[...] (p.35)

In this remark, Judy identifies that with her qualification and employment as a counsellor, she feels validated in her therapeutic ability and more confident and comfortable in working with clients. This illustrates that through growing as a counsellor on placement, she gained more confidence in her therapeutic skills. Convergingly, Katie shared:

Uhm, you know, so I felt fairly confident I'd done my job. (p.19)

With this statement, Katie refers to using her teaching skills to convey psycho-educative information to her patients when practicing CBT on placement. Katie felt that her experience as a teacher enables her to confidently work therapeutically with her patients. Thereby, the theme of gaining confidence with increased experience appears in all six interviews, although the lived experiences that constitute this theme differ among specific cases.

IMPORTANCE OF EFFECTIVE SUPERVISION IN PSYCHOTHERAPY PLACEMENTS

The seventh GET highlights the importance of effective supervision for the interviewees. There are four subordinate themes that encompass different elements of how participants experienced supervision in their placements.

Experience of inadequate supervision

The first subordinate group theme outlines the experience of inadequate supervision some interviewees had in placements. For instance, Simon mentioned:

In the hospital we had very little supervision, actually not at all, I think, as good as I think. (p.13)

Here, he speaks about not having received supervision on his clinical placement. In the broader context of the interview, he is first speaking about feeling lost in the beginning of his placement, which he then links with not having had supervision and later in the interview, he emphasises that he wished he had received more supervision. Thus, this statement alludes to him experiencing inadequate supervision. Likewise, Greta said:

I very rarely have supervision. Uhm and then uhm that should really be guaranteed. (p.22)

She shares the rarity of supervision offered to her in her placement and then states she thinks supervision should be guaranteed on placement. This illustrated her experience of inadequate supervision to her needs. With similar dissatisfaction, but divergent supervision experience, Irene states:

But I'm gonna change the supervisor because I didn't feel at all supported. So that's the main challenge I've had, is supervision. (p.17)

In this statement, she explains that she endeavours to change supervisors because she does not feel supported, which she recognises as the main challenge in her

overall experience on placement. Divergently to Simon and Greta, although Irene does receive supervision for her therapeutic work, her experience has been inadequate too, due to not receiving the support she needs. This experience was shared by Judy:

I struggled a lot with that one uhm, lovely individual, however, I didn't feel like I was getting anything from it. (p.44)

She describes her struggle with her supervisor, who she acknowledges is nice, however is not meeting her needs. This illustrated that Judy also experienced inadequate supervision while on placement. Recurrently, this sentiment is shared by Katie, however in a diverging experience of supervision:

I would say I haven't really got much out of the group supervision sessions. (p.29)

Here, Katie speaks about her experience of group supervision not meeting her needs. Although in a different supervision context, this further stresses the experience of inadequate supervision as a theme among participants, and was further emphasised by Simon, who said:

So we would have had to drive there for an hour and so on and that was all- Well, it was kind of stupid. (p.30)

In this statement, Simon refers to an offer of group supervision that his placement provided, which required him to commute and further unsatisfactory requirements to participation. He criticises this offer harshly. Thereby, Simon showed that he was dissatisfied with the poor offer of group supervision, and it was inadequate to meet his supervision needs on placement.

Importance of effective supervision in placement

The next subordinate theme directs attention to the importance of effective supervision in placement, which three participants emphasised in their interviews. To demonstrate, Judy said:

It's worth its weight in gold when it works well. (p.47)

In this statement, Judy uses an idiom to express the high value of supervision under the condition that it works well. The expression signifies that in principle, Judy considers supervision valuable and important when it is fulfilling supervisees needs and expectations. This is in line with Simon's experience of supervision in his outpatient placement:

But now just to have this model of every fourth session has to be supervised. Uhm, and right, with the placement instructor and so on... (p.38)

Here, Simon speaks about the positive experiences he had on placement, specifically mentioning that he now, in his outpatient placement, has frequent, regular supervision with his placement instructor. In contrast to his statement earlier describing the lack of supervision in his clinical placement as inadequate to his placement experience, he now emphasises that he values supervision even more by naming it as an important positive experience on placement. Elsa also endorsed the value of supervision when she said:

But even just talking about the case and breaking it down a little bit is somehow totally helpful. So, lets you look at it from a completely different perspective. (p.27)

In this section of the interview, Elsa speaks about the value of group supervision, and states that talking about cases in detail is helpful to gain new perspectives on the case work. This illustrates that she considers supervision a valuable tool and thus, signifies the importance it holds for Elsa. This experience diverges from Katie's statement about her inadequate experience of group supervision earlier and the implications of this will be discussed in the next chapter.

Effective supervision is characterised by supportive guidance, reliable supervisor and exchange of ideas

Another recurring theme among trainees' experiences during their placement was that effective supervision is defined by supportive guidance, a reliable supervisor, and the exchange of ideas on therapeutic work. This subordinate theme not only aligns with the preceding two sub-themes but also extends upon the unmet needs of trainees mentioned in the first sub-theme and underscores the fundamental value of supervision to trainees, as highlighted in the second sub-theme. Simon's perspective further reinforces this notion:

So what I really like about him is that he's very structured, clear and committed. (p.40)

Very directly, Simon states he really likes that his supervisor is structured, clear and committed. This demonstrates the value of a reliable, engaged supervisor for Simon and alludes to this being an important feature in successful supervision. Another valuable aspect of supervision was addressed by Irene:

Perhaps, you know, just that kind of input and just like, you know, a little bit of like 'Well, I think what you've done so far sounds like really, you know, really useful work. And it sounds like you're...' you know, just that sort of thing, just to give some encouragement and some useful feedback on client work. (p.45)

Speaking about her supervisor who was not very helpful, Irene states an example of the encouraging feedback on her therapeutic work she would benefit from in supervision. This suggests that Irene wants supervision to offer guiding feedback, encouragement and direction. Likewise, Katie says:

Uhm, so that's great. Lots of ideas. Lots of bouncing off, which is brilliant. (p.29)

Here, she speaks about the valuable supervision she receives from a lecturer and colleague, and says that it is great, as they share ideas and collaboratively discuss therapeutic work, which Katie thinks is brilliant. Therefore, the exchange of ideas

seems to be an important aspect to supervision for Katie. Elsa shares a similar experience:

It's really good to just be able to exchange. (p.26)

This statement addresses Elsa's group supervision, where she enjoys the exchange on their therapeutic work with other group members. This illustrates the value of being able to share ideas and experiences in supervision as an important characteristic.

Effective and helpful peer support/ intervention

The last sub-theme illustrates the experience of effective and helpful peer support or intervention of trainees in placement. This is demonstrated in Greta's statement:

And that helps me then uh, also totally in the moment to do intervention quasi. And I believe if there was also supervision every two weeks, this would not even be something that would be caught through it. (p.24)

Greta was speaking about uncertainty over her therapeutic work following sessions and explains that she finds it helpful to do intervention with her peer Allie afterwards and does not believe that even if she had supervision every other week her uncertainty could be adequately addressed. This demonstrates how Greta values the intervention and peer support from Allie and feels it is more effective than supervision would be to help her address issues in therapeutic work. Likewise, when asked what was helpful in his experience of placement, Simon said:

Intervention. A lot of communication with the other PiAs, exchanging ideas with your-, with the people you are in the same boat with. (p.57)

Here, Simon immediately answers that intervention was helpful and goes on to explain that discussions with other trainees ("PiA" abbreviation for PsychotherapeutIn in Ausbildung, which translates to Trainee Psychotherapist) and exchanging ideas with

others who have similar experiences of placements is helpful. This strongly emphasises the value of intervision and how peer support was affected for Simon. Another interviewee who had a comparable experience was Irene:

It's just that you can talk about it because they, they get it, and they understand and it's really useful. (p.24)

Similarly to Simon and Greta, Irene speaks about intervision with her peers and says that speaking about therapeutic practice and issues in client work with peers is useful because they are able to understand Irene as they are also on placement. This further stresses the effectiveness and value of peer support and intervision in the trainees' placement experiences.

SIGNIFICANCE OF SUPPORTIVE, VALIDATING, AND EFFICIENT PLACEMENT ENVIRONMENTS

The eighth group experiential theme encompasses converging experiences that demonstrate the significance of supportive, validating and efficient placement environments. There are two sub-themes that summarise experiences of feeling supported and valued, as well as positive and efficient placement organisations, where trainees undertook placement.

Feeling supported and valued in placement

The first sub-theme is aligning trainees' experiences of feeling supported and valued in their placement. For instance, Irene said:

It's still nice that they wo-, they, they've, they want you and umm, they- they're there to support you and help you on your training, so that- that feels- I value that. (p.51)

Here, she speaks about the most significant experience on placement and describes that the placement organisation demonstrated their desire to provide Irene a placement and are available to support and help her through her training, which Irene

values. This statement identifies the significance of feeling supported and valued in placement for Irene. It is shared by Elsa:

And at the same time, in a moment when you're not so certain, but to always to bear in mind 'Okay, I can always ask the people here.' (p.46)

She describes that if she feels uncertain on placement, she remembers that she can ask her colleagues on the ward for advice. The use of “always” and “bear in mind” points to the reassurance it gives Elsa to be able to seek advice from her colleagues and points to the significance of feeling supported in her placement. Similarly, Judy states:

So I think that was one of the best experiences because it just showed that not only are they looking out for the client, but they also looking out for their staff members, umm, and they take it all very seriously. (p.22)

When Judy spoke about a challenge of working with a client, she states that one of the best experiences on placement was to feel supported by the organisation and mentions that it demonstrated the value the organisation places on their clients but also on supporting their staff members. This indicates the significance of feeling supported and valued by her placement organisation for Judy’s experience of placement. Likewise, Katie said:

Uhm, and that's been actually a- an- a nice experience. I mean horrible that- that people get to that point in their lives, and still, you know, you still have to catch yourself, that you're... looking after yourself. But- but nice to have that that support. (p.23)

Here, Katie speaks about a challenging safeguarding incident she encountered on placement and how this was supported by the placement organisation. She says that it was a nice experience to be supported, and then brackets that the safeguarding situation itself was horrible for the client, and that it is important to self-care, but states it was nice to have support through the organisation. There is a sense of astonishment at the realisation that she valued feeling supported, which likely has to do with her background being a senior leader in a school and having to handle safeguarding

situations on her own. Therefore, this statement strongly emphasises the significance of feeling valued by her placement organisation for her placement experience.

