

## ABSTRACT

Title of Document: WHEN THE SHOE IS ON THE OTHER FOOT: A QUALITATIVE STUDY OF INTERN-LEVEL TRAINEES' PERCEIVED LEARNING FROM CLIENTS

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Although research on therapist development indicates that therapists attribute the majority of their learning about therapy to their clients (e.g., Orlinsky, Botermans & Ronnestad, 2001), learning from clients has only been explicitly addressed in anecdotal accounts (Bugental, 1991; Crawford, 1987; Freeman & Hayes, 2002; Kahn & Fromm, 2002). The closest researchers have come to empirically investigating learning from clients is by studying the impact of clients on their therapists (e.g., Farber, 1985; Myers 2002). However, this literature is still in its infancy and warrants further exploration. The purpose of this study was to extend the literature on therapist development and the impact of clients on their therapists to the study of learning from clients. To this end, 12 trainees (5 male; 7 female) who had recently completed pre-doctoral internships at university counseling centers were interviewed about what they learn from clients. In addition, participants were asked how they realized what they learned from clients, what they do with what they learn from clients and what variables contribute to how much they learn from clients. The data were analyzed using Consensual Qualitative Research (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005; Hill, Thompson, & Williams, 1997). Participants reported learning things about doing therapy, themselves, client dynamics, human nature, the therapy relationship, and the usefulness of supervision; these lessons

were reflective or participants' level of development as they primarily reported learning higher-order skills (e.g., Cummings, Slemon & Hallberg, 1993; Sakai & Naasserbakht, 1997). In addition, participants highlighted the importance of consultation and self-reflection in order to recognize learning; this is consistent with literature on experiential learning (Abbey, Hunt & Weiser, 1985). In discussing what they do with what they learn from clients, participants indicated they have or will apply what was learned to future clinical work; in addition they indicated that their lessons from clients fostered some kind of personal growth. Finally, participants indicated that a number of variables influenced the amount they learned from their clients: therapist, client, and therapy relationship characteristics, time, a new or remarkable therapy process, and new supervisors or settings. Implications for practice and research are discussed.

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INTERN-LEVEL TRAINEES' PERCEIVED LEARNING FROM CLIENTS

by

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## CHAPTER 1

### Introduction

John taught me so much that it is difficult to articulate all of the learning I experienced from his personal counseling work. The main theme I am left with is that I hold judgments of people based upon a gross lack of information. John taught me that sometimes people make choices that seem, on the surface, to be selfish but are meant to spare others from suffering. I never realized the odd meaning behind the behavior of a homicidal/suicidal family man. Today I do. Now when I read the paper or hear a similar story I don't automatically judge the individual as "evil." My values, beliefs, and ethics have changed due to my encounter with him. I am more accepting and tolerant of differences. As seen from the client's perspective, some choices that seem incomprehensible become more understandable. I am somewhat more skeptical now when I read the newspaper, and I wonder what the real circumstances are that led people to make the choices that they have (Freeman & Hayes, 2002, p. 20).

The practice of psychotherapy involves a great deal of learning from many sources, including textbooks, courses, faculty, supervisors, and (as demonstrated in the quotation above), clients. All of these sources of learning for therapists, save clients, seem obvious and intuitive. But, given that clients are supposed to be the recipients or beneficiaries of therapists' learning, the idea that therapists learn from clients can cause some initial cognitive dissonance. However, research on therapist development tells us that therapists attribute the majority of their learning about therapy to their clients (e.g. Goldfried, 2001; Orlinsky, Botermans, & Rønnestad, 2001; Rønnestad & Skovholt, 2003;

Skovholt & McCarthy, 1988). In an article that summarizes a cross-sectional and longitudinal qualitative study of therapist development, Rønnestad and Skovholt (2003) discussed how

counselors/therapists at all levels of education and experience expressed in unison a voice that interacting with clients is a powerful source of learning and development. By disclosing their distress, their developmental histories, and ways of managing and coping with their problems of living, clients inform counselors/therapists of causes and solutions to human distress. The knowledge thus attained not only supplements and expands, but also brings depth and intensity to the theoretical knowledge obtained in formal schooling (p. 33).

Likewise, a quantitative study by Orlinsky et al. (2001) found that more than 4,000 therapists of a variety of specialties, nationalities, and theoretical orientations assessed “experience in therapy with clients” as the most important influence for their overall professional development. Other qualitative accounts of therapist development (e.g. Farber, 1983; Freeman & Hayes, 2002; Goldfried, 2001; Skovholt & McCarthy, 1988; Skovholt & Rønnestad, 1992) have also highlighted the importance of clients as primary teachers of therapists.

However, despite these accounts of clients as primary teachers of therapists, the closest researchers have come to empirically investigating therapist learning from clients is by examining the impact of clients on therapists. These authors have found that therapists can be impacted by their clients in several ways. For example, they may experience changes in their personality and sense of self (e.g., Farber, 1985; Myers, 2002; Masi, 2003), they may gain resolution or work through their own issues (e.g., Jodry,

2003; Wright, 2000), and/or they may experience impact on their professional development (e.g., Jodry, 2003; Masi, 2003). However, the literature on client impact is in its infancy and warrants further exploration. In addition, although overlap likely exists, the impact of clients on therapists may not be the same as learning from clients.

The only place learning from clients has been addressed explicitly appears to be in personal accounts of learning from clients. These accounts take the form of simple reminiscing about learning experiences (e.g. Bugental, 1991, reflects on his experiences upon his retirement; and Crawford, 1987, delineates lessons he learned from a beginning practicum) or are presented more as case studies (e.g. Freeman & Hayes, 2002, present their own changes on personal, professional, and spiritual levels as a result of experiences with one client; Kahn & Fromm, 2001, synthesize 16 hypnotherapists' accounts of how they were each changed by a particular client). Although these accounts provide foundational information about the content of learning from clients, their anecdotal nature makes it difficult to obtain a bird's-eye (i.e. across therapists) view of what types of things therapists learn from clients and what they do with what they learn. Thus, many questions remain: What types of things do therapists learn from their clients? What do therapists do with what they learn from clients? Do they learn different things from cumulative experiences with clients than what they learn from specific clients? How do the clients from whom therapists learn a lot differ from the clients from whom they learn less? What variables contribute to whether or not therapists learn from clients, what therapists learn from clients, and what they do with what they learn from clients? In this study, I used semi-structured interviews and qualitative methods to further explore this area.

Given the importance therapists place on learning from clients (e.g. Orlinsky et al., 2001) the study of therapists' learning from clients has implications in several areas. First, this study may serve as an reattribution from theory—the literature supports the notion that one learns to be a therapist through supervision (Bernard & Goodyear, 2004), yet therapists attribute the majority of their learning to be therapists to their clients. This parallels the notion that one learns to be a parent from one's children, not from books. This is not to say that supervision is unimportant; rather, it may be that trainees would benefit more from supervision if supervisors can help trainees attend to what their clients are teaching them about therapy and themselves as therapists. Similarly, the study of what therapists learn from clients could contribute to research on therapist development. Asking therapists of various levels of experience what they are learning from clients could provide empirical support for stage models of therapist development (see Rønnestad & Skovholt, 2003 for an example of one such model).

Third, one might conceptualize learning from clients as a type of therapy outcome, suggesting that there is an outcome for therapists as well as clients from the therapy interaction (as suggested by Myers, 2002). Although the idea that therapists benefit from the therapy they provide may initially seem counterintuitive, another potential implication of this view is that if therapists learn to recognize how they benefit (i.e., what they receive or learn) from their work with clients, they may be less likely to experience burnout (i.e., the experience of emotional exhaustion, depersonalization, and decreased personal accomplishment; Maslach & Jackson, 1984).

## CHAPTER 2

### Literature Review

The study of human learning has long been of interest to the fields of cognitive and educational psychology. However, therapists' learning from clients is an area that has gone virtually untouched by therapy researchers despite the fact that research on therapist development suggests that therapists attribute the majority of their learning about therapy to their clients (e.g., Goldfried, 2001; Orlinsky et al., 2001; Rønnestad & Skovholt, 2003; Skovholt & McCarthy, 1988).

The idea that therapists benefit from their work with clients has been discussed previously. For example, Yalom (2002) discussed the concept of the "wounded healer," in which healers are healed through the process of healing another. Similarly, he presented his view of the client and therapist as "fellow travelers" who mutually influence one another through the therapy process. These two constructs hearken back to Riessman (1965), who introduced the concept of the "helper therapy" principle, by which people who give help profit from their role as helpers. This concept is used to explain the therapeutic benefits of mutual support and self-help groups such as Alcoholics Anonymous. Skovholt (1974, as cited in Solomon, 2004) suggested that the benefits one derives from helping others take a number of forms: "(1) the helper feels an enhanced sense of interpersonal competence from making an impact on another's life; (2) the helper feels that he/she has gained as much as he/she has given to others; (3) *the helper receives "personalized learning" from working with others*; and (4) the helper acquires enhanced sense of self from the social approval received for those helped" (p. 395; emphasis added). As mentioned previously, research on therapist development has

corroborated Skovholt's (1974) suggestion that helpers learn from working with others. But what forms does this "personalized learning" take?

Although a few personal/anecdotal accounts of learning from clients exist (e.g., Bugental, 1991; Crawford, 1987; Freeman & Hayes, 2002; Kahn & Fromm, 2001), in the few empirical studies that approximate therapists' learning from clients, researchers have examined how therapists have been influenced by clients (e.g., Farber, 1983; Jodry, 2003; Masi, 2003; Myers, 2002). However, the impact/influence of clients on therapists may not be the same as therapist learning from clients, as learning is about gaining knowledge, while impact is about having an effect on something (American Heritage Dictionary, 2000). Even if the difference between learning and impact is only meaningful on a theoretical level, the literature on client impact is small and warrants further investigation.

