

NOVICE THERAPISTS' DIFFICULTIES. A LITERATURE REVIEW

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Summary

Literature about difficulties in novice therapist practice appears from the 1950's. Usually it contains qualitative research, case studies or review papers regarding this subject. The most common difficulties are: anxiety about one's incompetence, managing with work complexity, using one's own feelings regarding work with patients, beliefs how therapy should work, boundaries around one's self, evaluation during supervision and the use of basic therapeutic techniques. Within the described techniques there is a mention of common difficulties for therapist from different orientations. They are connected to a general specification of the therapist's work – meeting with patients, imperfect use of therapeutic techniques or one's own beliefs how the therapy should work and what is the aim of it. Difficulties characteristic for psychodynamic or cognitive-behavioral orientation are mentioned which are probably a consequence of the basic assumptions for each of the orientations. Reviewed literature rarely connects difficulties to the personality of the therapist. This work shortly describes a connection between personality traits and therapeutic orientation.

Key words: psychotherapy, novice therapists, therapists' difficulties

Introduction

Studies on the novice therapists difficulties undertaken in the fifties are also carried out today. Publications relate to therapists from different theoretical fields and describe the difficulties that may occur at the beginning of their career. There is no clear definition of a novice therapist. In the literature, one can find a number of proposals relating to the period of professional development i.e. clinical psychology graduates who are under 1500 hours of practice under the supervision [1], or the first year psychiatry residents [2]. In studies of novice therapists participants are often students who graduate or have completed specific training program in the certified institution [3, 4].

Areas that often cause difficulties for novice therapists are: a sense of lack of competence, job complexity issues, beliefs about how therapy should look like, reading countertransference feelings, determining boundaries of oneself, evaluation resulting from supervision, or basic therapeutic techniques usage.

In this paper I present a novice therapists difficulties described in the literature and related to my own experience of learning the profession of therapist. Different types of difficulties that may occur in the therapist training will be discussed briefly, as well as how personality can relate to the type of chosen psychotherapeutic approach – psychodynamic or cognitive-behavioural.

Common difficulties among novice therapists of different theoretical approach

A sense of lack of competence

The most central problem faced by novice therapists seems to be anxiety due to lack of competence and uncertainty as to their clinical skills [5, 6]. The feeling of being incompetent is associated with emotions and thoughts that arise when the therapist's beliefs in his abilities are reduced or internally questioned [7]. These experiences are the result of the depreciation ones skills and judgments of one own actions as a practitioner. At the same time, they do not indicate actual level of novice therapist abilities. Fear of incompetence motivates to greater reflection in the work, and also to learn more by reading the literature on the issues identified in the treatment of patients [5].

According to the literature, the feeling of incompetence is associated with stress, burnout, depression, low self-esteem or premature abandonment of therapist profession [5, 8, 9]. It seems that doubts about one own abilities may be threatening for both the practicing therapist, as well as to the therapeutic process. Many training programs of various approaches in therapeutic and psychological counselling mention this subject because it seems important to draw attention to it and its further research [10].

Team of researchers, Hill, Sullivan, Knox and Schlosser [6] focused on novice therapists feelings and concerns. They analyzed weekly diaries written by people walking on the course of counselling psychology for one semester of doctoral studies. The main difficulties have proved to be self-criticism and fear because of doubts, "what to do" and what "should be done" at particular time during the session [6]. What was problematic for the participants were their own reactions to the meeting with the patient and difficulties in coping with them. The authors present three main difficulties in response to the patients: excessive or insufficient identification with the patient, anxiety and anger, when the patient does not confirm the expected reaction of their behaviour during the session, and the need to go beyond the role of the therapist with uncertainty as to the adequacy of such behaviour. Other problematic field for novice therapists was clinical skills usage i.e. how to ask open-ended questions, and make interpretations.

Fear resulting from the awareness of one own skills increases the attention to internal feelings to the level which makes contact with the patient harder [5, 11]. What is more excessive self-criticism, concerning the lack of awareness in the session, and the uncertainty of what and how should be done during therapy may be additional problematic issue in bonding a relation with the patient [4, 9].

Job complexity issues

The therapist has many tasks to perform during his job: to prepare before the session, held a meeting with the patient, to analyse the material collected in a theoretical approach. But to understand human behaviour, therapist must use the ways of thinking which are not linear, or sequentially logical. Mastery of these skills and fluency in using them may take many years [12]. Working with patient requires also the ability to create metaphors, observing one owns ego and looking on a therapy from different perspectives [14]. Insufficient levels of skills, lack of well-established knowledge and little practice can result in novice therapists anxiety and feelings of insecurity. An often asked question is also which of the many factors during therapy are important at particular time.