Positive and efficient placement organisation

The second sub-theme summarises the value of positive and efficient placement organisations for participants' experiences on placement. For instance, Judy mentioned:

That was great, you know, I got introduced to the staff, got to know all the policies and procedures. (p.6)

Here, Judy states that it was great to be introduced to staff, policies and procedures at the start of placement. This indicates that she had a great experience of her first placement being well-prepared, welcoming, and supportive. This is later emphasised in the interview when she speaks about lacking this thoroughness in her second placement, which was also addressed in the earlier second GET. Similarly, Katie expressed:

You know, having that structure in an organisation is, is good. (p.25)

In this segment, Katie describes the value of structure in a placement organisation. She emphasised that the structure of the placement organisation was valuable in her placement experience. Another aspect was addressed by Irene:

And when they say they're gonna do something, they do it. So that, I like that, I value that. (p.51)

Here, Irene speaks about the placement organisation sticking to their agreements, which she likes and values. This indicates that the reliability of the placement organisation was a significant, positive aspect of her experience on placement. Elsa further mentions:

Well, like organisation, uhm... position of a PiA. And so, that's- the atmosphere in the team and stuff like that. And the way they feel about overtime and stuff like that, that's just great. (p.23)

In this excerpt, Elsa discusses the placement organisation and her trainee position, and states that the atmosphere in the team and the organisational policies are great. This alludes to the appreciation Elsa feels for her placement organisation in turn for feeling supported and valued.

IMPORTANCE OF SELF-CARE AND TIME FOR LEISURE WHILE ON PLACEMENT

The ninth GET is centred on the importance of self-care and time for leisure for trainees on placement, as stated by several participants in the interviews. To demonstrate, Katie said:

You still have to catch yourself, that you're... looking after yourself. (p.24)

This statement appears in the context of a previously annotated excerpt of the interview, in which Katie describes that one has to be careful to look after oneself in challenging situations. She was talking about a safeguarding incident on placement when she mentioned this, which demonstrates the importance of self-care through difficult situations for Katie in her placement. Further, Simon stated:

If you somehow managed to do three weekend seminars on Saturdays, you just worked for four weeks in a row without any day off. That was also intense too. So a little bit of time for self-care was also a thing. (p.71)

In this segment, he discusses the danger of working several weeks in a row without time off work due to placement in the week and seminars on the weekend. He states this was intense and therefore, he had to make time for self-care. This illustrates that the intensity of training and a lack of rest was challenging but enabled him to value time for self-care during his placement. The importance of self-care is further stressed by Greta:

That means I have relatively a lot of time, and that is good and important, uhm, especially now in the beginning it was good. (p.13)

Here, she states that she has a lot of spare time, which is good and important, particularly in the beginning of her placement. This alludes to the beginning of placement having been particularly intense, and her emphasis of “good” and “important” illustrates the value of time for leisure and rest for Greta while on placement. Divergently, Elsa said:

Yes, more time for my life. Well, I am only in the hospital, it feels like. (p.29)

She explains she wants more time for her life when asked about what fewer placement hours would mean for her. She elaborates that it feels like she is only at her placement in the hospital. The wording “for my life” points to the notion that Elsa does not consider her placement or training to be nurturing, valuable time and receives fulfilment and satisfaction in her leisure time. The perception of only spending time on placement leaves her feeling restless and wanting. This indicates that time for leisure is a means of self-care for her and something she values deeply.

SIGNIFICANCE OF ALTRUISTIC SATISFACTION

The tenth GET constitutes the significance of altruistic satisfaction for participants in their placement experiences. There are two subordinate themes that build up this group experiential theme.

Recognised as effective practitioner gives sense of purpose

The first sub-theme demonstrates the experience of being recognised as an effective practitioner gives trainees a sense of purpose. For example, Simon expressed:

R: So that you have the feeling that you are doing something worthwhile, so to speak. Simon: Yes, yes, yes, yes. (p.60)

To answer the researcher’s paraphrasing statement of Simon having a feeling of doing something worthwhile when working with his patient, Simon says yes four times. The repetition of his agreement strongly emphasises his sense of doing something

worthwhile and indicates a sense of fulfilment and satisfaction that he gets from his therapeutic work. Likewise, Elsa said:

Or when the people are discharged, then somehow say a few nice words or leave a little thank you or something like that. (p.43)

She talks about significant experiences on placement when patients are discharged from the ward and say some nice words or leave a gesture of gratitude. Thereby, the feeling Elsa gets appears to be one of feeling acknowledged as an effective practitioner and satisfaction from having had a positive impact in patients' rehabilitation. Katie stated similarly:

Ehm, oh I think probably just seeing the outcomes at the end, just seeing where the client is at the end uhm, has been really good. (p.35)

In this instance, she speaks about significant experiences on placement and describes the recognition of outcomes at the end of the therapy sessions with client and the witnessing of the client's progression to have been positive. Thereby, she shows altruistic satisfaction and fulfilment from observing the progress and therapy outcomes of her clients.

Rewarding feeling to help patients or clients

The second sub-theme shows the experience of rewarding feelings when helping their clients or patients through their therapeutic work. This sub-theme is in essence very similar to the first sub-theme, but diverges in that the theme here applies to the therapeutic work rather than the personal validation of the trainees. To illustrate, Katie described:

And just seeing her really embrace everything that CBT is about, and- and putting it into practice was just really... it was pretty cool. (p.18)

Here, Katie describes her work with a client and that seeing the client embrace the CBT intervention and taking action on it was cool. This demonstrates the rewarding

feeling for Katie of observing the therapeutic change facilitated through the sessions with the client. Likewise, Simon said:

The most spontaneous answer is that you help people. (p.59)

In this interview extract, he endeavours to answer the question of what the most significant placement experience has been and responds by stating spontaneously it was most significant to help people. This indicates that the experience of helping others through therapeutic practice was rewarding, which felt most significant to Simon in placement. Similarly, Greta mentioned:

What I think is totally great, is if you somehow- I haven't had that very often, but as you just said, either something clicks in your head and so together with the client. (p.42)

In this statement, Greta reflects on the great feeling of having an epiphany in sessions with the client. This shows that the moments of therapeutic encounter are extremely rewarding for Greta and her patient's therapeutic process. This experience was shared by Irene:

I bought in a tin of buttons and we looked at her family of origin and she picked buttons out and put them down and it was a really good. Umm, interactive, you know and got a lot of got a lot of information from that from visually representing her family of origin. So that was good. (p.27)

Here, Irene explains her creative work with a client, in which she brought a tin of buttons and the client picks out buttons to illustrate her family of origin. Irene says this process was good and interactive, and enabled the client to share information through the visual representation. The repetition of "good" emphasises how the client's high engagement with the buttons and the creative process was a rewarding experience for Irene, as well as witnessing that the intervention used was beneficial to the therapeutic process of the client. Elsa had a similar experience:

Yes, that they are simply uhm, yeah, they are so grateful that they are understood, that someone can integrate what is going on with them, because that's simply- that is simply so extreme. (p.16)

In this segment, Elsa speaks about the therapeutic work with schizophrenic patients who feel grateful to feel understood and to explore their experience with them, stating how incredible it is. The word “extreme” refers to Elsa’s own extremely good and rewarding feelings of helping her patients understand their experience. Thus, the presented statements and themes can be summarised by a significant experience of altruistic satisfaction for psychotherapy trainees in their placements.

GERMAN TRAINEES’ CURIOSITY AND REFLECTION ON GATHERED THERAPY HOURS

The eleventh GET summarises the curiosity and reflection on their gathered therapy session hours of the German interviewees. Notably, this theme did not appear among UK trainees, and this will be discussed further in the next chapter. In gathering demographic and training course information at the beginning of the interview, participants were asked how many therapy session hours they had collected. This raised curiosity in the interviewees as they reflected on their gathered hours. For instance, Elsa said:

And that means, they are then- how many weeks has that been since May? (p.4)

She is actively reflecting on the hours and determined to identify an accurate number, considering the number of weeks and therapy hours per week since starting her placement. The determination to pinpoint the exact number of therapy hours indicates a personal curiosity and suggests that Elsa has not counted her hours prior to the interview question. Similarly, Greta stated:

Uhm, mhh, that's a good question, well I have started the training in January and uhm all in all I have to have 1,200 hours. (p.5)

Here, Greta acknowledges the question on therapy hours with appreciation and then states when her training began and how many clinical hours she needs to collect. It is noteworthy that Greta considers the total number of clinical hours, which are the hours she spends working on the psychiatric ward in her clinical placement, not purely therapy hours. Her curiosity over the exact amount of therapy hours she collected is evident in her appreciative use of “good” and the acknowledgement of the question indicates a sense of astonishment on her own uncertainty over the hours she gathered. This notion is shared by Simon:

Yeah...I could only...wow, I really can't tell you. However I can tell you... I always had 6 patients in the hospital, so 6 sessions per week, plus 2-3 group therapies. (p.6)

This excerpt illustrates Simon considering the interview question, which he is unable to answer. He then begins to reflect on the number of patients and sessions he has encountered on placement. There is a sense of astonishment at his uncertainty over the gathered therapy hours, which is emphasised by Simon's expression of “wow”. He is keen to identify the number of therapy sessions he had on placement, which is evident in his reflection on the number of patients he worked with and the amount of therapy sessions he had on an average basis.