In this review of the literature, I begin by discussing the studies in which therapist learning from clients has been addressed or implied: the accounts of therapists learning from or being changed by clients and the few empirical studies found that exist on the topic of clients' impact on therapists. Then, given the paucity of studies in this area, I approach the construct of therapists' learning from clients from a conceptual and theoretical standpoint. To this end, several propositions about therapists' learning from clients are introduced and supported using the anecdotal accounts of what therapists learn from clients, the studies on clients' impact on therapists, and research areas or theoretical constructs that stand adjacent the area at hand, where such research/theory exists. These additional areas include therapist development (e.g., Goldfried, 2001; Rønnestad & Skovholt, 2003; Skovholt & McCarthy, 1988), critical incidents in therapy (e.g., Sandell,

Ronnas & Schubert, 1992), countertransference/ “wounded healer” (e.g., Hayes, 2002), the “helper therapy” principle (e.g., Riessman, 1965), and therapist awareness (e.g., Safran & Muran, 2000). Where such research does not exist, the discussion is conceptual and conjectural. The final section of this review of the literature justifies the use of a qualitative study to examine the construct of therapist learning from clients and addresses the definition, philosophical underpinnings, dimensions, and methods of conducting and evaluating qualitative research using consensual qualitative research (CQR; Hill, Thompson & Williams, 1997).

*Where Therapist Learning From Clients Has Been Addressed or Implied  
Anecdotes and Personal Accounts*

To my knowledge, extant inquiries of therapists’ learning from clients are found in published anecdotes or personal accounts of therapist learning from clients—and even these accounts are few and far between. In the earliest of these accounts, Crawford (1987) reflected on his experience in a practicum and discussed the lessons he learned about therapy from his clients, citing examples from his work for each. The first of these lessons concerned the importance of the therapy relationship and the transformative impact the therapeutic relationship has on both counselor and client. Furthermore, Crawford recounted how he realized that he was taking full responsibility for engendering clients’ change and thus had to relinquish this control to the clients and help them learn to accept responsibility for their own lives. Simultaneously, he also learned about gaining an overall “gestalt” of the client and the importance of his own reactions to the client as an indication of how others might respond to him or her. Finally, Crawford discussed learning about the power of metaphors in therapy and the mixed feelings of

pride and loss when terminating with successful clients. In his conclusion, Crawford applied these lessons from practicum to his own life and worldview.

In an article similar in tone to Crawford's (1987), Bugental (1991) reflected on his experiences upon his retirement, and recounted lessons he has learned from clients. He said that the most important lesson was: "the conviction that there is always more, that courage, persistence, and determination can open possibilities where none seemed to exist" (p. 29-30). Other areas of lessons he learned from clients concerned the nature of being and of life itself ("living is the fundamental business of life"), the individual's life direction and experience ("we live in the world as we perceive it...identity is a process, not a substantive thing"), the place of psychotherapy in life ("psychotherapy is one of the ways we try to become more alive"), and the conduct of one's life ("unless we invest in life...we remain outside of life and feel empty and unsatisfied," p. 31-32).

Yet another example of personal accounts of learning from clients was found in a special section of the journal *Psychotherapy* (Norcross, 1996) in which six psychologists described the lessons they have learned from a lifetime of conducting and researching psychotherapy. These lessons included things such as: the importance of the therapist's ability to listen and to manage his/her own emotional reactions (Strupp, 1996); letting go of the "absolute truths" of psychotherapy and taking the risk to go beyond them (Mahrer, 1996); the importance of good therapists to be "authentic chameleons" such that they have a flexible repertoire of relationship styles, use a wide range of techniques, and can use cues from the client to determine what will be most effective in a given moment (Lazarus, 1996); the need for therapists to nurture and know themselves (Kaslow, 1996); and the idea that most therapies help clients *feel* better, but only a few therapies help

them *get* better (Ellis, 1996). As highlighted by Norcross in his introduction to the section, the uniqueness of the lessons each author discussed reflected his/her theoretical orientation, the clinical population he/she works with, and career path. However, there were commonalities as well—in particular, Norcross identified this theme as a call to “be flexible and integrative in clinical pursuits” (p. 130).

The anecdotal accounts of learning from clients described thus far demonstrate that therapists at varying levels of experience learn about therapy from clients (Crawford, 1987; Strupp, 1996; Mahrer, 1996; Lazarus, 1996; Kaslow, 1996; Ellis, 1996; Norcross, 1996) and that learning from clients can extend beyond therapy to an understanding of human existence (Bugental, 1991) or one’s own worldview (Crawford, 1987). Thus, these accounts provide a foundation for the current study and demonstrate that clinicians can cite different types of lessons learned from the practice of psychotherapy. As highlighted by Norcross (1996), these anecdotes also suggest that context (e.g., clinical population with whom one works, theoretical orientation, level of experience) may play a role in what therapists learn. However, the broad nature of these accounts do not provide much information about how context plays a role in learning from clients. Other anecdotal accounts of learning from clients which relate lessons to experiences with specific clients provide such a context.

Grounding themselves in the therapist development literature and presenting their accounts as “case studies” Freeman and Hayes (2002) discussed how they changed on personal, professional, and spiritual levels as a result of their experiences with specific clients. Both authors discussed how their basic assumptions and values were changed by their respective clients, such that they began to consider other worldviews and ways of

being (as people and as counselors). They concluded that “when counselors permit themselves to value the suffering of their clients with empathy, basic assumptions about whether courage can emerge in the face of adversity might be challenged...courageous clients may teach counselors a great deal about the change process and assist professional helpers throughout their careers” (p. 20-21). These authors clearly supported the notion that therapists learn from their clients, and articulately describe the context in which they personally learned a range of things from particular clients. Furthermore, they suggest that learning from clients leads therapists to change on personal, professional, and spiritual levels.

The question of how therapists change based on their interactions with courageous clients was also investigated in a book by Kahn and Fromm (2001) in which 16 hypnotherapists each described how they were changed by a particular client. In the introduction of this edited collection, Kahn and Fromm discussed how therapists can be changed by clients in three ways. The first type of change (called *new approaches*) involves changes in specific areas of the therapists’ practice; this change arises from relatively brief self-reflection and has little influence on the therapists’ personal life. For example, (as reported by two accounts in the book) a therapist may incorporate a technique such as hypnosis into his/her future work on the basis of one successful case in which he/she has done so. *Individuation*, the second type of change, is more complex and pervasive than *new approaches*. Although it may involve some changes in therapeutic technique, it goes beyond the therapeutic endeavor into the therapist’s personal life and affects him or her both intellectually and emotionally; the anecdotes in their book that fell into this category involved changes in the therapists’ perspectives of themselves, such as

being more able to accept physical handicaps or confronting personal issues around independence. The third type of change is yet even more complex and profound, as implied by its name—*transformation*. In this type of change, the therapist's understanding and worldview of the past, present, and future are shifted; this transformation is often related to the therapist's confrontation with a powerful existential issue. In the narratives, these changes include things such as attitudes about death, the ability to mourn patients, and some changes in perspectives about the self. Clearly, these anecdotes demonstrated to the editors the wide-reaching influence that clients can have on their therapists' internal world.

All the anecdotes discussed in this section highlight the salience and importance of therapist learning from clients from both personal and professional perspectives. Furthermore, they demonstrate that therapists learn a range of things from their clients and that they can articulate learning from clients by reflecting on their cumulative experiences with clients as well as thinking about individual clients. Thus, these anecdotal accounts provide a crucial start to the study of learning from clients. However, the contribution of these accounts to our understanding of learning from clients are limited by their scope and anecdotal nature; furthermore, they do not provide much synthesis of what therapist learning from clients looks like across therapists. Where more synthesis is provided, such as in Kahn and Fromm's (2001) introduction, it is not empirical in nature. Clearly, the space for empirical studies in this area is wide open given how little has actually been written (even of an anecdotal nature) on what therapists learn from clients. The closest area in which empirical studies have been conducted is on the impact of clients on therapists, which is discussed next.

*Empirical Studies on the Impact of Clients on Therapists*

Only two published studies and three unpublished dissertations were found that addressed the impact of clients on therapists. In the earlier of the two published studies, Farber (1983) sought to investigate how being a therapist influences one's self-perception, cognitive style, and interpersonal relationships. Two 1-hour interviews were conducted with each of 60 therapists (36 men, 24 women; 21 psychiatrists, 24 psychologists, 15 social workers) on their experiences of work and their perceptions regarding the interface between their personal and professional lives; the interviews were then coded by two trained, independent research assistants using a coding system of response categories that was developed from a portion of the interviews. In addition to the interviews, therapists completed a rating scale measuring their perceptions of the extent to which they had changed on 24 personality dimensions and rated to what extent they felt these changes could be attributed to therapeutic work. The results of both the quantitative and qualitative measures in this study confirmed the general hypothesis that therapists' work has an impact on the therapist's behavior and self-concept outside of the therapeutic environment. To this end, 88% of the therapists surveyed indicated that they had, at least occasionally, thought about how doing psychotherapy affected them. They endorsed three major consequences of their work: becoming more psychologically-minded in their relationships with others (60%), becoming more introspective (58%), and experiencing enhanced self-esteem and self-confidence (21%). Farber reflected that these positive changes mirror some of the types of changes therapists seek to engender in their clients. Farber's participants also acknowledged the nature of the changes they made (particularly the increase in psychological-mindedness) as a "double-edged sword." They

discussed the negative impact of therapeutic practice on their personal lives, such as occasionally acting therapeutically toward others outside the office (40%; even when they do not approve of doing so), and occasionally lessening their emotionality at home (53%).