It seems that the way to deal with the anxiety associated with the complex issues of work is to focus on specific solutions remembered from training or found in the literature. In practice, this can be expressed in inability to go beyond the level of the patients verbal narrative and reading non-verbal signs in a very concrete way. This means that the therapist reads the words and non-verbal behaviour of the patient in a very narrow way, losing sight of the bigger picture of what can be transmitted in the course of therapy [2]. At the same time narrowing the field of view helps to reduce levels of anxiety and provides sedative function [12].

Another kind of manifestation of difficulty in working with complex issues may be asking too many questions during the session, expressing empathy by being too sympathetic, allowing the patient to mourning throughout the session, or taking too complicated intervention. Little practice can also makes the therapist quite a big problem with the change of subject, or knowing how to end the session in an appropriate manner [6].

Using countertransference

An important therapeutic skill which appears in the literature is the ability to use one own feelings during therapy and to be open to different signals sent by the patient in a non-verbal way [9]. Working with the projection process is one of the basic techniques used in the current psychodynamic therapy (individual, family, or group psychotherapy), so it is important to learn how to give back projected objects to the patient by their earlier adoption and understanding [12, 13]. For the novice therapist it can be difficult because of the focus on specifics and reductionist approach to conducting therapy or not worked out yet their own problems [12].

Difficult for the novice therapist may also be situation in which he/she feels similar to the relation with someone close like a family member or a friend. Then therapist relationship with the patient may consist of other interpersonal relationships. As a consequence, therapist loses the ability to

view the patient's problems in an objective manner and the ability to think about them in isolation from one own personal relationships. Tardiness, patients absence can evoke feelings of guilt, frustration and anger, but sometimes a relief when patient call to recall the session. This may be related to the characteristics and personality of the patient, or the unique properties of the relationship that patient has with the therapist. However, it may happen that it has something to do with the individual experiences of the therapist, which are activated in contact with the patient. Beginning therapists report that it is difficult to relate to these unforeseen situations and deal with feelings which accompany them [6, 12].

Beliefs about how therapy should look like

Novice therapists often believe that patients, who come to them, need an expert to solve their problem [9]. Thinking of oneself as an expert creates a sense of danger because it puts a requirement to meet the patients expectations related to the experience and knowledge [4]. Limited number of hours spent with patients during therapy make it hard for the therapist to assess whether the treatment brings results and whether it is conducted in "right way". Such doubts may arise due to lack of a comparative scale, where one could put the experience with the individual patient. This kind of experience can also bring depreciation of one own skills in a collision with expectations about the need to be an expert [6].

Literature presents the data that novice therapists, more often than experienced, base self-esteem in addition to the results of the treatment [9]. If a patient does not show significant improvement, often self confidence of the therapist falls down, causing loss of trust in his/her own abilities [12]. Some time has to pass away so the idealistic expectations could be placed by more real picture of one own abilities. It also happens that some of the symptoms require medical treatment, and sometimes therapeutic work must be done with other family members so a specific patient therapy could be effective [14].

Boundaries of one's own self

Dealing with patients can be problematic for novice therapist when they try to help them too much and take responsibility for a solution of their problems. But at the same time dealing with family and friends could be difficult and novice therapist try to limit the frequency of meetings with them [4]. Other problem areas can be the emotional inability to make contact with the patient and "stiffening borders" in non-business situations [8].

Bischoff [4], points out that one of the main task of self development for novice therapists is to establish a boundary separating the self from the patient and the professional self from the personal self. Important part of the border defining process is to gain an ability to distinguish therapist and

patients obligations and to learn how to reflect upon them in an objective way [12]. In the initial period of therapy therapist may be overwhelmed by the patients problems when some of the patients obligations are taken as his own. It causes discomfort on the one hand, and on the other hand raises a reflection on therapist borders. According to Bischoff, the process can be versatile and is an integral part of the process of borders clarification.

The boundary separating professional self from the personal is associated with coping with relationships outside of work. Beginning therapists can “seal” the boundaries in relationships with loved people and limit contact with them when engaging excessively in working with patients [4]. This kind of problems can occur, especially when friends and family come to novice therapist with personal problems. Observations indicate that many people before stepping into therapist profession played a role of “personal therapist” for the close people. When “helping” becomes a profession, the personal and professional role can be mixed and create confusion.