Chapter Five: Discussion

To begin, a summary of the main findings will be presented and followed with a discussion of them in the context of the wider literature. Then, the analysis and investigation will be critically evaluated as well as implications and limitations of this study. Finally, recommendations for practice and future research are given.

The aims of this study were to explore psychotherapy trainees' experiences towards student placements as part of their training, and to identify similarities and differences between experiences of students in the UK and in Germany. This was achieved through analysis of the interview data, to answer the research question: "What are psychotherapy trainees' experiences in student placements and how do these differ among UK and German trainees?" The interviews revealed that trainees' experiences were often marked by challenges on a systematic and individual level in their placements, but that supportive placement environments and effective supervision, as well as professional growth helped trainees to overcome challenges. Diverging experiences, for instance of placement induction or uncertainty in sessions, illustrated themes that were shared across interviews. Some themes demonstrated the positive experiences trainees made on placements, e.g. gaining confidence, and altruistic satisfaction. There were some themes that illustrated experiences shared by German psychotherapy trainees, i.e. financial hardships and curiosity and reflection on placement hours. However, UK psychotherapy trainees did not speak about these experiences in their placements. In the following, these main findings will be contextualised using relevant literature.

When contextualising the current findings within the existing literature, it is important to note the scarcity of studies directly related to psychotherapy trainees' placements, highlighting this study's significant contribution to the field. For example,

literature searches on psychotherapy trainees' experiences with systemic challenges during placements yielded limited results.

To address the subtheme of financial hardships experienced by German trainees, these findings can be contextualised by comparing them to the recent large-scale study by Heinonen et al. (2022), which was introduced in Chapter One regarding high life stress and the impact on the quality of life of psychotherapy trainees. Heinonen and colleagues gathered demographic information, including financial status, using the Trainee Background Information Form (TBIF). This enabled them to identify how trainees' economic circumstances correlated with their quality of life. Their study found that trainees without financial difficulties generally reported a higher quality of life, while those experiencing financial hardships were more likely to report a distressed or troubled quality of life. The current study seems to complement Heinonen et al.'s (2022) findings by providing rich, exploratory data that suggest financial hardships, long work hours, and lack of leisure time, as experienced by participants like Simon and Greta, negatively impact the quality of life for psychotherapy trainees. The current finding of the importance of self-care and time for leisure also relates to this study and findings by Heinonen and colleagues (2022) emphasise that this is not only important to current participants, but a good quality of life is desired by participants in the earlier study as well. More research is needed to determine if these findings are consistent across different cultural and demographic contexts.

To date, despite extensive literature search, no research studies on placement or practicum inductions for psychotherapy or counselling trainees were found. However, the trainees in this study highlighted the importance of a thorough induction for placements, indicating it significantly affects how their placements are commenced and introduced. A recent study on the longitudinal effects of induction on newly qualified

teachers' stress levels by Harmsen and colleagues (2019) supports the notion that thorough induction processes can aid a "smooth" transition. The researchers found that longitudinally, induction processes in the first year significantly reduced newly qualified teachers' stress levels through workload reduction, supporting structures and enculturation into the school environment. The reported experiences of the trainees in this study align with these findings and suggest that a thorough induction to clinical placements could be beneficial to the trainees. For instance, they could alleviate organisational uncertainty in therapeutic sessions due to a lack of experience and might reduce psychotherapist trainees stress levels at the start of placements. Therefore, thorough induction and support hold the potential to improve trainees' placement experiences.

This also points to the discovered theme of the significance of supportive, or validating and efficient placement environments. Although there is no study to date on this specific topic, a study by Golos and Tekuzener (2019) explored the perceptions, expectations and satisfaction levels of occupational therapy students on practice placements. They used pre- and post-placement measures to compare levels of change and discovered that all students expressed a significant decrease in satisfaction scores at the post-placement measure, indicating that students were less satisfied with the placement setting and supervision compared to their pre-placement expectations. This illustrates that there is a significant impact of placement settings on trainees' experiences of their placements and highlights a gap in knowledge that the current study addresses by emphasising that supportive, validating and efficient placement environments were endorsed by psychotherapy trainees. Furthermore, relating back to Chapter Two, Orlinsky, Botermans and Ronnestad's (2001) findings are supported by the discovered themes of trainees' lived experiences on placement, particularly the

negative influence of institutional conditions on therapist development, as the importance of thorough induction, supportive, validating and efficient placement environments seems to foster trainees' development during their practical work. These findings signal the need for further research into the conditions that form effective placement environments, with the potential for placement and training providers to create environments that enhance and promote trainees' development while on placement.

The themes of optimistic outlook on challenges and gaining confidence with increased experience are supported by findings of a study on optimism, hope and coping during American Master students' final year practicum by Feldman and colleagues (2023). The researchers discovered that optimistic students reported higher perceived clinical competence with increased time. Further, it appeared that low-optimism trainees reported worse perceived competence at the start than high-optimism trainees. These findings support the theme discovered in this study of some trainees approaching challenging situations with a positive outlook or reframe the situation positively and pose an opportunity for training providers to foster trainees' optimism towards placements.

The theme of German trainees' curiosity about their therapy hours highlights a difference in placement regulations between Germany and the UK. British counselling and psychotherapy associations, such as the BACP, require accumulation of specific therapy hours for accreditation (e.g., the BACP requires 100 hours). In contrast, Germany regulates psychotherapy by law, with overall practice hours that include, but are not limited to, therapy hours; additional hours include ward visitation and admin. This explains the German trainees' interest in their therapy hours. It also shows that UK

trainees' placements were solely therapy-based, while German trainees placements involved both clinical tasks and therapy.

Furthermore, there was a theme of the importance of effective supervision for the experiences of trainees on placement. Supervision is a researched aspect of psychotherapy training placements, a meta-analysis by Wilson, Davies, and Weatherhead (2016) summarises the key concepts of trainee therapists' experiences of supervision during their training. Literature and studies examined in this study showcased helpful and unhelpful aspects of supervision. Specifically, the researchers found that themes among trainees' experiences of placement supervision were learning opportunities, the supervisory relationship, power dynamics in supervision, and supervision impact. The results by Wilson and colleagues (2016) are amplified through the findings in the current study, illustrating that supervision can support trainees effectively while on placement, but if unsuccessful, can lead to feelings of distress and self-doubt. Further, Wilson and colleagues (2016) recommend that evaluation tools should be used to assess the quality and success of supervision. Likewise, the subthemes in this study point to a need for greater regulation of supervision to ensure equal access, and that trainees' supervision needs are met. This could be addressed using supervision evaluation tools, e.g. The Supervision Evaluation and Supervisory Competence Scale (Gonsalvez, Hamid, Savage, and Livni, 2017), underscoring the importance of standardising supervision through frameworks like the SCoPEd framework currently being implemented in the UK (BACP, 2022).

The theme of altruistic satisfaction among the psychotherapy trainees illustrates the significance of this phenomenon in the experience of psychotherapy placements. There were two subthemes that supported this phenomena and illustrate how altruism in psychotherapy placements offers a sense of purpose for trainees, as well as gratification

and affirmation. This is in line with research that was published by Flasch, Limberg-Ohrt, Fox, Ohrt, Crunk, and Robinson (2019), who explored experiences of altruism in the therapeutic relationship between counselling trainees and clients. The researchers used interviews with 14 clients and 10 counselling trainees. The researchers identified themes relating to the counselling trainees' perceptions of altruism in sessions; The role of altruism in counselling, overall experiences of altruism in counselling sessions, and experiences of altruism with specific clients. These themes were consistent with the experiences reported by various trainees in the current study, illustrating how altruistic satisfaction may be experienced in psychotherapeutic training placements. Satisfaction from working altruistically to help others in therapy could potentially counteract negative experiences and stress trainees have in placement, but further research should test this hypothesis to determine the value of trainees' altruistic satisfaction from therapeutic work.

The results of this study are instrumental in contextualising findings from previous studies on therapist development and training. The discovered theme of altruistic satisfaction from working therapeutically may contribute to support the findings by Orlinsky, Botermans and Ronnestad (2001), who described that in their study therapists rated direct client work as most influential to their development, and the theme of altruistic satisfaction from therapeutic work may indicate a potential reason for this evaluation, illuminating further how training providers can foster profound development for trainee psychotherapists by monitoring trainees' satisfaction with their therapeutic work. On a larger scale, through efforts in psychotherapy training standardisation, such as the implementation of the SCoPEd framework, the impact of altruistic satisfaction through direct client work in psychotherapy placements could

improve, foster and align professional development and training psychotherapists internationally.