Although this study provides solid grounding for present purposes because it supports the notion that therapists change as a result of their work with clients, a few limitations must be noted. As discussed by the author, the therapists who participated in this study were not representative of mental health professionals in general, as two-thirds endorsed a psychoanalytic theoretical orientation while none endorsed a behavioral one. (This particular limitation is of less concern for present purposes given the importance highlighted by some authors of using homogeneous samples for qualitative studies; Hill et al., 2005.) Secondly, the author notes that the cross-sectional nature of the data make it difficult to ascertain what were the sources and timing of these changes. Third, relatively little detail is provided regarding the qualitative coding system and the quantitative measures used, making them difficult to evaluate. Finally, Farber's focus on how therapists' self-perception and cognitive style change based on their work with clients is subtly different from the present investigation of what therapists learn from their clients in that it is more global and affective in nature than the cognitive construct of learning.

In the published study that appears to be most similar in nature to the proposed investigation, Myers (2002) conceptualized the influence of clients on therapists as "the other outcome" of therapy. She asked six therapists (ranging in experience from 5 to 30 years) to provide a written narrative describing how therapy relationships had influenced or changed them in some way. In particular, she asked that they discuss one client who

has “stayed with them,” even after the work was finished. These narratives were included in the article, and interestingly, three of the participants (50%) chose to write about clients they saw very early in their careers. Unable to pick out just one client, one participant wrote about what she has gained from all her clients. After coding narratives for content (more detail on how coding was performed was not provided, although the references seem to indicate the use of some type of grounded theory), three overlapping themes emerged: enhanced self-understanding, fuller appreciation of therapy as a partnership, and a deeper understanding of therapy process.

Reminiscent of Farber’s (1989) findings, when discussing their enhanced self-understanding, participants in the Myers (2002) study discussed increases in self-confidence and self-acceptance. For example, one therapist said, “I guess what endures is a sense of competency as a therapist, and of being able to relate to and work with a wide range of different individuals who present as clients” (p. 127). Another therapist discussed her enhanced self-understanding from a more personal perspective, as she said, “As I witnessed their journey through their pain I was able to truly learn how to feel, and herein lies my journey” (p. 127). This quotation also applies to the second major theme found in the narratives; the therapists’ responses indicated that they gained a greater appreciation for therapy as a partnership or joint journey between the client and the therapist. It is within this theme that several of the therapists also commented on how rewarding therapy can be for the therapist. Finally, participants’ narratives highlighted the deeper understanding and trust for the therapy process they gained from these clients. This theme is best highlighted by one participant who said, “I became a strong believer in the process... I learned that the relationship with the client is vital. I learned time is

important, while some people seem to change quickly, others need more time. Most of all, I learned never to give up on a client” (p. 128).

Although the Myers study provides another important start in understanding what therapists learn from clients, it also had several methodological limitations. First, the description of the method used (e.g. participant recruitment, demographic information about the participants, coding process) was very limited, making it difficult to judge the internal validity of the study. Another problem with the results that threatens the internal validity of the study is that one participant did not follow the instructions (and did not write about one specific client). Furthermore, although the author noted that the results are preliminary and are not generalizable given the small sample, the 25-year range of experience of the participants makes the results difficult to generalize to any sub-population of therapists, let alone therapists in general. Finally, the written nature of the narratives (e.g. rather than interviews) also leaves one wishing for richer data. Thus, further research in this area is needed, particularly research using a more rigorous empirical foundation.

Three unpublished dissertations were found that have investigated the impact of clients on their therapists. Coming from a humanistic standpoint, Wright (2000) conceptualized the therapy process as a joint venture in which both therapist and client are seeking to discover, understand, and be his or her true self. Grounding herself in the literature on therapist development and client-centered theory, she used data from her own sessions (including session notes, private therapy notes, audiotapes of random sessions, and notes from a formal intake interview) with one adult male client as a case study. Although she discussed several variables that influenced her development as a

therapist outside this one therapy relationship (including the field of psychology, the training environment of her doctoral program, and her student vs. professional statuses), Wright focused on the particular influence of this one client. In her conclusion, she focused on the parallels between herself and the client and the ways in which the client's struggle stirred up and forced her to recognize her own. She also concluded that from her work with this client, she learned that therapy can be a reciprocal endeavor, that therapists should not ask their clients to be more courageous than they have been, and that therapists' self-awareness is important. Finally, through this case, she recognized what a privilege it is to be a therapist. The primary limitation of this study is that although it clearly describes the progression of how and what the author learned from her client, it is more akin to a literature review and reflection paper than an empirical study.

In a dissertation with a slightly more empirical approach, Jodry (2003) investigated how therapists grow through their interactions in the therapy relationship. She began by reviewing the history of the therapy relationship and positing that therapist growth is secondary and incidental to client growth. In order to explore the reasons one becomes a therapist, therapists' perceived benefits of being a clinician, and benefits therapists receive from clients in the therapy relationship, she conducted a series of interviews with counselors who were Professional Counselors and Marriage and Family Therapists (MFT). Although she did not specify how many interviews she conducted in total, excerpts of transcripts from 9 interviews were presented, each followed by a 1 – 2 paragraph conclusion. Without describing how she derived them, she presented 9 themes emerging from the data. Rather than addressing learning from clients explicitly, these themes primarily focused on the needs of the therapist that are met through the therapy

experience. They also touch on reasons one chooses to become a therapist, although they are not discussed as such. These themes include: need for (or fear of) intimacy; mastering earlier traumas; need for power/referent power (e.g. therapist feels powerful through healing others); natural progression of early (parentified) family of origin role; keeping oneself on the right track and maintaining balance (e.g. via modeling behavior for the client); vicarious living or hiding behind the therapist mask; narcissistic needs being met; spiritual growth and feeling connected; and the desire to leave a mark on society.

Unfortunately, little detail on each of the themes was provided in the text, making it difficult to expand on them and connect them to the construct of learning from clients.

She concluded by reminding us that it is common sense that therapists choose their profession because of some personal stake they have in it. However, the interviewees also highlighted that in order to have awareness of what they got from the therapy relationship with their clients, they needed to have been in therapy themselves. I would add that these results also highlight the need to study what therapists learn from their clients so that proper attention to the learning process can be paid during therapist training.

In the most comprehensive and empirically sound of these dissertations, Masi (2003) used phenomenological methods to analyze semi-structured interviews with six well-known marriage and family therapists (3 male, 3 female) who had all been practicing 20 or more years and were also involved in training, teaching, and supervising MFT trainees. In addition, she interviewed family members of five of the participants to get a sense of how others felt that the interviewees had been impacted by their work with clients and if that impact extended beyond the therapist him/herself to those in his/her personal life. The guiding research question for the study was: What impact do clients

have on the marriage and family therapists who treat them? This question had 7 sub-components, which focused on how MFTs experience the impact of clients on their lives, the meaning that client-impact had on the lives of therapists, if the type of client seen (e.g. family, couple, individual, or group) affected the intensity of client-impact, if therapists' personal lives or families were affected by the clients treated, if family therapists made changes in their lives based on client experiences, if MFTs minimize or maximize the potential impact from clients, and if level of experience as a therapist affected the intensity of client-impact.

After coding data herself using phenomenological methods, gaining corroboration for the data analyses from her advisor, and obtaining several member checks and clarifications of descriptions, Masi (2003) found seven themes in her interview data. Participants discussed: philosophical aspects of therapy (e.g., role of clients' and therapist' use of spirituality, improved understanding of human condition); therapists' boundaries, limitations, and abilities (e.g., feeling life put into perspective after listening to clients, taxation of therapists' energy, self-care, realizing own clinical limitations or competence, cost to family/friendships, use of consultation, etc.); therapeutic relationship with clients (e.g., more impacted by clients with whom they were more invested, importance of moments of human connection, common factors in treating clients, therapist self-disclosure, therapist congruence/authenticity with clients); role of therapists (e.g., as facilitator of therapy, as teacher, enjoyment and financial rewards of therapy); therapists' gains (e.g., becoming better human beings, resilience of clients); other significant life events/relationships; and client impact on therapists (e.g., direct and

indirect quotes about impact). Unfortunately, further detail about what these themes mean was not provided.

In summarizing the impact of clients across therapists, Masi (2003) found that all the therapists who participated in her study experienced difficult situations with clients, leading to a change in themselves. Thus, clients helped therapists change how they practiced (e.g., trying new therapeutic techniques or consultation with other professionals), related to others (e.g., more sensitive and versatile in interpersonal interactions, improved marital relationships, improved parenting skills), perceived the world (e.g., heightened sense of spirituality, increased sense of morality and ethics), thought (e.g., gained insight, knowledge, and understanding from engaging with clients), and their concept of themselves (e.g., became a better person as a result of seeing clients, becoming more intimate, gaining confidence in self). Most of these changes were perceived as positive and enhancing of therapists' professional, professional, and existential growth. However, all therapists also reported negative impacts from clients ranging from experiencing vicarious traumatization to concern for clients' safety and limitations with clients. These negative effects were mostly short-term and were resolved by behavioral techniques such as setting better boundaries or engaging in better self-care techniques.

Perhaps most relevant to current purposes, participants all reported that engaging with clients helped them to learn about things they would never have experienced (such as the Holocaust), about how not to make the same mistakes as clients, about how people organize their lives, about pathology in families, about humility and respect, about setting and maintaining boundaries, and that they could be good therapists. Participants related

this learning to the privilege of working with clients and being part of their lives (Masi, 2003).

While Masi's (2003) study provides the most comprehensive and empirically sound investigation of client impact, it differs from the present investigation in several ways. First, Masi's participants were experienced therapists in Marriage and Family Therapy, whereas the participants in the current study were pre-doctoral interns at university counseling centers; thus, the participants differed in both level of experience and training background. In addition, Masi's participants were asked to discuss the impact clients had on them generally (vs. discussing one specific client as did participants in the present study), and her data go far beyond what the therapists learned from particular clients as she interviewed family members of her participants as well. That Masi's participants spoke about learning from clients in the context of a study focused on the impact of clients on their therapists is perhaps not surprising. Furthermore, as mentioned previously (and is explored further below) the impact of clients on their therapists may be subtly different from therapist learning from clients. Thus, the present study builds on Masi (2003) by focusing on and expanding her findings that part of client impact involves learning from clients. Furthermore, given the lack of empirical studies on either learning from clients or client impact, this study may also serve as a means of replicating Masi's findings using a sample of participants who differ in both type of therapy conducted (marriage and family therapy vs. college students) and level of experience (over 20 years of experience vs. internship).