The difficulty in separating professional from the personal role can manifested in “reinforcement of borders” or sticking to the rules to manage the therapeutic and non-business situations. In the psychodynamic approach, it is important to remain neutral to the patient so he can freely create and design his free associations. Difficult for novice psychodynamic therapists may be informal situations where boundaries are mixed with different social and personal roles. Problematic may also be the answer to the question of how to behave when, for example, the patient is met outside the therapeutic context, or whether in conversations with friends about their problems use the same technique as in working with patients. In the process of determining the limits of their own borders supervision seems to be helpful as well as experience through contacts with different patients and exchange of experiences in a group of other – both beginners and more experienced therapists [4].

Supervision and evaluation

Supervision process not only brings benefits such as the analysis of the therapeutic process but it is also a kind of relationship in which some requirements are expected such as gaining knowledge about the type of problems that the therapist has to do in their work or learning ethics [6]. The role of supervision in the novice therapist development seems to be therefore twofold. Supervisor on the one hand provides help, gives a feedback and specific advice or shares their own experience, on the other hand he/she puts the requirements; to meet them, the novice therapist must practice for a long time.

Helping role of supervision is often described in the literature. Dohrenbusch and Lipka [15] describe the supervisor as a person who helps to get the diagnostic skills, supports the development of the therapeutic relationship and document the course of the therapeutic process. In addition to this help

supervisee to structure therapeutic work and achieve the goal of being a responsible and effective therapist. Kenneth Gordon [16] lists ten steps of supervision in cognitive-behavioural therapy, i.e. to read about similar problems of other patients, to encourage to reflection, to gain theoretical knowledge, to check whether the problem is understandable for the supervisee, what issues concerning the patient must still be raised during therapy and what kind of internal work must be considered by a supervisee (e.g. in his own therapy).

Difficulties associated with the use of supervision are rarely mentioned. They consist mainly of skill and abilities of accepting comments from the supervisor or supervisory group. Showing different opinions whether a new perspective may be also difficult to accept, because the impact on self-image modification or changing the perception of his own style of work. Supervisor comments, even if they role is to show the wealth of interpretations and meanings of the situation during the session, can be received by supervisee as pointing out the shortcomings in the education and considered as a type of criticism. Showing the complexity of the therapeutic situation may confuse and raise doubts about one own skills as a therapist. In this case, the supervisor begins to function as a person who is not helpful in learning to guide treatment and analysis of the process, but as a “disapproving parent” or “haunting object”.

Basic therapeutic techniques usage

During the session novice therapist may be uncertain about which technique should be used and how to assist patients in analyzing the issues that come along [6]. Knowledge acquired during the therapeutic training can be highly theoretical and its application in practice difficult.

Sublette and Novick [17] mention the fundamental principles of psychotherapy for novice therapists. First of all, they suggest to understand why the patient has the need to behave in this manner. This allows to put oneself in his position and conduct therapy in a non-judgemental way, which allows development of a therapeutic alliance. The authors refer to the usage of techniques such as clarification, confrontation and interpretation. Thanks to the detailed description of how one can use the particular technique it seems to be easier for the novice therapist to embrace them.

Andolfi, Ellenwood and Wendt [11] point out that for a novice family therapist it is very difficult to deal with the complexity of the family situation. Working techniques depend on where the therapy takes place or the environment in which the family lives, and what issues are coming out during the session. Home therapy requires more assertiveness and skilfully of building relationships in order to not to become “a member of the family” or “a friend”. Over time, it is necessary to train

techniques that allow simultaneous closeness and distancing from the family in therapy. It is also important to keep in mind perspective each of the family members to understand the whole system and be able to relate to the complex issues of family therapy.

Other difficulties in conducting therapy by a novice therapist

In addition to the problems described above, the literature also mentions other types of difficulties in carrying out the initial period of treatment conduction. The list includes somatic sensations, such as insomnia, crying, decreased appetite, or upset stomach for which complained therapists in the first three months of practice in Bischoff study [4].

Another common difficulty for therapists from different therapeutic approaches can be a “role reversal and age”, or situations when to the young therapist comes patient older than him. Novice therapist may ask himself whether he is experienced enough to help someone older than him/her. In such a situation one may have concerns about “being an expert” and doubts whether he is sufficiently “good” to help someone who has more life experience. This involves breaking the social and cognitive schema that the pattern is that the younger (child) comes for help to older (a parent) [18].