Limitations

A limitation of this study is the ethnic homogeneity of the sample, consisting only of White German or White British participants. Future studies should explore the placement experiences of a more diverse range of psychotherapy trainees. For example, Daloye (2022) found that Black and Minority Ethnic Trainee Counselling Psychologists often felt a lack of belonging in training programmes. Although published as a postgraduate research project in the University of London's repository, Daloye's study offers valuable insights and highlights the need for more inclusive research. While IPA studies, like this one, do not aim for representative samples (Smith & Osborn, 2008), inclusivity remains important for good research practice.

Additionally, this study faced the limitation of the Double Hermeneutic, where the researcher's interpretation could differ from another's. This was mitigated by ensuring trustworthiness through rigorous bracketing to avoid biased interpretations, as detailed in Chapter Three. Moreover, participants knew the researcher was also a psychotherapy student, which may have influenced their responses. The researcher sought clarifications to minimise this effect. Future research using a variety of quantitative (e.g. self-report measures to assess larger samples) and qualitative (e.g. interviews to gain detailed information) research methods would enhance the robustness and empirical significance of these findings.

Furthermore, voluntary participation via online advertisements likely attracted participants interested in the subject or sharing their placement experiences. While individual lived experiences are valuable, they may not reflect the broader experiences of psychotherapy students. This exploratory study provides a foundation for future

research on student placements in psychotherapy training programs, to determine if the identified themes apply to a larger sample. Given the lack of recent and representative research on psychotherapy training placements, there is a significant knowledge gap this study aims to address. However, more research is needed to validate these findings in larger or more diverse samples and to implement the study's recommendations.

Lastly, the interviews highlighted a significant difference in the nature of training placements between Germany and the UK, likely due to systemic variations in psychotherapy education. In the UK, placements for counselling and psychotherapy trainees in clinical settings are relatively limited. In contrast, German PT1 placements occur in psychiatric hospitals and other clinical environments, where trainees take on substantial clinical responsibilities beyond one-on-one therapy sessions. Therefore, it seems that German psychological psychotherapy training might be more comparable to postgraduate counselling psychology training in the UK. To support this notion, entry requirements for UK counselling psychology and German psychological psychotherapy training programs appear quite similar, as both typically require a recognised master's degree in psychology (Health Careers NHS, 2024). A comparison of UK trainee counselling psychologists' doctorate placement experiences with those of German trainee psychotherapists could provide valuable insights into the comparability of training placements. Therefore, a study employing Interpretative Phenomenological Analysis (IPA) to explore the lived experiences of UK trainee counselling psychologists and German trainee psychological psychotherapists in placements is recommended.

Chapter Six: Conclusion

In this study, the aim was to explore psychotherapy trainees' experiences during student placements, and to identify similarities and differences between experiences of trainees in the UK and Germany. The research successfully addressed these aims by uncovering eleven themes related to trainees' placement experiences, reducing the gap in knowledge on this subject. In answer to the research question, the findings highlighted systemic challenges on placement and uncertainty due to lack of experience, as well as increased confidence through practice and the importance of supportive and efficient placement environments. Additional themes included the significance of effective supervision, as well as time for self-care and leisure, and the value of a thorough induction on placement. Finally, themes of an optimistic outlook on challenges and altruistic satisfaction from therapeutic work emerged. While most themes were shared between UK and German trainees, only German participants reported curiosity about tracking therapy hours, and financial hardships during placements. The findings contribute significantly to the limited literature and the gap in knowledge on psychotherapy and counselling trainees' placement experiences. Future research should compare German trainee psychotherapists with UK trainee counselling psychologists to enhance the comparability of placement conditions. Recommendations based on the discovered themes include improving supervision through regulation, ensuring thorough induction processes, and creating supportive and well-monitored placement environments. Moreover, further research is needed to determine how psychotherapy placement experiences vary across more countries to gain broader insights. Ultimately, this study offers critical insights into psychotherapy trainees' placement experiences, contributing to the limited research on this topic, and highlights the need for greater

standardisation and support to optimise trainees' professional development across the UK and Germany.

References

- Aafjes-van Doorn, K. *et al.* (2018) 'Psychotherapy integration training around the globe: A personal and empirical perspective.', *Journal of Psychotherapy Integration*, 28(4), pp. 505–520. doi:10.1037/int0000135.
- American Psychological Association (2021) *Demand for mental health treatment continues to increase, say psychologists*. Available at: <https://www.apa.org/news/press/releases/2021/10/mental-health-treatment-demand> (Accessed: 17 September 2024).
- Beidas, R.S. and Kendall, P.C. (2010) 'Training therapists in evidence-based practice: A Critical Review of Studies from a systems-contextual perspective.', *Clinical Psychology: Science and Practice*, 17(1), pp. 1–30. doi:10.1111/j.1468-2850.2009.01187.x.
- Bundesgesetzblatt (2019) *Gesetz zur Reform der Psychotherapeutenausbildung*. BGBl. I, 40, p. 1604. Available at: https://www.bgbl.de/xaver/bgbl/start.xav?startbk=Bundesanzeiger_BGBl&jumpTo=bgbl119s1604.pdf#__bgbl__%2F%2F*%5B%40attr_id%3D%27bgbl119s1604.pdf%27%5D__1727027706026 (Accessed: 21 September 2024)
- Bundesgesetzblatt (2020) *Approbationsordnung für Psychotherapeutinnen und Psychotherapeuten (PsychThAppro)* BGBl. I, p. 448. Available at: https://dejure.org/BGBl/2020/BGBl._I_S._448 (Accessed: 03 March 2024).
- Bram, B. (2022) *The Explosive Rise of Psychotherapy in China*. Available at: <https://asiasociety.org/policy-institute/explosive-rise-psychotherapy-china> (Accessed: 17 September 2024).
- British Association for Counselling and Psychotherapy (2022) *SCoPEd framework. A shared framework for the scope of practice and education for counselling and*

psychotherapy with adults. Available at:

<https://www.bacp.co.uk/media/14435/scoped-framework-january-2022.pdf>

(Accessed: 03 March 2024).

British Association for Counselling and Psychotherapy (2018) *Good Practice in Action*

082 Fact Sheet. Counselling placements: an organisation's guide. Available at:

[https://www.bacp.co.uk/media/4777/bacp-counselling-placements-](https://www.bacp.co.uk/media/4777/bacp-counselling-placements-organisations-guide-fs-gpia082-nov18.pdf)

[organisations-guide-fs-gpia082-nov18.pdf](https://www.bacp.co.uk/media/4777/bacp-counselling-placements-organisations-guide-fs-gpia082-nov18.pdf) (Accessed: 03 March 2024).

British Association for Counselling and Psychotherapy (2018) *Good Practice in Action*

043 Research Overview. Supervision within the counselling professions.

Available at: [https://healthpsychologyconsultancy.com/wp-](https://healthpsychologyconsultancy.com/wp-content/uploads/2019/09/GPiA-043-RO-Supervision-within-the-counselling-professions.pdf)

[content/uploads/2019/09/GPiA-043-RO-Supervision-within-the-counselling-](https://healthpsychologyconsultancy.com/wp-content/uploads/2019/09/GPiA-043-RO-Supervision-within-the-counselling-professions.pdf)
[professions.pdf](https://healthpsychologyconsultancy.com/wp-content/uploads/2019/09/GPiA-043-RO-Supervision-within-the-counselling-professions.pdf) (Accessed: 21 September 2024).

Carless, S. A., Robertson, K., Willy, J., Hart, M., & Chea, S. (2012) 'Successful

postgraduate placement experiences: What is the influence of job and supervisor characteristics?', *Australian Psychologist*, 47(3), pp.156–164.

<https://doi.org/10.1111/j.1742-9544.2012.00085.x>

Cole, Beverly (2018) "'Strengthening the bridge between learning and earning: an

interpretative phenomenological analysis of the counsellor placement',

[Doctoral thesis, University of Wales Trinity Saint David.] Available at:

<https://repository.uwtsd.ac.uk/id/eprint/1310/> (Accessed: 23 March 2024)

Cushway, D. (1992) 'Stress in clinical psychology trainees.', *British Journal of Clinical*

Psychology, 31(2), 169–179. [https://doi.org/10.1111/j.2044-](https://doi.org/10.1111/j.2044-8260.1992.tb00981.x)

[8260.1992.tb00981.x](https://doi.org/10.1111/j.2044-8260.1992.tb00981.x)

- Daloye, D. (2022) 'The experiences of Black and Minority Ethnic trainee counselling psychologists: An interpretative phenomenological analysis. ', *Counselling Psychology Review*, 37(1), pp. 31–40. doi:10.53841/bpscpr.2022.37.1.31.
- Feldman, D. B. et al. (2023) 'Optimism, hope, and coping during practicum: predicting changes in perceived clinical competence', *Counselling Psychology Quarterly*, pp. 1–21. doi: 10.1080/09515070.2023.2224243.
- Flasch, P. *et al.* (2019) 'Experiences of altruism in the therapeutic relationship: Perspectives of counselors-in-training and their clients', *Counseling and Values*, 64(2), pp. 168–185. doi:10.1002/cvj.12113.
- Folkes-Skinner, J., Elliott, R., & Wheeler, S. (2010) "'A baptism of fire": A qualitative investigation of a trainee counsellor's experience at the start of training.' *Counselling & Psychotherapy Research*, 10(2), pp.83–92.
<https://doi.org/10.1080/14733141003750509>
- Gnilka, P. B., Chang, C. Y., & Dew, B. J. (2012) 'The relationship between supervisee stress, coping resources, the working alliance, and the supervisory working alliance', *Journal of Counseling & Development*, 90(1), pp.63–70.
<https://doi.org/10.1111/j.1556-6676.2012.00009.x>
- Golos, A. and Tekuzener, E. (2019) 'Perceptions, expectations and satisfaction levels of occupational therapy students prior to and after practice placement and comparison of practice placement models' *BMC Med Educ* 19, 324.
<https://doi.org/10.1186/s12909-019-1762-0>
- Gonsalvez, C. J., Hamid, G., Savage, N. M., & Livni, D. (2017) 'The Supervision Evaluation and Supervisory Competence Scale: Psychometric validation', *Australian Psychologist*, 52(2), 94–103. <https://doi.org/10.1111/ap.12269>