The studies reviewed in this section demonstrate that the study of how therapists are affected by the therapeutic endeavor is still in its infancy. What we know about the

influence of clients on therapists at this point in time includes the fact that clients do, in fact, have a great impact on their therapists. This impact can surface in changes in the therapist's personality and sense of self (e.g., Farber, 1985; Myers, 2002; Masi, 2003), the therapist's working-through of his or her own issues (e.g., Jodry, 2003; Wright, 2000), and his or her own professional development (e.g., Jodry, 2003; Masi, 2003). In addition, we know that client impact can include learning from clients (Masi, 2003). However, theoretically, learning and impact may not always go hand in hand. While the difference between client impact and learning from clients is an empirical question in and of itself (one that is not addressed by the present study), the primary reason this distinction is important to note here is that we cannot assume that findings on the few empirical studies of client impact that exist necessarily answer the question of what therapists learn from their clients. Furthermore, it bears repeating that the two published empirical studies that do exist on client impact (Farber, 1983, Myers, 2002) have methodological limitations that warrant further research on both client impact and learning from clients, even if the difference between learning and impact is merely theoretical.

#### *Conceptual and Theoretical Approach To Therapist Learning From Clients*

The lack of research on the topic of learning from clients warrants some conceptual or theoretical consideration prior to discussion of the present study; in this section several theoretical propositions about my thinking on learning from clients are discussed. It must first be noted, however, that the theoretical propositions presented in this section are *not* hypotheses for which the present study will seek to provide support; rather they might best be conceptualized as the biases I bracketed prior to collecting and

analyzing the data (see the later sections about Qualitative Research and Method for further discussion of bracketing biases). Furthermore, this section of the literature introduces and discusses research and theory that relates to, but remains distinct from, the construct of learning from clients.

Before introducing the propositions that serve to frame this segment of the review of the literature, it is important to reach a common understanding of what learning entails. According to the American Heritage Dictionary (2004), the verb “to learn” has several definitions:

- (1) To gain knowledge, comprehension, or mastery of through experience or study; (2) To fix in the mind or memory; memorize: *learned the speech in a few hours*; (3) To acquire experience of or an ability or a skill in: *learn tolerance; learned how to whistle*; (4) To become aware: *learned that it was best not to argue*; (5) To become informed of; find out. See Synonyms at DISCOVER.

For current purposes, all these definitions are posited to be related to the construct of therapists’ learning from their clients. These definitions will be invoked as needed below to support the propositions about therapists’ learning from clients.

*Proposition 1: All therapists learn from their clients.*

Following from dictionary definitions 1, 3 and 5 above, at the most basic level therapists learn the knowledge, skills, and comprehension of and about therapy through practice and experience with clients. At least three learning theories support the notion that practice or experience with a task invokes learning. Schema theory (e.g. Driscoll, 1994) posits that our knowledge is stored in schemata, or data structures that represent concepts in memory. Schemas allow us to interpret experiences and information to which

we are exposed. As new information/experiences are incorporated (or assimilated) into knowledge, our schemas become more complex. At times, new knowledge also requires adjusting our schemas (also called tuning or accommodation) and/or creation of entirely new schemas in order to allow for understanding. Given that therapy constitutes constant exchanges of information between therapist and client, it seems likely that at least one of the therapists' schemas is being changed in some way (via either assimilation or accommodation) from the interaction.

In a body of literature that approaches learning from a similar information-processing approach as schema theory, research on development of expertise suggests that as one gains experience/expertise in a field/task, one encodes knowledge in larger and larger "chunks," attends to "deep" rather than "surface" structure of information and problems, and skills/tasks gain automaticity as declarative knowledge is translated into procedural knowledge (Charness & Shul'tetus, 1999; Sakai & Nasserbakht, 1997). This paradigm has been applied to therapist expertise by a few researchers (e.g. Caspar, Berger, & Hautle, 2004; Hillerbrand, 1989; Kivlighan & Quigley, 1991; Martin, Slemon, Hieberg, Hallberg & Cummings, 1989), suggesting that therapists' knowledge structures about therapy and clients do, in fact, change as their level of experience increases, providing support for the notion that therapists learn from working with clients.

Emphasizing the transformation of experience into learning, Kolb's Experiential Learning Theory posits a four-stage cycle of learning whereby (1) immediate or concrete experiences become the basis for (2) observations and reflections. These reflections are then assimilated into working knowledge and simplified into (3) abstract conceptualizations from which new conclusions can be drawn. The conclusions drawn

can then be (4) actively tested and guide subsequent experiences (Kolb et al., 2001).

While this theory of learning has primarily been used to describe styles of learning, based on which stage(s) one favors (see Kolb et al., 2001), experiential learning theory has also been applied to clients in counseling and counselors-in-training in supervision (Abbey, Hunt & Weiser, 1985). It may additionally apply to therapists' learning from experience with clients, as counselors of all levels of development experience their sessions, reflect on them, conceptualize information gained in the session (i.e. about the client, about self as therapist), and allow this new information to guide subsequent experiences with the client.

While compelling, a strictly cognitive science approach to therapists' learning from clients seems incomplete, as it does not really take into account whether or not therapists *perceive* that they learn from clients. Fortunately, this problem has been addressed by literature on therapist development. Researchers of therapist development have reported that therapists attributed the majority of their learning about therapy to their clients (e.g. Goldfried, 2001; Orlinsky et al., 2001; Rønnestad & Skovholt, 2003; Skovholt & McCarthy, 1988). Whereas much of the evidence for therapists attribution of learning to clients comes from qualitative studies (e.g. Goldfried, 2001; Rønnestad & Skovholt, 2003; Skovholt & McCarthy, 1988), a quantitative study by Orlinsky et al. (2001) found that more than 4,000 therapists of a variety of specialties, nationalities, and theoretical orientations rated "experience in therapy with clients" as the most important influence for their overall professional development. Similarly, in a review of therapy process-outcome research Orlinsky, Rønnestad and Willutzki (2004) listed professional development as an "output variable" (i.e. outcome) of therapy. Thus, it is clear that

therapists are aware that they learn from clients, and that the learning they gain from clients influences their professional development. What remains to be investigated empirically, however, is what therapists learn from clients and how these lessons impact them in and out of the therapy room.

A few caveats about this proposition must be noted. First, the proposition that all therapists learn from their clients is not meant to imply that therapists learn everything they know from clients; it is important to remember that while therapists take in relevant information from clients and assimilate/accommodate the appropriate schemata, they also engage in didactic learning and receive extensive supervision, both of which influence their learning and schemas. Furthermore, the proposition that all therapists learn from their clients does not mean that all therapists learn from all clients, that the amount and content of learning that therapists gain from clients is consistent across clients, or that the amount and content of learning is consistent over time. Similarly, Kahn and Fromm (2001) noted that therapists are changed by some, but not all, clients. Finally, one might argue that bad therapists are an exception to the rule that all therapists learn from their clients; however, perhaps rather than *not* learning from their clients, bad therapists are learning either the wrong things or not enough of the “right” things from their clients. As discussed above regarding learning theory and the influence on knowledge structures of simply sitting with clients, it seems unlikely that even bad therapists’ knowledge structures do not change in some way based on their exchanges with some clients.

*Proposition 2: A few different conceptualizations or distinctions can be used to characterize therapists’ learning from clients; these conceptualizations/distinctions may or may not overlap with one another. Furthermore, the components of these*

*conceptualizations/distinctions are not mutually exclusive—rather, the components may exist simultaneously.*

Given the paucity of research on the content and structure of therapists' learning from clients, this proposition is needed to clarify what exactly we mean by "learning from clients." Even given the definition of learning cited at the beginning of this section, simple reflection on the many ways one might interpret the question "what do you learn from clients?" merits making distinctions or observations on the ways in which answers to this question can manifest themselves.

*Corollary 2a: While overlap is likely, the construct of learning from clients is independent of clients having an impact on, mattering to, or affecting us.*

The word "impact" can be used as both a noun and a verb (American Heritage Dictionary, 2004); it also has several definitions:

*n.* (1) the striking of one body against another; collision; (2) the force or impetus transmitted by collision; (3) the effect or impression of one thing on another: *still gauging the impact of automation on the lives of factory workers*; (4) the power of making a strong, immediate impression: *a speech that lacked impact*.

*v.* (1) to pack firmly together; (2) to strike forcefully: *meteorites impacting the lunar surface*; (3) to have an effect or impact on: *no region has been more impacted by emerging demographic and economic trends*.

For current purposes, only the third and fourth noun definitions and the third verb definition of impact will be used as they apply to interactions between clients and therapists.

As the above definitions of learning and impact demonstrate, learning from clients primarily entails gaining knowledge, skills, or awareness. Thus, the construct of learning is inherently cognitive in nature. In contrast, impact is about the effect or impression of one thing on another, which, in the context of human relationships, may best be considered to be affective in nature. In terms of therapy relationships, impact may manifest itself as clients mattering to or affecting us.