Difficulties of beginning psychodynamic and cognitive-behavioural therapist and their personality traits

Common problems for novice therapists are those which relate to the general nature of work – meeting with patients, imperfect workshop techniques, contrasting reality with one's own expectations, managing course of psychotherapy process and its effects. They also share a certain personality traits like a similar degree of assessing situations in which they are located by their feelings. They also show similar interest and desire to care for others, appreciate the clear thinking and analysis, as well as testing the accuracy of their observations [19].

Choosing the type of therapy, in which a person wants to train, can be combined with his/her personal preferences and personality traits. It is difficult to explain the direct link between personality and theoretical preferences in the conducted model of therapy, but one can notice some trends that may help to explain the difficulties specific to cognitive-behavioural and psychodynamic therapists.

Beginning cognitive-behavioural therapists difficulties and their personality traits

A large part of the work in cognitive-behavioural therapy is carried out according to the manual which helps to conduct the treatment. It determines the topics and tasks to be performed as a homework for the patient, as well as suggestions to discuss some problems during the session [20]. Perhaps the structure in which the treatment is carried out, provides the novice cognitive-behavioural are more support so they experience less anxiety and depression at the start of work than psychodynamic

therapists. On the other hand, therapists who conduct therapy the manual may have some difficulties associated with managing with unconventional situations, e.g. when the patient expresses thoughts and feelings which are not specific or absent in the manual themes. Novice therapist, who could cling to the manual, may be surprised with content outside of the proper scenario and have difficulty in relating to the patients statements, or having one's own hypothesis about the patients psychopathology. From the literature it is known that a beginner behaviourists tend to be more conventional, disciplined and meticulous than psychodynamic therapists [19]. Because of this, an unusual situations with patients may cause difficulties to the novice therapist that goes beyond the description in the manual. Research shows that cognitive-behavioural therapists tend to focus on themselves, have a strong sense of identity and tend to be more independent than others [21]. They may also have less of a need to express their feelings in relationships than psychodynamic therapists. This fact could explain their willingness to engage in a more structured kind of a therapy where patient problems can be earlier defined and therapist can be prepared to respond to them. These differences in the characteristics of both therapy approaches do not need to be reflected the clinical work [19].

Novice psychodynamic therapists difficulties and their personality traits

One of the main features of psychodynamic therapy is its indirectness. The therapist leaves a lot of space for the expression of the patient feelings and does not impose any subjects. Type of the withdrawal present in this kind of therapy allows to watch from a distance what is happening between therapist and the patient, but also allows to lower therapist activity during therapy in comparison to cognitive-behavioural therapy. The difficult may therefore be situations that require more active and direct approach. Psychodynamic therapists are more often than cognitive-behavioural sensitive to the different kind of dangers and avoid unnecessary risks. This could explain why this type of therapy is often chosen by them.

Another characteristic of psychodynamic therapy is focus on the analysis of the patients feelings and the feelings of the countertransference. On the basis of experienced feelings during the session patient may analyse along with the therapist their relationship and possible connections to the outside relationships. According to the literature psychodynamic therapists are more aware of their feelings, especially anxiety and depression related [19]. Perhaps that is why it easier for them to empathize with the patient and discuss arising situations. On the other hand, it may be difficult for them to deal with patients who have limited access to their own emotions and the need of a more prescriptive attitude of the therapist during treatment.

Recapitulation

Review of the literature shows that novice psychotherapists experience many difficulties at the beginning of their career path. Despite the lack of a consistent definition of “novice therapist”, most of the research relates to people completing psychotherapy training or to those who are just after its completion, but that started to practice and have contact with patients. Among the many described difficulties the most often appear: a sense of lack of competence, job complexity issues, reading countertransferential feelings, beliefs about how therapy should look like, determining boundaries of one's self, evaluation resulting from supervision, or basic therapeutic techniques usage. The most often way to deal with these difficulties seem to be supervision which, despite having assessment features, is one of the most important factors in development and helping novice therapist along with their work. Supervisors are supportive to novice therapists because of their knowledge and experience. They are seen as those who had undergone a similar way and one can rely on their opinion[12]. Supervision gives the opportunity to discuss the therapeutic process and a broader perspective on what is happening in therapy process. With discussing problems which arise during the treatment it is possible to deal with different difficulties such as feelings of anxiety, expectations for the therapy or feeling of incompetence [4, 6].