- Grafanaki, S. (2010) “‘Counsellors In The Making’: Research On Counselling Training And Formative Experiences Of Trainee Counsellors’, *Counselling And Psychotherapy Research*, 10(2), pp. 81–82. Available At: <https://doi.org/10.1080/14733141003751655>.
- Harmsen, R., Helms-Lorenz, M., Maulana, R., & van Veen, K. (2019) ‘The longitudinal effects of induction on beginning teachers' stress’, *The British journal of educational psychology*, 89(2), 259–287. <https://doi.org/10.1111/bjep.12238>
- Heinonen, E. *et al.* (2022) ‘Psychotherapist trainees’ quality of life: Patterns and correlates’, *Frontiers in Psychology*, 13. doi:10.3389/fpsyg.2022.864691.
- Health Careers NHS (2024) *Counselling Psychologist*. Available at: <https://www.healthcareers.nhs.uk/explore-roles/psychological-therapies/roles/counselling-psychologist> (Accessed: 21 September 2024)
- Hill, C.E. *et al.* (2013) ‘Aspiring to become a therapist: Personal strengths and challenges, influences, motivations, and expectations of future psychotherapists’, *Counselling Psychology Quarterly*, 26(3–4), pp. 267–293. doi:10.1080/09515070.2013.825763.
- Hubbard, L., Kelly, S., Rose-Ford, H., Clark, J., & Stephens, M. (2024) ‘Lessons learnt from facilitating care home placements for counselling and psychotherapy students during the COVID-19 pandemic’, *Counselling and Psychotherapy Research*, 24, pp.209–218. <https://doi.org/10.1002/capr.12631>
- Knox, S., & Hill, C. E. (2021) ‘Training and supervision in psychotherapy: What we know and where we need to go.’ In M. Barkham, W. Lutz, & L. G. Castonguay (Eds.), *Bergin and Garfield's handbook of psychotherapy and behavior change: 50th anniversary edition* (7th ed., pp.327–349). John Wiley & Sons, Inc.

- Levitt, H.M. *et al.* (2018) 'Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA Publications and Communications Board task force report.', *American Psychologist*, 73(1), pp. 26–46. doi:10.1037/amp0000151.
- Lutz, W., & de Jong, K. (2015) 'The Role of Psychotherapy in Health Care: Current Perspectives', *Journal of Psychotherapy Integration*, 25(4), 267-279. DOI: 10.1037/pai0000022.
- National Counselling & Psychotherapy Society (2024) *Become A Counsellor*. Available at: <https://ncps.com/counselling-courses/become-a-counsellor> (Accessed: 25 March 2024)
- Nodop, S., Thiel, K. & Strauss, B. (2010) 'Supervision in der psychotherapeutischen Ausbildung in Deutschland', *Psychotherapeut*, 55, pp. 485-495. Available at: <http://doi.org/10.1007/s00278-010-0772-5>.
- Orlinsky, D.E., Botermans, J.F. And Rønnestad, M.H. (2001) 'Towards An Empirically Grounded Model Of Psychotherapy Training: Four Thousand Therapists Rate Influences On Their Development', *Australian Psychologist*, 36(2), pp. 139–148. Available at: <https://doi.org/10.1080/00050060108259646>.
- Orlinsky D. E., Rønnestad M. H., Hartmann A., Heinonen E., Willutzki U. (2019) 'The personal self of psychotherapists: dimensions, correlates, and relations with clients', *J. Clin. Psychol.* 76, pp.461–475. doi: 10.1002/jclp.22876
- Park, S., Lee, J.H. And Wood, S.M., (2017) 'Experiences Of International Students In Practicum And Internship Courses: A Consensus Qualitative Research', *Journal Of Counselor Preparation And Supervision*, 9(2), p.5.
- Priebe, S. and Wright, D., 2006. The provision of psychotherapy: an international comparison. *Journal of Public Mental Health*, 5(3), pp.12-22.

- Smith, J. A., Flowers, P., and Larkin, M. (2022) *Interpretative Phenomenological Analysis: Theory, Method and Research*. 2nd edn. London: SAGE Publications.
- Willig, C. (2008) *Introducing Qualitative Research in Psychology: Adventures in Theory and Method*. 2nd edition. Berkshire: Open University Press.
- Wilson, H. M. N., Davies, J. S., and Weatherhead, S. (2016) 'Trainee Therapists' Experiences of Supervision During Training: A Meta-synthesis', *Clin. Psychol. Psychother.*, 23, 340–351. doi: 10.1002/cpp.1957.
- Xiong, Y. Et Al. (2022) 'International Counseling Students' Practicum Experience In A Counseling Program In The United States: A Phenomenological Study', *Journal Of International Students*, 12(3), pp. 633–653. Available At: <https://doi.org/10.32674/Jis.V12i3.3444>.
- Yardley, L. (2000) 'Dilemmas in qualitative health research', *Psychology & Health*, 15(2), pp. 215–228. doi:10.1080/08870440008400302.

Appendix A

Interview advertisement flyer.



Interview Invitation

Tell me about your counselling placement!

MA research project on counselling placements in Germany and the UK

I am looking for psychotherapist trainees who are doing placements to gather their contact hours.



We will conduct an interview about your experience via Teams or Zoom (~1h)

**If you are interested, please email
me 2106306@student.uwtsd.ac.uk**

You could make a real difference in psychotherapy research with your participation.

Participant information sheet.

Institute of Education and Humanities, University of Wales Trinity Saint David

Participant Information sheet

Psychotherapy trainee's lived experience on counselling placement

Name of Researcher: Julia Middeke

Name of Supervisor: Dr Beverly Cole

You are being invited to take part in this research study. Before you decide whether to participate or not, it is important for you to understand why the research is being conducted and what it will involve. Please read the following information carefully.

What is the purpose of the research?

We are conducting research on the lived experiences of psychotherapy trainees on their counselling placements. The purpose of this research activity is to better understand the experiences of psychotherapy trainees' counselling placements and to gain an understanding of how experiences of psychotherapy trainees' counselling placements compare or differ in UK and German training programs. Your participation in this study will involve an interview in which you will be asked broad questions about your experience on counselling placements, and you will have opportunity to expand on these questions to fully describe your experience.

Who is carrying out the research?

The interview is conducted by the researcher Julia Middeke, as part of the dissertation module on the course “MA Psychotherapeutic Practice: Humanistic” at University of Wales Trinity Saint David.

What happens if I agree to take part?

- As stated above, you will be asked to participate in an interview. First, we will ask you to provide some standard demographic information (including age, gender). Then, the interview will be conducted on Zoom or Microsoft Teams at a time that is convenient to you and with the premise that there are no technical obstacles to the successful completion of the interview. It will take up to one hour, however, if at any point during the interview you would like to terminate participation, you are able to do so without requirement of a reason and your data will not be included in the research. The interview will be recorded for transcription and analysis.
- At the beginning of the interview, you will be reminded of your signed consent form at the bottom of this sheet and will be reminded that your participation in the interview is entirely voluntary, that your data will be anonymised and that you can withdraw your participation and terminate the interview at any point up to two weeks after the date of

the interview. You will also be reminded that the interview is recorded. You will be asked to confirm your consent to participate in the interview verbally.

- During the interview, the researcher will be recording and in addition make notes of most relevant points. The researcher alone will listen and view the recording and notes; recorded and written material will be kept securely, anonymised and separately from your consent form, and destroyed once the research is completed.
- Involvement in the study will be confidential, data collected will be made anonymous and no comment or circumstance which could be directly connected to any participant will be identifiable; This is in line with the European Union's General Data Protection Regulation 2016 "GDPR".
- The interview schedule is attached and includes topics for discussion. While these will give some structure to the interview, the interview will be fluid and 'participant led' to allow to capture your lived experience; you will not have to answer any questions that make you feel uncomfortable.
- The interview will end with the researcher thanking you for your participation. There will be a short 'cool down', or debriefing, period immediately following the interview where you will have the opportunity to reflect upon and discuss the interview process. Then, the recording will be ended.
- Following the interview, You will also be provided with a transcript of the interview, and you will be asked to check the content, censor anything you'd like to exclude from the analysis and to confirm that the meaning remains intact. You will be provided with contact information and an opportunity to provide feedback which is entirely voluntary. The researcher will advise you how you are able to give feedback or request more information on the study, will discuss procedures should you feel distressed by taking part or have any concerns about the conduct or process of the research.

Are there any risks associated with taking part?

The research has been approved by the University of Wales Trinity Saint Davids Postgraduate Research Ethics Committee. There are no identified significant risks associated with participation.