In his book *The Gift of Therapy*, Irving Yalom (2002) says, “I urge you to let your patients matter to you, to let them enter your mind, influence you, change you—and not to conceal this from them” (p. 26-27). However, just as with relationships and interpersonal interactions outside of therapy, it is inevitable that some clients will matter to or affect any given therapist more than others. First of all, the range at which clients matter to or affect us is a function of boundaries—if we were profoundly affected or impacted by all of our clients and/or let them all matter in such a way that we never *keep* them from entering our minds, the road to burnout would be quite short. Furthermore, the clients from whom we learn a great deal may simply not be the same clients as those who impact, matter to and affect us. Imagine a client who gives great detail about the tasks of his job about which the therapist initially knows nothing—in this case, the therapist has learned a great deal about what it is like to do the client’s job and has perhaps learned how to work with highly defensive clients. However, if the therapist does not feel connected to the client (perhaps due to his incessant detail-giving about work) or does not particularly like him, the therapist may not experience an effect or impression from the client. On the flip side, a therapist might be greatly affected by (i.e., experience the effect or impression of) a client from whom she learns relatively little content-wise, but whom

she finds profoundly influential, really likes or dislikes, or for whom she has deep compassion, respect or admiration. For example, if a therapist had a client who committed suicide, this undoubtedly would have a huge impact on her. However, if this client's suicide took place after the first session, or if the therapist is consumed by guilt about the incident she may not be able to learn from the incident or the client. Thus, to some extent, the amount that clients impact, "matter" or "affect" us as therapists is likely related to the content of learning and the degree of reflection that takes place. Learning of mundane details or basic therapy strategies may not often make for being impacted by someone in the long term. In contrast, perhaps deep liking, admiration, mattering, or impact only leads to increases in knowledge, skills, or awareness if one engages in some reflection; this idea is supported by theories of experiential learning, as discussed below (Kolb, Boyatzis, & Mainemelis, 2001). That said, the concept of being impacted by clients without learning from them is probably less likely than the reverse.

*Corollary 2b: Therapists' learning from clients may be derived from accumulated clinical experiences with clients and/or from specific clients.* At the beginning of one's training it is difficult to distinguish learning from specific clients from learning from the accumulation of client experience, given that each client seen contributes to a large proportion of the therapists' learning. However, as experience accumulates and lessons replicate across clients (such as the importance of empathy), there is almost a din of lessons buzzing about therapists' memories of clients. At this point, learning from specific clients means s/he stands out 'above the din' for one reason or another. Research on critical incidents in therapy highlights how individual clients (or moments with clients) can highlight things to the therapist relative to his or her development as a

counselor (e.g. Furr & Carroll, 2003) or self-evaluation as a good or bad therapist (e.g. Sandell, Ronnas, & Schubert, 1992). However, the labeling of some therapy events as “critical” implies that many are not. The application of this distinction to learning from accumulated experience with clients vs. specific clients is best highlighted by Rønnestad and Skovholt (2003), who said “It is not every client, but clients who have profound experiences and particularly successful or unsuccessful counseling/therapy work that provide the most significant learning for counselors/therapists at the experienced professional phase. Even quite experienced counselors/therapists are typically deeply moved if one of their clients experiences a profound event, either positive or negative, when they are working together” (p. 24). The latter half of this quotation leads nicely to the next corollary of Proposition 2.

*Corollary 2c: Therapists can learn from clients on a factual level, a professional development level, a personal level, and/or an existential level. These levels are not mutually exclusive or exhaustive, and thus others likely exist.* It seems fairly intuitive that the content of therapists’ learning from clients can fall into many different categories; this corollary is at least partially supported by the three kinds of changes (new approaches, individuation, transformation) clients engender in therapists described earlier (Kahn & Fromm, 2001). At the factual level, therapists can learn basic information, facts, or trivia that is also available from other sources (e.g. learning what tasks involved in being a horticulturist because that is what a client does, that Belize is in Central America when a client is going there on vacation, or what medications are dispensed for a client’s particular problems). This level of learning is reflective of the 5<sup>th</sup> dictionary definition of learning given earlier: to become informed.

At the professional development level, therapists learn about client conceptualization and the range and efficacy of their interventions with clients. Clients might teach therapists a way of looking at (through a clever metaphor, for example) or dealing with (through some coping strategy) something that can then be carried by the therapist into other therapy relationships (Crawford, 1987). Furthermore, at the professional development level, therapists can learn about themselves as therapists, including their strengths and growing edges, their primary theoretical orientation, and preferred work setting or client population, among other things. This type of learning fits with the “gaining mastery” component of the first definition of learning from clients. Given that the empirical research that exists on therapist learning from clients is located within the therapist development literature, this is the level of therapists’ learning about clients that we are most certain exists and about which we know the most.

In discussing their generic model of psychotherapy, Orlinsky et al. (2004) stated that “the interactions that take place in therapy also exert some influence on current and future events in the therapist’s life and personality” (p. 317). These authors also posited that therapist psychological functioning is an output variable of therapy. This level of learning has been supported empirically; recall that Farber (1983) found that as a result of practice, some psychodynamic therapists reported becoming more psychologically-minded, self-aware, and self-assured. Similar results were discussed by Myers (2002) and Masi (2003). Thus, this personal level of learning from clients is reflective of the 4<sup>th</sup> dictionary definition of learning given earlier (to become aware of). One might argue that we learn about ourselves in relation to others from all interpersonal interactions, and therapists’ learning about themselves from interactions with clients is no exception.

Beyond learning about themselves in relation to others, therapists can also learn a lot about their own worldviews by viewing the world through their clients' eyes. Clients who experience particular struggles or unique worldviews may influence (by challenging or reinforcing) what therapists think. This is demonstrated strikingly in the personal accounts of learning from clients discussed earlier (e.g. Bugental, 1991; Freeman & Hayes, 2002; Kahn & Fromm, 2001). Moreover, therapists can learn a great deal about themselves and their own issues from clients with similar issues; in this vein, learning from clients at a personal level is also akin to the concept of the "wounded healer." In *The Gift of Therapy*, Yalom (2002) recounted Herman Hesse's tale *Magister Ludi* in which two renowned healers in biblical times simultaneously progress through a time of great rivalry, despair, and then mutual healing; he described how "the two men received powerful help but in very different ways. The younger healer was nurtured, nursed, taught, mentored, and parented. The older healer, on the other hand, was helped through serving another and through obtaining a disciple from whom he received filial love, respect, and salve for his isolation" (p. 9-10). This example is only one of many in which a healer has been healed by the simple act of helping another. The concept of the "wounded healer" is similar to that of the "helper therapist" principle, which suggests that helpers/therapists benefit from the provision of help to others (e.g., Riessman, 1965; Zemore, Kaskutas & Ammon, 2004).

Finally, therapists' learning from clients can occur at an existential level. Simply by being part of clients' life struggles, therapists learn about life in general—about success and failure, resilience and frailty, perseverance and resignation. Again, Yalom (2002) provided words of wisdom that demonstrate this type of learning:

I prefer to think of my patients and myself as *fellow travelers*, a term that abolishes distinctions between “them” (the afflicted) and “us” (the healers).

During my training I was often exposed to the idea of the fully analyzed therapist, but as I have progressed through life, formed intimate relationships with a good many of my therapist colleagues, met the senior figures in the field, been called upon to render help to my former therapists and teachers, and myself become a teacher and an elder, I have come to realize the mythic nature of this idea. We are all in this together and there is no therapist and no person immune to the inherent tragedies of existence (p. 7-8).

It would be very difficult indeed to imagine a therapist who does not confront the major existential questions of his or her own life (such meaning, freedom, death, and isolation) when seeing a client who does so. Anecdotes about the impact of clients on therapists provide some evidence for this level of therapist learning from clients (e.g., Bugental, 1991; Kahn & Fromm, 2001; Sloan, 1992) as does Masi’s (2003) study on client impact.

*Corollary 2d: Therapists’ learning from clients may be derived from the content and/or the process of interactions with clients.* The concept of learning from content versus process very much overlaps with the previous corollary regarding levels of therapist learning. Learning from content refers to learning from the actual words that were spoken in a session about a particular topic, such as learning about how a client relates to others based on what he or she says about his or her interactions with others. Learning from process, in contrast, is based on the phenomenological experience of interpersonal dynamic between the therapist and the client; for example, one might learn how a client relates to others by experiencing and observing how the client relates to the

therapist in both spoken and unspoken ways. What one learns from process can be (but may not necessarily be) different from what one learns from content. For example, a client may say that she or he is sad about ending therapy and struggled with the decision to terminate (content), but may have brought up termination very suddenly, be smiling during the entire conversation, and skip out the door at the end of the session (process). Clearly, the therapist in this example can learn very different things depending on how he or she attends to the content versus the process of the interaction.

At this time it is worth re-iterating, as stated in the umbrella statement of Proposition 2, that the distinctions/conceptualizations of therapists' learning from clients posited in the corollaries are not mutually exclusive. For example, a therapist may learn about death and grief from just one client who had a profound experience (who may or may not impact, "matter" to or "affect" the therapist) or from the accumulated experience of having worked with many grief clients. Likewise, this learning about grief can take the form of simply what to do when sitting in the room with a grief client (technique level), how the therapist herself feels about death and grieving (personal level) and/or confrontation of the fact that we as humans are mortal and struggle with death anxiety (existential level). The learning may be derived from the content (e.g. a client listing the stages of his/her grief) and/or the process (vicarious experience of stages of grief) of the client-therapist interaction. As this example shows, these conceptualizations can certainly overlap and the distinctions within them are by no means mutually exclusive.

*Proposition 3: Therapist variables (e.g. theoretical orientation, investment in therapy as career, openness, awareness, countertransference), client variables (e.g. functioning level, psychological mindedness, motivation, transference), and therapy relationship*

*variables (e.g. working alliance, real relationship) likely influence the amount and content of the therapists' learning.*

Just as therapist and client variables are known to affect the process and outcome of therapy (e.g. Beutler et al., 2004; Clarkin & Levy, 2004), therapist and client variables—both separately and in tandem—likely influence all aspects of therapists' learning from clients.