What seems to be overlooked in the studies of novice therapist difficulties are personality traits in relation to the therapist's theoretical orientation. It is difficult to assess clearly the influence of personality traits on theoretical approach in which therapist is trained. Personal preferences probably have an impact on the difficulties with which consciously or unconsciously therapist decide to contend in one's own work. This is an issue for further research and analysis.

References

1. Eells TD, Lombart KG, Salsman N, Kendjelic EM, Schneiderman CT, Lucas C. Expert reasoning in psychotherapy case formulation. *Psychother. Res.* 2011; 21(4): 385–399.
2. Cicchetti DV, Ornston PS. The initial psychotherapy interview: A content analysis of the verbal responses of novice and experienced therapists. *J. Psychol. Interdisc. Appl.* 1976; 93(2): 167–174.
3. Butler MH, Davis SD, Seedall RB. Common pitfalls of beginning therapists utilizing enactments. *J. Mar. Fam. Ther.* 2008; 34(3): 329–352.
4. Bischoff RJ. Themes in therapist development during the first three months of clinical experience. *Contem. Fam. Ther.* 1997; 19(4): 563–580.
5. Thériault A, Gazzola N, Richardson B. Feelings of incompetence in novice therapists: consequences, coping, and correctives. *J. Couns.* 2009; 43(2): 105–119.
6. Hill CE, Sullivan C, Knox S, Schlosser L. Becoming therapists: The experiences of novice therapists in a beginning graduate class. *Psychother. Theory Res. Pract. Train.* 2007; 44: 434–449.
7. Thériault A. Therapists' feelings of incompetence: A grounded theory analysis of experienced clinicians. Unpublished doctoral dissertation. McGill University, Montreal, 2003.
8. Rodolfa ER, Kraft WA, Reilley RR. Stressors of professionals and trainees at APA-approved counseling and VA

- medical center internship sites. *Profess. Psychol. Res. Prac.* 1998; 19(1): 43–49.
9. Misch DA. Great expectations: mistaken beliefs of beginning psychodynamic psychotherapists. *Am. J. Psychother.* 2000; 54(2): 172–203.
 10. Brady JL, Guy JD, Poelstra P, Brown CK. Difficult goodbyes: A national survey of therapists' hindrances to successful terminations. *Psychother. Priv. Pract.* 1996; 14(4): 65–76.
 11. Andolfi M, Ellenwood AE, Wendt RN. The creation of the fourth planet: Beginning therapists and supervisors inducing change in families. *Am. J. Fam. Ther.* 1993; 21(4): 301–312.
 12. Skovholt TM, Ronnestad MH. Struggles of the novice counselor and therapist. *J. Career Develop.* 2003; 30(1): 45–58.
 13. Yassky AD. Active utilization of the group therapist's countertransference. *Group Anal.* 1979; 12(3): 229–234.
 14. Kovitz B. To be beginning psychotherapist: How to conduct individual psychotherapy. *Am. J. Psychother.* 1998; 52: 103–115
 15. Dohrenbusch R, Lipka S. Assessing and predicting supervisors' evaluations of psychotherapists – an empirical study. *Couns. Psychol. Quart.* 2006; 19 (4): 395–414.
 16. Gordon KP. Ten steps to cognitive behavioural supervision. *Cogn. Beh. Ther.* 2012; 5: 71–82.
 17. Sublette ME, Novick J. Essential techniques for the beginning psychodynamic psychotherapist. *Am. J. Psychother.* 2004; 58(1): 67–75.
 18. Carkhuff RR, Feldman MJ, Truax CB. Age and role reversal. *Therapy. J. Clin. Psychol.* 1964; 20: 398–402.
 19. Arthur A. The personality and cognitive-epistemological traits of cognitive-behavioural and psychoanalytic psychotherapists. *Brit. J. Med. Psychol.* 2000; 73(2): 243–257.
 20. Cully JA, Teten AL. A therapist's guide to brief cognitive behavioural therapy. Houston: Department of Veterans Affairs South Central MIRECC; 2008
http://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf
http://www.mirecc.va.gov/visn16/docs/therapists_guide_to_brief_cbtmanual.pdf
 21. Heffler B, Sandell R. The role of learning style in choosing one's therapeutic orientation. *Psychother. Res.* 2009; 19(3): 283–292.

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