Data Protection and Confidentiality

Your data will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation 2016 (GDPR). All information collected about you will be kept strictly confidential. Your data will only be viewed by the researcher and supervisor.

All electronic data will be stored on a password-protected computer file on the researcher's home computer and multi-authentication factor protected University OneDrive. Your consent information will be kept separate from your responses to minimise risk in the event of a data breach.

Please note that the data we will collect for our study will be made anonymous; we will assign all participants a pseudonym.

What will happen to the information I provide?

An analysis of the information will form part of our report at the end of the study and may be presented to interested parties and published in scientific journals and related media. *Note that all information presented in any reports or publications will be anonymous and unidentifiable.*

Is participation voluntary and what if I wish to later withdraw?

Your participation is entirely voluntary – you do not have to participate if you do not want to. If you decide to participate, but later wish to withdraw from the study, then you are free to withdraw until up to two weeks after the date of the interview, without giving a reason and without penalty.

Data Protection Privacy Notice

The data controller for this project will be University of Wales Trinity Saint David. The University Data Protection Officer provides oversight of university activities involving the processing of personal data and can be contacted at the Vice Chancellors Office.

Your personal data will be processed for the purposes outlined in this information sheet.

Standard ethical procedures will involve you providing your consent to participate in this study by completing the consent form (on the next page).

The legal basis that we will rely on to process your personal data will be processing is necessary for the performance of a task carried out in the public interest. This public interest justification is approved by the College of Human and Health Sciences Research Ethics Committee, Swansea University.

The legal basis that we will rely on to process special categories of data will be processing is necessary for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes.

How long will your information be held?

Data will be preserved and accessible **until the research is completed.**

What are your rights?

You have a right to access your personal information, to object to the processing of your personal information, to rectify, to erase, to restrict and to support your personal information. Please visit the University Data Protection webpages for further information in relation to your rights.

Any requests or objections should be made in writing in the first instance to the research supervisor, Dr Beverly Cole, at beverly.cole@uwtsd.ac.uk and/or to the University Data Protection Officer:

The Data Protection Officer
University of Wales Trinity Saint David
Swansea Business Campus
High Street, Swansea
SA1 1NE
Email: foi@uwtsd.ac.uk

How to make a complaint

If you are unhappy with the way in which your personal data has been processed, you may in the first instance contact the research supervisor, Dr Beverly Cole, at

beverly.cole@uwtsd.ac.uk, and/or the University Data Protection Officer using the contact details above.

If you remain dissatisfied, then you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at:

Information Commissioner's Office,
Wycliffe House,
Water Lane,
Wilmslow,
Cheshire,
SK9 5AF
www.ico.org.uk

What if I have other questions?

If you have further questions about this study, please do not hesitate to contact us:

Researcher

Julia Middeke (2106306@student.uwtsd.ac.uk), Institute of Education and Humanities, UWTSD

Study Supervisor:

Dr Beverly Cole (beverly.cole@uwtsd.ac.uk), Institute of Education and Humanities, UWTSD

Thank you for taking the time to read this Participation Information Sheet

Appendix C

Participant Consent Form.

Participant Consent Form

Project title: **Psychotherapy trainee's lived experience on counselling placement**

Name and Contact details of the researcher: Julia Middeke (2106306@student.uwtsd.ac.uk)

Supervisor: Beverly Cole (beverly.cole@uwtsd.ac.uk)

Please read the statements of consent carefully and indicate your consent by ticking the boxes for the statements of consent.

I consent (✓):	Statements of Consent
<input type="checkbox"/>	I (the participant) confirm that I have read and understood the information sheet, presented prior to this form, for the above study and I have no reservations regarding the content. I have a copy of the information sheet for future reference [dated: #####]
<input type="checkbox"/>	I understand that I will be interviewed, what topics I will be interviewed about and that the interview will be recorded.
<input type="checkbox"/>	I have been informed that the information I provide will be kept confidentially, stored safely and data will not be identifiable to my person.
<input type="checkbox"/>	I understand that I am free to ask any questions at any time before and during the study.
<input type="checkbox"/>	I understand what my role will be in this research, have had an opportunity to ask questions and all my questions have been answered to my satisfaction.
<input type="checkbox"/>	I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reasons. I understand that if I withdraw any collected data will not be used in the study and will be deleted.
<input type="checkbox"/>	I agree to the researcher processing my personal data in accordance with the aims of the study described in the Participant Information Sheet.
<input type="checkbox"/>	I agree to my anonymised data being publicly shared at the end of the project to maximise the social benefit of this research and to facilitate open science.
<input type="checkbox"/>	I agree to participate in an interview on Microsoft Teams or Zoom and for the interview to be recorded.

If you do not agree to one or more statements of consent, your participation in the study will end.

☐ *I would like to have sight of the research findings when these are produced.*

Signature & Date:

Print Name:

Email:

If you return this form via email, you may be able to sign it electronically. If this is not the case, please note that receipt of this form via your email address will be taken as informed consent.

Thank you for your participation in this study.

Appendix D

English Interview Schedule.

Interview Schedule

Project:

Date: _____ **Time of interview:** **Start:** _____ **Finish:** _____

Mode of interview:

Interview with participant [insert code] **recorded on** [insert recording ref. no.]

{ Greet participant. Thank for consent to participate. Introduction. Brief outline of interview procedure. Ensure participant has read and understood information sheet, signed consent form, aware of right to withdraw, and feels comfortable. }

Demographic Questions: Age, Gender, Ethnicity, Country of Training, Training Course and modality, Start date, client hours.

Topic 1: Please describe your experience with your placement. *(This could be sufficient prompt for the participant to describe their experience fully)*

Topic 2: Please describe a particularly good experience of your placement.

Topic 3: Please describe a particularly bad experience of your placement.

Topic 4: What challenges have you encountered regarding your placement experience?

Topic 5: What has been helpful for you regarding your placement experience?

Topic 6: What aspect of your placement experience has been most significant for you and why?

Topic 7: What would you have changed/ liked to be different regarding your placement experience?

Topic 8: If you could, what would you change about psychotherapy training placements?

Topic 9: What is your experience with your placement and course supervision?

Topic 10: Is there anything you would like to add about your experience of psychotherapy training placement?

Additional information to be gathered from asking participants to be more specific about their answers and personal experiences, e.g. "Could you explain this in more detail?", "What did this look like?". Additional information to be gathered from asking for specific meaning, "What did this mean to you?", "How do you make sense of this?"

{ Thank interviewee for participation. Assure of anonymity. Advise what will happen next. Ask if participant has questions, would like sight of notes, information about meaning of questions and answers. Cool down period and debriefing. Ask if any issues have arisen and if the

participant feels confident to know where to get support if needed. Reassure timescale for contact following interview.}

Appendix E

German Interview Schedule.

Deutscher Interview Schedule

Project:

Date: _____ **Time of interview:** **Start:** _____ **Finish:** _____

Mode of interview: _____

Interview with participant [insert code] **recorded on** [insert recording ref. no.]

{Teilnehmer Grüßen. Für Teilnahme danken. Einleitung. Kurzer Überblick über den Ablauf des Vorstellungsgesprächs. Sicherstellen, dass der Teilnehmer das Informationsblatt gelesen und verstanden hat, die Einverständniserklärung unterschrieben hat, sich des Widerrufsrechts bewusst ist und sich wohl fühlt.}

Demografische Fragen; Alter, Geschlecht, Ethnische Zugehörigkeit, Ausbildungsland, Ausbildungsgang und -modalität, Beginn der Ausbildung, Anzahl der bisher gesammelten Therapiestunden.

Topic 1: Bitte beschreibe deine Erfahrungen, die du in Bezug auf deine Praktischen Tätigkeit erlebt hast. *(Dies könnte eine ausreichende Aufforderung für den Teilnehmer sein, deren Erfahrung vollständig zu beschreiben.)*

Topic 2: Bitte beschreibe eine besonders gute Erfahrung mit Bezug auf deine Praktische Tätigkeit.

Topic 3: Bitte beschreibe eine besonders schlechte Erfahrung mit Bezug auf deine Praktische Tätigkeit.

Topic 4: Welche Herausforderungen hast du in deiner Praktischen Tätigkeit erlebt?

Topic 5: Was hast du im Hinblick auf deine Erfahrung in deiner Praktischen Tätigkeit als hilfreich erlebt?

Topic 6: Welchen Aspekt deiner Praktischen Tätigkeit hast du am bedeutsamsten erlebt und warum?

Topic 7: In Bezug auf deine momentane oder bisherige Erfahrung in der Praktischen Tätigkeit, was wurdest du ändern?

Topic 8: Wenn du könntest, was würdest du an dem Element der Praktischen Tätigkeit in der Psychotherapie Ausbildung ändern?

Topic 9: Wie hast du Supervision und Ausbildungsbetreuung für deine Praktische Tätigkeit erlebt?

Topic 10: Gibt es etwas, das du zu deinen Erfahrungen in der Praktischen Tätigkeit hinzufügen möchtest?