Of all these variables, only a few therapist (and no client) variables have been studied or discussed in a way that relates to therapist learning from clients. For example, Safran and Muran (2000) discussed therapist awareness and the value of “courting surprise”—in other words, being open to learn something new from clients and not simply fitting them into diagnostic pigeonholes. This suggests that a lack of awareness might hinder therapist learning. In looking at a different therapist variable, Hayes (2002) discussed how countertransference can hinder therapists' learning from clients, and that “awareness and resolution of personal issues are required for therapists to draw profitably from their own experiences in working with clients” (p. 93). However, one might imagine a situation in which high levels of countertransference or identification with a client might actually enhance therapist learning, at least at a personal or existential level (even if such high countertransference is anti-therapeutic). In addition, although the study on therapist development by Orlinsky et al. (2001) found that theoretical orientation did not influence the extent to which therapists cited clients as a primary source of learning, one might imagine that therapists with behavioral and person-centered orientations might differ greatly in the content of this learning (e.g. learning about techniques that work vs. universal conditions of worth). The therapist variables that affect therapists' learning

from clients constitute much of the literature that sits “next to” that of therapists learning from clients beyond the literature on therapist development. This research paints only a very small corner of the picture of how therapist variables affect therapists’ learning from clients; thus it is difficult to know how these variables influence learning.

Beyond these few studies on therapist variables, the way in which therapist and client variables might affect therapists’ learning from clients is unknown. This is particularly true for client variables, although conjecture about the influence of client variables might suggest that clients who are at low levels of functioning, are not psychologically-minded, are unmotivated, or have high levels of transference might be more difficult to learn from. Then again, perhaps a client at low levels of functioning can teach a therapist a lot about persistence, one who is not psychologically minded might remind the therapist of the value of examining things in a concrete way, or high client transference can serve to teach the therapist a lot about him or herself by being forced to examine how much of the clients’ transference reaction is based on reality. Clearly, for many of these variables the answer to how they affect therapist learning from clients is likely “it depends.” The essential point here, however, is that it makes empirical and intuitive sense that both therapist and client variables affect therapist learning from clients in some way.

The importance of the therapy relationship in the therapy encounter is virtually undisputed (Gelso & Carter, 1994). Akin to the corollary to Proposition 3 about the differential influence of the content and process of a therapy interaction on therapist learning, the quality and unfolding of the therapy relationship (particularly in terms of working alliance and real relationship, as described by Gelso & Carter, 1985; 1994)

likely influences the content and amount that therapists learn from clients. Gelso and Carter (1985) defined the working alliance as “an emotional alignment that is both fostered and fed by the emotional bond, agreement on goals, and agreement on tasks...the strength of the working alliance is a primary contributor to the outcome of helping relationships” (p. 163). As a primary contributor to the outcome of helping relationships, the working alliance may therefore exert a great influence on the amount of therapists’ learning from clients. Although many possible trajectories could exist, one might learn the most from therapy relationships in which the relationship was not consistently good. This is supported by Masi’s (2003) finding that therapists experienced the most impact from clients when they struggled with difficult situations. Similarly, Safran and Muran (2000) described negotiating ruptures in the therapeutic alliance as one of the most important therapy skills, as working through relationship ruptures is perhaps one of the most important interpersonal skills one can possess.

The real relationship was defined by Gelso and Carter (1985) as “something that exists or develops between counselor and client as a result of the feelings, perceptions, attitudes, and actions of each toward and with the other...in the real relationship, one’s perceptions and interpretations of the another’s behavior are appropriate and realistic, the feelings are genuine, and the behavior is congruent” (p. 185-186). As with the working alliance, the real relationship may influence therapists’ learning from clients in several different ways. It seems likely that the real relationship may have the most influence on the content of learning, or the level at which the learning for the therapist takes place. If the real relationship is high, one might be more likely to learn things on the personal and existential levels than one would if real relationship was low.

*Proposition 4: The amount, content, and salient conceptualizations/distinctions of therapists' learning from clients changes over time.*

In recalling the earlier discussion about how the interactions that take place in therapy exert influence on the events of the therapists' life (Orlinsky et al., 2004), it seems logical that the inverse is also true—the events of the therapist's life influence the degree and ways in which the therapist is affected by his or her therapy interactions. Some dimensions of learning may be more salient at certain times than others based on professional development, life experiences, mood, functioning, etc. For example, the technique/professional development level of learning might be most salient at the beginning of one's career, whereas the existential level might be most salient at retirement or at moments of big life transitions; the amount of learning from specific clients might be greater at the beginning of one's training than at the end.

Similarly, one might expect therapists learn different types of things from their clients at different stages of their development; this idea is supported by stage models of therapist development (e.g., Rønnestad & Skovholt, 2003). For example, Rønnestad and Skovholt (2003) posited a six-phase model of therapist development: (1) lay helper; (2) beginning student; (3) advanced student; (4) novice professional; (5) experienced professional; and (6) senior professional. The description of what changes therapists/counselors make at each stage is beyond the scope of the current purpose (see Rønnestad & Skovholt, 2003 for details), but this model warrants mentioning as support for the notion that the content of therapists' learning from clients likely changes in tandem with their developmental phase.

*Corollary 4a: At the techniques/professional development level, the amount that therapists learn from clients (i.e. degree of change in knowledge structures) generally decreases over time with fluctuations during key experiences such as first practicum, internship, first job, or entering a new treatment setting.* Given that the therapist development literature is the only research that exists explicitly addressing the construct of therapists' learning from clients (e.g., Skovholt & Rønnestad, 2003), this is the only component of therapist learning for clients for which a hypothesis about the influence of time on learning can be posited. Harkening back to the quotation from Corollary 2b (about learning from accumulated client experience versus learning from specific clients), as level of experience as a therapist increases, each client probably accounts for less and less of one's variance of therapeutic experiences. From a learning theory perspective, as experience accumulates there are fewer changes to make in knowledge structures regarding techniques and professional development as a therapist; it makes sense then that when one enters a new professional role or makes a major professional change, learning will increase briefly within the general linear decline of amount of learning regarding techniques/professional development over time.

*Corollary 4b: Therapist burnout may result from and/or cause not learning enough from clients or from experiencing learning overload (particularly at the personal and existential levels); it may be conceptualized as the point at which one reaches a "dead end" in engaging with clients.* Maslach and Jackson (1984), defined burnout as "a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur with individuals who work with people in some capacity" (p. 134). These three dimensions of burnout are discussed as related, yet independent.

Emotional exhaustion involves feeling drained and emotionally overextended by one's contacts with other people, while depersonalization involves feeling about and responding to these people in an uncaring or even dehumanizing way. Reduced personal accomplishment refers to a decline in feelings of accomplishment in one's work with people.

The concept of burnout as emotional exhaustion and depersonalization in client interactions is particularly germane to therapists' experience of no longer being able to learn from clients. Emotional exhaustion and depersonalization likely prevent therapists from being able to encode the information they get from clients, therefore inhibiting assimilation and accommodation of schemas about self and therapy.

Learning overload might also contribute to burnout (particularly emotional exhaustion) if therapists are dealing with so much new information that they are not able to properly attend to it and/or feel helpless in the face of it. An example of a case like this might be someone who takes a job managing a non-profit community mental health center for the first time. While there is much to learn and the learning curve might initially be quite steep and exciting, after time such an individual might feel very small and helpless in the face of so much need for mental health care in the community, so much information to gather in order in order to attend to the need (particularly if grant-writing is involved), and so few means to attend to the need (such as not enough providers willing to do pro-bono or sliding scale work). In a sense, this is an example of *too much* learning at the technique/professional development, personal and existential levels; burnout might occur rather quickly unless the therapist has an outlet through which to manage the amount of learning he or she is dealing with and the feelings that

accompany such learning. Similarly, as touched on by Masi (2003), “too much” therapist learning may also manifest itself in vicarious traumatization of the therapist, in turn requiring that the therapist make some adjustment to his or her boundaries, self-care practices, or pursue individual therapy.

In contrast, “rustout” (work stress that results from work underload; Gmelch, 1983) may result from not learning enough from clients. This may be particularly salient when the lack of learning occurs at the personal or existential levels of learning—when a therapist no longer feels that he or she is getting much personal satisfaction or accomplishment from the therapeutic interchange, continued engagement in the process is hindered.

### *Qualitative Research*

In an article advocating greater use of discovery-oriented approaches in psychotherapy research, Mahrer (1988) highlighted the limitations of hypothesis testing (i.e. quantitative approaches) for advancing knowledge about psychotherapy. He said that “hypothesis testing is essentially unable to fulfill its self-assigned mission of confirming or disconfirming psychotherapeutic propositions or theories” (§ 16). Rather, he suggests that “researchers adopt the rationale, aims, and methods of discovery-oriented psychotherapy research...[because] the whole basis for designing discovery-oriented studies is the intention to learn more; to be surprised; to find out what one does not already expect, predict, or hypothesize; to answer a question whose answer provides something one wants to know but might not have expected, predicted, or hypothesized” (§ 27). Given how little empirical work has been done on therapist learning from clients and the number of conceptual/theoretical considerations about this construct that have yet

to be investigated, a discovery-oriented approach seems wise and within the recommendations posed by Mahrer (1988).

Discovery-oriented, or qualitative, approaches are designed to understand (i.e. describe and interpret) the complexity of a phenomenon within its context. The focus is on understanding a few individuals in great depth (an idiographic approach) rather than general or universal patterns of behavior (a nomothetic approach; Ponterotto, 2005). Thus, the purpose of qualitative research is to “describe and clarify experience as it is lived and constituted in awareness” (Polkinghorne, 2005, p. 138). Qualitative studies are usually driven by open-ended research questions rather than hypotheses (Heppner, Kivlighan, & Wampold, 1999), and conclusions are made from the data by cycling between the inductive process of generating themes and categories from the data and the deductive process of checking if those themes appear in new data (Morrow & Smith, 2000).