Zusätzliche Informationen können gesammelt werden, wenn die Teilnehmer gebeten werden, ihre Antworten und persönlichen Erfahrungen genauer zu formulieren, z. B. „Könntest Du das genauer

erklären?“, „Wie sah das aus?“. Zusätzliche Informationen können durch die Frage nach einer konkreten Bedeutung gewonnen werden: „Was bedeutet das für Dich?“, „Wie verstehst Du das?“

{Bedanken Sie sich beim Interviewpartner für seine Teilnahme. Gewährleistung der Anonymität. Beraten Sie, was als nächstes passieren wird. Fragen Sie, ob der Teilnehmer Fragen hat, Notizen sehen möchte oder Informationen über die Bedeutung der Fragen und Antworten erhalten möchte. Abkühlphase und Nachbesprechung. Fragen Sie, ob Probleme aufgetreten sind und ob der Teilnehmer weiß, wo er bei Bedarf Unterstützung erhalten kann. Stellen Sie den Zeitplan für die Kontaktaufnahme nach dem Vorstellungsgespräch sicher.}

Participant Debrief form.

DEBRIEF FORM

Psychotherapy trainee's lived experience on counselling placement

Thank you for taking part in our research. Now that your contribution has finished, let us revisit the aim of this study.

We are interested in the experience of psychotherapy trainees on their counselling placements and how these compare or differ for psychotherapy students training in the United Kingdom and Germany.

To date, psychotherapy trainees' counselling placement experiences have been under-researched and under-represented within academic literature, and particularly the comparison of training experiences in different countries, by taking part in this study you have contributed to the growing body of knowledge concerning this gap in the scientific literature on counselling and psychotherapy training. Thank you again for your decision to participate in this study! However, please be reminded that you still have the right to withdraw until up to two weeks following this interview. Should you decide to do so you will not have to give any reason and collected data will not be used and will be destroyed.

Your information will be stored for the duration of the study. Once the study is completed and data has been analysed, your information will be deleted and destroyed. Any hard copy data (e.g. paper notes) are stored in a locked filing cabinet in the office of the researcher (contact details below) and will be destroyed once analysis of the data has been completed. Electronic data (e.g. interview recordings) will be stored on multi-factor authentication university hard drive and biometrically protected home computer of the researcher.

You will be aware that this study has received ethics approval from the Psychology and Counselling Research Ethics Committee at UWTSD and if you have any questions or concerns about your participation in this study, you can contact in first instance Dr Beverly Cole, Beverly.cole@uwtsd.ac.uk, Institute of Education and Humanities, UWTSD.

If you feel affected by issues raised by this research and would like to discuss any concerns, please contact the researcher on the details provided below. If you feel this piece of research may have health implications for you, we advise you to contact your GP (family doctor) or your study advisor. Other sources of support for UK participants may be found at: www.nhs.uk, www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines, or your local Mind Charity service, e.g. Mind Swansea, 66 St Helen's Rd, Swansea SA1 4BE, 01792 642999. For German participants, sources of support may be found at: <https://www.psychenet.de/de/hilfe-finden/schnelle-hilfe/soforthilfe.html> or for acute need, an online advice service for various support needs at <https://www.caritas.de/hilfeundberatung/onlineberatung/onlineberatung>

Please do not hesitate to contact us for further detail.

Researcher: Julia Middeke, 2106306@student.uwtsd.ac.uk, Institute of Education and Humanities, UWTSD

Study Supervisor:

Dr Beverly Cole, Beverly.cole@uwtsd.ac.uk, Institute of Education and Humanities, UWTSD

Thank you for your participation in the interview, we appreciate your contribution to the study.

Appendix G

Tabled list of Group Experiential themes.

Table of Group Experiential Themes (GETs)

A. SYSTEMIC CHALLENGES TO PSYCHOTHERAPY PLACEMENTS

Generally challenging aspects to being on placement

Systematic issue of underfunding healthcare providers prevents long-term therapy. *“it's more the NHS and not, you know, putting more money into it”* (Katie, p.33)

Despite being aware that it is challenging, would like to have clearer advertising of placement opportunities. *“I know a lot of it is on funding and stuff like that, so unless you've got a very clear idea that you wanna work for a particular organisation, it's quite tricky to know kind of who's taking on people who has placements.”* (Irene, p.47)

Considers that full-time work is forcing trainees to their coping limits. *“I also have some friends who work 40 hours, and there I realise that I couldn't do that, and I also notice that they are reaching their limits.”* (Greta, p.46)

Considers conditions of psychotherapy placements generally unfair, exploitative, and insufficiently supported. *“So you are also already very exploited in certain places, but that's... exactly, I would maybe change that.”* (Greta, p.46)

Annoyed about excessive requirements of trainees' responsibilities in hospitals. *“we are supposed to take a lot of responsibility for the therapy-, so no legal responsibility, but internal responsibility”* (Simon, p.56)

German trainees' financial hardships during placement

Extremely challenging to manage paying mandatory bills on a low trainee wage. *“But you have to pay rent, training costs and other things, so that's hard.”* (Simon, p.70)

Struggles with omnipresent financial difficulties. *“the question of the financial situation... that will be, well I don't know how it is for you, but..., but yeah that is simply something that is resonating alongside everything all the time.”* (Greta, p.37)

Taking out a loan with help from parents has been helpful in somewhat alleviating discomfort over futile financial struggles despite postgraduate qualification. *“well I am currently taking out a loan through my parents and will simply pay that off at some point when it comes to that. Through that I can suppress that a little”* (Greta, p.37)

Feeling grim and solemn that psychotherapy trainees are poorly paid despite having a specialised qualification. *“Yes, because we're the cheap labourers, right?”* (Elsa, p.39)

B. IMPORTANCE OF THOROUGH INDUCTION TO PLACEMENTS

Poor start to placement due to lacking support

Beginning of placement marked by feeling lost, desolate, and abandoned. *“The time there, wow, that was my first time, I was pretty lost, let's put it this way, I felt quite lost.”* (Simon, p.12)

Following the lacking induction, no contact with organisation lead left disappointment and sense of abandonment. *"Ehm, and then that was the last time I seen her. I never seen her after that."* (Judy, p.18)

Helpful induction to placement

Introduction to second placement has been good. *"That's been really good. We've had an induction, I've met my supervisor..."* (Irene, p.9)

Placement started with opportunity to familiarise herself with work environment and colleagues. *"I was told from the beginning that I would go along at first, almost like an internship, and that I would be shown everything."* (Elsa, p.5)

Optimistic perspective of it being an advantage that placement began smoothly and without stress. *"well I have to say that now I had a very 'smooth' start into placement [smiles]"* (Greta, p.15)

C. UNCERTAINTY IN PLACEMENT DUE TO LACK OF EXPERIENCE

Feeling uncertain over therapeutic work due to lacking experience

Lack of experience results in uncertainty in skills. *"Just a little bit of insecurity around what I'm doing because I'm, you know, because I'm brand new at it."* (Irene, p.14)

Feeling queasy in the beginning by carrying responsibility but feeling unsure over what to do in the sessions. *"that was of course a queasy feeling at the beginning, to have that responsibility and to think a little bit before every conversation 'Oh, let's see what happens, because (huffs) I can't really estimate it.'"* (Elsa, p.9)

Experiencing a limit of her skills was difficult when she was uncertain how best to help patient. *"And yes, then... it's just kind of difficult sometimes to do- That's where I'm- I just noticed, I've come to my limits in the sense of 'I somehow don't really know what to do anymore'"* (Greta, p.19)

In contrast, self-confident and proactive approach to challenges in therapeutic work

When encountering difficulty, she researches topic and is determined to improve. *"if I have felt 'how does CBT fit into this?' I'll go and read, or I'll take it to provision"* (Katie, p.37)

In response to lacking guidance he prioritised research to taking on too many patients, and allowed self not to feel pressured. *"I was like that 'No, but then I also take the time for it and don't let myself be stressed out somehow and take too many patients'."* (Simon, p.19)

D. LIMITED NUMBER OF SESSIONS PREVENTS OPPORTUNITY TO WORK

AT THERAPEUTIC DEPTH IN PLACEMENTS

Challenge of limited sessions in hospital placement compared to practice in outpatient centre, which offers more time and therefore opportunity for intervention. *"So, and not in the hospital, where you only have six to eight sessions, whereas somehow you have many more sessions in outpatient therapy"* (Simon, p.28)

Short-term admissions of patients limits therapeutic depth of interventions she is able to offer. *"It's just that the patients are there for a maximum of 3-4 weeks and thus real therapy as in therapy is very rarely possible."* (Greta, p.7)

Biggest challenge was limit to short-term intervention in placement but with structured nature of CBT she adapted it into her way of working. *"And I think that's probably been the biggest challenge, is delivering uhm, you know, trying to support somebody in such a short space of time."* (Katie, p.6)

Convinced that limited to a few sessions prevents working at therapeutic depth. *"because if I just stick to placements that had six sessions, I don't think I would be- I don't think I would be going quite deep enough"* (Katie, p.33)

E. POSITIVE REFRAMING OR TEMPERING OPTIMISM OF NEGATIVE EXPERIENCES ON PLACEMENT

Although the experience of the second placement is marked by the negative management, there is a reluctance to generalise it to an overall negative placement experience due to the enjoyment of client work and counselling space. *"Well, I think, you know, there's multiple things, little things that were kind of adding up with the other placement. [R: Yeah.] Which was- Which was frustrating because, you know, the clients were fantastic."* (Judy, p.27)

Reluctant to call lack of guidance bad due to enabling Simon to explore interventions freely. *"I don't know, I approached that time with "Hey, I'm trying it out". So, and then I really felt free to choose."* (Simon, p.17)

Being stumped in how to approach cases is normal and thus, not a bad experience. *"I don't know if this passes as a bad experience, because it's somehow completely understandable that this is the case, that of course I have patients from time to time, less often fortunately, but where I'm just a bit stumped"* (Elsa, p.17)

F. GAINING CONFIDENCE IN THERAPEUTIC PRACTICE WITH INCREASED EXPERIENCE

Placement is just like building a road map; first, it's sketchy and limited, then becomes clearer and more elaborate. *"It's a bit sketchy, my road map at the start."* (Irene, p.11)

Despite individual differences, with time and experience, she felt more relaxed and self-assured in working with challenging personality types. *"you become a little more relaxed and also then know, even if everyone is different, everyone is different, you get a bit of a feeling for how you react in such a way that you still remain appreciating"* (Greta, p.55)

Modestly, but proudly, reflects on his own professional development. *"Wow, it's also really nice to notice that I'm... it feels like I am always getting better and better. So 'better' right... [gesticulates quotation marks]."* (Simon, p.41)

He feels confident in his therapeutic skill and has developed an adaptable toolkit of interventions. *"I have found my niche, so how I like to lead my therapy, in which direction. I've got my favourite techniques"* (Simon, p.42)

Most important aspect of placement has been that although having been given little guidance in preparation, the recognition of developing professionally is very satisfying.