Qualitative approaches can take many forms, and the characteristics of different qualitative methods are greatly influenced by the research paradigms in which they are based (Ponterotto, 2005; Heppner, Kivlighan & Wampold, 1999). This section will first describe the major research paradigms used in counseling psychology research. Next, following the recommendations of Elliott, Fischer, and Rennie (1999), consensual qualitative research (Hill et al., 1997; 2005, the qualitative methodology used in this study) will be placed within its context of research paradigms, in order to explicate the philosophical underpinnings of the methodology used in the present study. The discussion of CQR here will not delineate the methodology of CQR; rather, a full description of the CQR process can be found in the Method section. After CQR has been

placed in its philosophic context, brief discussions of methodological considerations in qualitative research and the ways in which qualitative methods such as CQR are evaluated will ensue.

### *Philosophical Approaches to Research*

Four primary philosophical approaches to research have been described by qualitative researchers (e.g., Morrow & Smith, 2000; Ponterotto, 2005). These approaches differ in the way they view the nature of reality (ontology), the relationship between the researcher and research participant (epistemology), the role of researchers' values in the scientific process (axiology), the language used to present the research to an audience (rhetorical structure), and the methodology used. The first of these approaches, positivism, is exemplified by quantitative approaches and the scientific method. Thus, the focus is on using a priori hypotheses, controlled experimental methods, and inferential statistics to predict phenomena and interpret results in order to discover an objective "truth." In terms of ontology, positivists believe that there is one true reality that can be apprehended, identified, and measured. In terms of epistemology, positivists assume that the researcher and research participant are independent and that the researcher can objectively (i.e. without bias) study the participant; positivists do not believe that participant and researcher influence one another. On the dimension of axiology, positivists believe that researchers' values have no place in the research process. Given the focus on objectivity and the scientific method, positivists use a detached, neutral, "scientific" rhetorical structure and methodologies in which variables are carefully controlled and manipulated through rigorous procedures.

Post-positivism is a philosophical approach to research that is one step away from the scientific method. Post-positivists' ontological view differs from positivists in that they acknowledge that although an objective "truth" exists, we can only approximate understanding of this truth. Regarding the relationship between researchers and participants, post-positivists take the epistemological stance that the researchers and participants should remain independent, although they may influence one another within the research process. Despite recognizing human limitations for objectivity in the research endeavor, post-positivists hold with positivists that researchers' values should be removed (or bracketed) from scientific research and they use controlled methodologies that minimize the influence of the researcher's expectations. Thus, post-positivist researchers aim to contain their biases while studying a particular phenomenon. As with positivists, this approach is reflected in a neutral, detached, objective rhetorical structure to presentation of research results (Ponterotto, 2005).

A constructivist approach to research differs in many ways from both positivism and post-positivism. Ontologically, constructivists believe that a single true reality does not exist—rather, there exist multiple, socially-constructed realities. Thus, regarding epistemology, they believe that a close, subjective interaction between the researcher and participant is central to accessing the participant's "lived experience." Methods used by constructivists tend to be more naturalistic (i.e. using observations and/or interviews) and qualitative. The values of the researcher, therefore, cannot be removed from the research process. In terms of axiology, constructivists believe that researchers should "bracket" (i.e. acknowledge and describe) their values, biases, and expectations but not get rid of them (because doing so would be impossible). Given the focus on the subjectivity of the

researcher and the interactive nature of the relationship between researcher and participant, it is not surprising that the rhetorical structure of constructivist research reports is often in the first person, and his/her expectations, biases, values, and thought processes throughout the research process are detailed (Ponterotto, 2005).

Finally, farthest from positivism and the scientific method, critical theorists view the world and reality through subjective (e.g. ethnic, cultural, gender, social, political) lenses. Their ontology thus focuses on the influence of power relations that arise out of society and history. Given this emphasis on power relationships, critical theorists view the relationship between the researcher and participants as one that can lead to empowerment of the participants. Thus, in terms of axiology, criticalists want their values to influence the process and outcome of research. They use naturalistic designs in which they are immersed in the participants' worlds and present their research in personalized terms (similarly to constructivists) that make explicit their expectations, biases, and values (Ponterotto, 2005).

#### *Consensual Qualitative Research in its Philosophical Context*

As a research methodology, CQR was developed by its authors to analyze interview data and was influenced by other qualitative approaches, including grounded theory, comprehensive process analysis, and phenomenological approaches (see Hill et al., 1997 for a full description of the development of CQR). From these approaches, the authors of CQR adopted the emphasis on consensus among judges to interpret findings and the use of words rather than numbers to present and give meaning to the data. CQR thus has 5 major components, which include the use of:

(a) open-ended questions in semi-structured data collection techniques (typically interviews), which allow for the collection of consistent data across individuals as well as a more in-depth examination of individual experiences; (b) several judges throughout the data analysis process to foster multiple perspectives; (c) consensus to arrive at judgments about the meaning of the data; (d) at least one auditor to check the work of the primary team judges and minimize the effects of groupthink in the primary team; and (e) domains, core ideas, and cross-analyses in the data analysis (Hill et al., 2005, p. 137).

CQR was chosen for current purposes because interviews provide an ideal forum for gaining an understanding of what therapists learn from their clients. Furthermore, the consistency of the interview protocol across participants and the analyses that focus both within cases (i.e. domains and core ideas) and across cases (cross-analysis) will add to current literature by providing an empirical foundation for understanding what types of things therapists learn from clients.

Hill et al., (2005) describe CQR as “predominantly constructivist, with some post-positivist elements” (p. 197). CQR is clearly constructivist on two of the five dimensions of qualitative research approaches. In terms of ontology (i.e., view of the nature of reality), CQR recognizes that there are multiple, equally valid, socially constructed versions of the “truth.” Thus, researchers accept the uniqueness of each participant’s experience while looking for commonalities of experiences among participants. The methodology used by CQR researchers is also clearly constructivist, in that they rely on naturalistic, interactive, qualitative methods. The meaning of the phenomena being

studied emerges from words and text, and interpretation of the data relies on consensus among research team members.

The epistemology (i.e., relationship between participant and researcher) and axiology (i.e., role of researcher's values) of CQR represent a mixture of constructivist and post-positivist approaches. From an epistemological standpoint, CQR is primarily constructivist in its recognition of the mutual influence between researcher and participant. The interviewer learns about the phenomenon in question from the participant, but also helps the participant explore his/her experience in depth by using follow-up probes. The post-positivist component of the epistemology of CQR is evident in the frequent use of a standard protocol with flexibility to use probes for further information where needed (rather than a protocol subject to change, as one would find in more constructivist approaches) in order to get the same types of information from each participant. Regarding the role of the researcher's values (axiology), the authors of CQR acknowledge that researchers' biases are inevitable and should be discussed explicitly (a constructivist approach), but suggest that these biases should be bracketed such that the degree to which they influence the results is minimized. This bracketing of biases is consistent with both constructivist and post-positivist approaches. The goal is to present how participants (not the researchers) view the world (Hill et al., 2005).

Finally, the rhetorical structure of CQR is post-positivist, as researchers present results as objectively as possible, avoid broad interpretations, and use the third person. The goal is to summarize participants' words and find themes across participants, with the hopes of generalizing to the population (Hill et al., 2005).

*Methodological Considerations in Qualitative Research*

In an article about qualitative data collection, Polkinghorne (2005) highlights several methodological considerations that must be taken into account in any qualitative study. Given that any study intended to attain an in-depth understanding of an individual's experience, the limitations of self-report must be considered. One must remember that the quality of the data depends on the participants' abilities to reflect on and effectively communicate their experiences. Individuals do not have complete access to their experience, given the limitations of awareness and memory. However, it is important to keep in mind that one's goal as an interviewer is to gain an understanding of the meaning of the experience to the participant, rather than attain accurate recall of the event. Thus, one of the major tasks of interviewers is to help the interviewee "dig below the surface" and obtain meaningful, rich descriptions. Interviews can help in "unpacking and experiencing and gaining access to deeper levels and more nuanced descriptions of the experience" (p.143). By engaging with participants and maintaining curiosity (without simply seeking to replicate with the interviewer already knows), the researcher can aid participants' recall of events through priming and examination of the meaning of events on participants. To further aid recall and prime responses of interviewees, some researchers (e.g. Hill et al., 1997) recommend providing interviewees with a copy of the interview protocol prior to conducting the interview.

Another major methodological consideration in qualitative methods is the role of trust between the interviewer and interviewee. In order to attain depth of responses from participants, researchers need to demonstrate to participants that revealing personal feelings and information is safe. To this end, Polkinghorne (2005) suggests that researchers should engage with participants in more than one, 1-hour session. Interview

processes that involve more than one point of contact are more likely to produce sufficient breath and depth as participants experience rapport and gain confidence in the interviewer. Regarding the interviewer-interviewee relationship, Hill et al., (1997) recommend that the interviewer reassure the interviewee about the confidentiality of the material and remind him/her that the interview will be taped prior to beginning. Furthermore, they recommend that interviewers give respondents feedback that they are providing helpful information, are appreciated for their efforts, and that the goal is to understand rather than to judge.

Finally, the interviewer needs to be aware of how he or she listens, attends, and terminates responses of interviewees. Although training and experience in conducting therapy is helpful for conducting good-quality interviews, the “counselor hat” and the “interviewer hat” are quite different. The most important difference between counseling and interviewing lies in the use of questions. In counseling, Hill (2004) recommends that therapists avoid only asking questions, as it can make a client feel defensive. Thus, restatements and reflections of feeling are also used quite frequently in counseling in order to help the client explore his or her presenting concern. In contrast, with the goal of obtaining rich, detailed information on one particular topic, open questions are the backbone of qualitative interviews. Because the goals of and skills required for interviews differ from counseling, Polkinghorne (2005) and Hill et al., (1997) suggest that interviewers obtain sufficient practice and instruction in interviewing techniques prior to data collection. Supervised practice interviews can be particularly useful for novice interviewers to learn how to use open questions effectively to probe for individuals’ experiences (Hill et al., 2005).