“And that it's however also very satisfying to realise at some point, okay, now I've arrived, and I know the in's and out's here and how it all works.” (Elsa, p.45)

Qualification was a validation of skill level- Judy feels confident and comfortable with clients now as a result of being on placement. *“And you know, now I am qualified and I've got a job in Mind I feel a lot more confident and comfortable with my clients[...].”* (Judy, p.35)

Self-confidence in own therapeutic and psychoeducational skills. *“Uhm, you know, so I felt fairly confident I'd done my job”* (Katie, p.19)

G. IMPORTANCE OF EFFECTIVE SUPERVISION IN PSYCHOTHERAPY

PLACEMENTS

Experience of inadequate supervision

Insufficient amount of supervision during hospital placement. *“In the hospital we had very little supervision, actually not at all, I think, as good as I think.”* (Simon, p.13)

Dissatisfaction with very rare supervision. *“I very rarely have supervision. Uhm and then uhm that should really be guaranteed”* (Greta, p.22)

Fundamentally dissatisfied with inadequate supervision. *“And that is not happening like that at the moment and that is fundamentally not cool”* (Greta, p.24)

Supervisor for first placement was not supportive. *“But I'm gonna change the supervisor because I didn't feel at all supported. So that's the main challenge I've had, is supervision.”* (Irene, p.17)

Third supervisor, in second placement, was nice, but not compatible due to not challenging enough and having a different counselling approach. *“I struggled a lot with that one uhm, lovely individual, however, I didn't feel like I was getting anything from it.”* (Judy, p.44)

Did not benefit from mandatory group supervision. *“I would say I haven't really got much out of the group supervision sessions”* (Katie, p.29)

Supervision was far away, which he thought was poor. *“So we would have had to drive there for an hour and so on and that was all- Well, it was kind of stupid”* (Simon, p.30)

Importance of effective supervision in placement

For Judy, supervision is important to a successful placement if it works well. *“It's worth its weight in gold when it works well.”* (Judy, p.47)

Really enjoys having regular supervision with placement instructor. *“but now just to have this model of every fourth session has to be supervised. Uhm, and right, with the placement instructor and so on...”* (Simon, p.38)

Supervision is helpful to break down patient cases and consider different perspectives. *“So, lets you look at it from a completely different perspective.”* (Elsa, p.27)

Effective supervision is characterised by supportive guidance, reliable supervisor and exchange of ideas

Supervision should offer new perspectives, guidance and directions. *"a little bit of like 'Well, I think what you've done so far sounds like really, you know, really useful work. And it sounds like you're...'"* (Irene, p.45)

Enjoys discussion of ideas for client work in supervision. *"Uhm, so that's great. Lots of ideas. Lots of bouncing off, which is brilliant."* (Katie, p.29)

Supervision offers a chance for case discussions and exchange with peers. *"it's really good to just be able to exchange"* (Elsa, p.26)

Values reliable, structured, clear and committed supervisor. *"So what I really like about him is that he's very structured, clear and committed."* (Simon, p. 40)

Effective and helpful peer support/ intervention

Greta's post-session uncertainties are more effectively addressed in intervention with Allie than they could be in supervision. *"if there was also supervision every two weeks, this would not even be something that would be caught through it."* (Greta, p.24)

Strongly values intervention with peers to discuss ideas. *"Intervention. A lot of communication with the other PiAs, exchanging ideas with your-, with the people you are in the same boat with"* (Simon, p.57)

Helpful intervention with course colleagues who offer empathetic understanding. *"it's just that you can talk about it because they, they get it, [R:Umm] and they understand and it's really useful."* (Irene, p.24)

H. SIGNIFICANCE OF SUPPORTIVE, VALIDATING, AND EFFICIENT

PLACEMENT ENVIRONMENTS

Feeling supported and valued in placement

Most significant aspect of placement experience has been to feel valued within the team, feel supported through training, and communicating effectively with organisation. *"they want you and umm, they- they're there to support you and help you on your training, so that- that feels- I value that"* (Irene, p.51)

Being supported by colleagues through moments of uncertainty has been very nice. *"And at the same time, in a moment when you're not so certain, but to always to bear in mind 'Okay, I can always ask the people here.'"* (Elsa, p.46)

Positive experience is marked by feeling supported and valued by colleagues and superiors. *"So I think that was one of the best experiences because it just showed that not only are they looking out for the client, but they also looking out for their staff members, umm, and they take it all very seriously."* (Judy, p.22)

Values the feeling of being supported by organisation. *"Uhm, and that's been actually a- an- a nice experience."* (Katie, p.23)

Positive and efficient placement organisation

Great experience of first counselling placement due to being well-prepared, welcomed, and supported. *"That was great, you know, I got introduced to the staff, got to know all the policies and procedures."* (Judy, p.6)

Enjoys organisational structures. *“you know, having that structure in an organisation is, is good.”* (Katie, p.25)

Values reliability and communication, as well as good organisation in a placement provider. *“And when they say they're gonna do something, they do it. So that, I like that, I value that.”* (Irene, p.51)

Elsa's placement organisation and position within the multi-disciplinary team are great. *“Well, like organisation, uhm... position of a PiA [Psychotherapist in Training].”* (Elsa, p.23)

I. IMPORTANCE OF SELF-CARE AND TIME FOR LEISURE WHILE ON PLACEMENT

It's important to self-care through difficult situations. *“you still have to catch yourself, that you're... looking after yourself”* (Katie, p.24)

Intensity of training and lack of rest was challenging but made him value time for self-care. *“That was also intense too. So a little bit of time for self-care was also a thing.”* (Simon, p.71)

Having spare time in the beginning of placement is good and important. *“that means I have relatively a lot of time, and that is good and important, uhm, especially now in the beginning it was good”* (Greta, p.13)

Working full-time takes time away from living “life”. *“Yes, more time for my life. Well, I am only in the hospital, it feels like.”* (Elsa, p.29)

J. SIGNIFICANCE OF ALTRUISTIC SATISFACTION

Recognised as effective practitioner gives sense of purpose

Feeling like he is doing something worthwhile. *“R: So that you have the feeling that you are doing something, worthwhile, so to speak. SIMON: Yes, yes, yes, yes.”* (Simon, p.60)

Significant experience of reflection on having had a positive influence on patients' rehabilitation. *“Or when the people are dismissed, then somehow say a few nice words or leave a little thank you or something like that.”* (Elsa, p.43)

Altruistic satisfaction and positive feelings derived from observing the progress and therapy outcomes for her clients. *“Ehm, oh I think probably just seeing the outcomes at the end, just seeing where the client is at the end uhm, has been really good.”* (Katie, p.35)

Rewarding feeling to help patients or clients

Witnessing therapeutic change is rewarding. *“And just seeing her really embrace everything that CBT is about, and- and putting it into practice was just really... it was pretty cool.”* (Katie, p.18)

Significant to experience rewarding moments when helping others. *“the most spontaneous answer is that you help people.”* (Simon, p.59)

Moments of therapeutic encounter are extremely rewarding for herself and patient's therapeutic process. *“what I think is totally great, is if you somehow- I haven't had that*

very often, but as you just said, either something clicks in your head and so together with the client” (Greta, p.42)

Client’s high engagement with buttons was a rewarding experience for Irene.

“Interactive, you know and got a lot of information from that from visually representing her family of origin.” (Irene, p.27)

Extremely good feeling of helping patients understand their experience. *“Yes, that they are simply uhm, yeah, they are so grateful that they are understood, that someone can integrate what is going on with them, because that's simply- that is simply so extreme.” (Elsa, p.16)*

K. GERMAN TRAINEES’ CURIOSITY AND REFLECTION ON GATHERED THERAPY HOURS

Curiosity about how many therapy hours she has gathered as she has not considered this previously. *“And that means, they are then- how many weeks has that been since May?” (Elsa, p.4)*

Curiosity over how many therapy hours she has collected. *“Uhm, mhh, that’s a good question, well I have started the training in January and uhm all in all I have to have 1,200 hours” (Greta, p.5)*

Intrigued to determine the amount of therapy hours collected on placement. *“Yeah...I could only...wow, I really can’t tell you. However I can tell you... I always had 6 patients in the hospital, so 6 sessions per week, plus 2-3 group therapies.” (Simon, p.6)*