*Evaluating Qualitative Research*

Once the philosophical context for one's qualitative method has been established, and methodological considerations have been made, one must consider the rigor of a qualitative research project. Morrow and Smith (2000) suggested that the assessment of "goodness" of a qualitative study is dependent upon the research paradigms in which it fits. Using Morrow's (2005) discussion of the criteria for quality and trustworthiness in qualitative research in counseling psychology for each paradigm of research, this section highlights the criteria for trustworthiness of data in post-positivist and constructivist methods such as CQR.

Given its proximity to the traditional scientific method (relative to other qualitative approaches), a post-positivist qualitative study considers parallels of conventional criteria (e.g. internal validity, external validity, and reliability) of evaluating research. Thus, post-positivist approaches first consider the credibility of a study; the credibility of a qualitative study is akin to the internal validity of a quantitative study. Credibility can be attained through extended engagement with participants, use of multiple or peer judges, negative case analysis (i.e. using cases to check for disconfirming evidence), researcher reflexivity, and participant checks, validation, or co-analysis. The second criterion for quality in a post-positivist qualitative study is transferability, which is the parallel of external validity, or generalizability of a study. A qualitative study is transferable when a reader can generalize the findings of a study to his or own context. This requires that the researcher provide enough information about him/herself, the research context, processes, participants, and researcher-participant relationships so that the reader can decide how well the findings transfer. Third,

dependability (parallel of reliability) refers to the way in which the process and findings of the study are described and derived such that the method is replicable. Researchers can enhance the dependability of studies by taking detailed notes on the process of study development and data collection (e.g. process of developing interview protocol, influences on the data collection/analysis, and reflections on the data analyses) and including this information in the final report. Finally, confirmability refers to the degree to which the findings represent the situation being researched rather than simply being reflective of researchers' biases; this criterion is parallel to objectivity of positivist research endeavors. This criterion is based on the view that the researcher's task is to bring together the data, analyses, and findings in such a way that the reader can assess how adequate they are. Thus, the criteria confirmability overlaps quite a bit with dependability (Morrow, 2005).

The criteria for quality and trustworthiness from a constructivist paradigm have taken on more forms than those for post-positivism. Morrow (2005) briefly presented criteria discussed by other authors, including fairness or triangulation (e.g., multiple perspectives are solicited and honored), ontological authenticity (e.g., participants' constructions are improved, matured, and elaborated), educative authenticity (e.g., participants' understandings of and appreciation for the constructions of other are enhanced), catalytic authenticity (e.g. the extent to which action is stimulated), and researcher reflexivity (where the researcher understands how his/her experiences and understandings affect the research practice). To these other authors' criteria Morrow added two "deeper" criteria for evaluating qualitative research conducted from the constructivist standpoint: "(a) the extent to which participant meanings are understood

deeply... and (b) the extent to which there is a mutual construction of meaning (and that construction is explicated) between and among researcher and participants, or co-researchers” (p. 253). Although Morrow’s criteria overlap to some extent with those discussed elsewhere (e.g. criteria “a” is related to ontological authenticity and criteria “b” is related to educative authenticity), they may also stand on their own (see Morrow, 2005 for a fuller discussion of these criteria).

By recommending that researchers conduct more than one, 1-hour interview with participants (credibility), use homogenous participant samples and explicate reasons for choosing particular participants for a study (transferability), discuss the process of their methodology (dependability), and bracket their expectations and biases (confirmability), CQR (Hill et al., 2005) meets the criteria for a quality and trustworthy post-positivist study. CQR also meets Morrow’s (2005) criteria for trustworthiness from a constructivist paradigm because it seeks to understand participants’ meanings deeply (criteria “a”), and uses perspectives of multiple participants and consensus among multiple judges to co-construct the meaning of the data (criteria “b”).

## CHAPTER 3

### Statement of the Problem

Although researchers of therapist development (e.g., Skovholt & Rønnestad, 2003; Orlinsky, Botermans & Rønnestad, 2001) support the notion *that* therapists learn from their clients, we know very little empirically about *what* therapists learn from their clients. Some personal/anecdotal accounts of learning from clients exist (e.g., Bugental, 1991; Crawford, 1987; Freeman & Hayes, 2002; Kahn & Fromm, 2001) and in the few empirical studies on this topic, researchers have examined how therapists have been impacted by their clients (e.g., Myers, 2002; Farber, 1983; Masi, 2003). However, the client impact literature is scant, thus warranting further research on this topic.

Furthermore, the impact of clients on therapists is not the same as therapist learning from clients. Thus, one must be cautious about assuming that studies on client impact adequately address what therapists learn from clients.

The primary purpose of this study is to extend current research on therapist development and client impact on therapists to the study of therapist learning from clients. Given the paucity of research on this topic, and the richness of data one would need to further understand this phenomenon, a qualitative, discovery-oriented approach seemed most appropriate (Marher, 1988). Thus, this study was conducted in the context of a rich, discovery-oriented, qualitative approach with a well-established qualitative data analysis procedure. To this end, I used semi-structured interviews of therapists analyzed by consensual qualitative research (CQR; Hill, Thompson, & Williams, 1997; Hill et al., 2005) to investigate the content and impact of therapist learning from clients. Interns were selected as the population of interest for this study given the intensity of internship

as a therapy training experience, and the steep learning curve that accompanies such an experience. Although I presented a series of conceptual/theoretical considerations about therapists' learning from clients, the purpose of this study is *not* to test those propositions. Rather, they might be better considered my expectations or biases about therapist learning from clients that were "bracketed" during the research process. They also served as a means of organizing the discussion of research/theory that is conceptually related (yet tangential to) the construct of therapist learning from clients.

Following the suggestion of Heppner, Kivlighan and Wampold (1999) for qualitative approaches, research questions (rather than hypotheses) were used in order to limit researcher bias and maintain openness to all possible results. These research questions were informed by anecdotal accounts and previous research in the area of therapist learning and impact from clients.

*Research Question 1: What do interns perceive that they learn from their clients?*

Therapist development literature confirms that therapists learn from their clients (e.g. Rønnestad & Skovholt, 2003) and personal accounts of therapist learning from clients give some indication of what therapists may learn from clients (e.g. Bugental, 1991; Crawford, 1987; Freeman & Hayes, 2002; Kahn & Fromm, 2001). However, what we still need to learn is how learning from clients can be conceptualized or categorized across therapists. Therapists were asked about learning from clients both from cumulative (i.e. across clients) client experience as well as from interactions with one specific client. For both sources of learning from clients, the CQR process allowed categories of learning from clients to emerge from the data, providing us with an understanding of what types of things therapists learn from clients, across therapists.

Research Question 2: What do interns do with what they learn from clients?

As with learning in any other context, the simple fact of learning is not always enough—what is done with the learning is also important. This research question seeks to address how therapists apply the lessons they learn from their clients to their work and personal lives. Although some of the anecdotal accounts described earlier do address this question (e.g. Crawford, 1987 and Freeman & Hayes, 2002 discuss the how they use the lessons from former clients with current clients), the current study provided more specific information about how therapists apply what they learn from clients by explicitly asking therapists about this and probing their responses. Furthermore, this research question taps into the overlap (and may help distinguish) between learning from clients and being impacted by clients. Given that we have some research on the impact of clients on therapists (e.g. Farber, 1983; Myers, 2002), it stands to reason that learning may be part of what leads clients to have an impact on their therapists. The manifestations of the client impact thus will also be investigated.

Research Question 3: What variables contribute to whether or not interns learn from clients, what they learn from clients, and what they do with what they learn from clients?

Given that therapist and client variables (e.g. Beutler et al., 2004; Clarkin & Levy, 2004) and the therapy relationship (Gelso & Carter, 1985; 1994), are known to affect the process and outcome of therapy, it stands to reason that these variables will also influence the likelihood, content, and impact of therapists' learning from clients. By asking participants to articulate what client, therapist, and therapy relationship variables contributed to selecting the client from whom they learned the most and how that client

differs from clients from whom they learn less, this study allowed me to investigate the role of these variables on therapist learning from clients.

## CHAPTER 4

### Method

#### *Design*

In this study, semi-structured interviews were used to gain an understanding of what types of information therapists report learning from their clients; what therapists do with what they report learning from clients; and what client, therapist, and therapy relationship variables contribute to why the reported learning occurred at the time it did. The data were analyzed using Consensual Qualitative Research. Thus, the nature of this study was a qualitative field study.

#### *Participants*

*Interviewees.* Participants were 12 doctoral students (3 male, 9 female; 7 White, 1 Biracial, 2 African-American, 1 Asian-Asian American, 1 Middle Eastern, mean Age = 34.0 ( $SD = 7.1$ ); 11 Counseling, 1 Clinical; 10 Ph.D., 2 Psy.D.) in clinical or counseling psychology who had recently completed APA-accredited pre-doctoral internships at university counseling centers during the 2004 – 2005 academic year.

When asked to rate the degree to which they believe in and adhere to the techniques of various theoretical orientations on a 5-point scale (5 = completely), participants rated humanistic/ experiential/ existential approaches 3.75 ( $SD = 0.87$ ); psychodynamic/ psychoanalytic/ interpersonal approaches 3.71 ( $SD = 0.92$ ); behavioral/ cognitive-behavioral approaches 2.75 ( $SD = .97$ ); and feminist/ multicultural approaches 3.58 ( $SD = .90$ ). Participants rated the statement “I intend to see clients as part of my future career,” 5.50 ( $SD = 1.78$ ; 1 = strongly disagree; 7 = strongly agree).

Interns were chosen as the target population for this study for a variety of reasons. The first reason was a practical one—interns were relatively easy to access and were considered to be more likely than experienced practitioners to participate in this type of study. Secondly, interns (as compared to experienced practitioners) arguably have a much steeper “learning curve” and therefore were much more likely to be able to readily identify a client from whom they learned in the last year. Only interns at counseling centers were recruited following the recommendations by Hill et al. (2005) to maximize homogeneity (i.e. in terms of amount and type of clinical experience) of the sample for a qualitative study such as this one.

*Judges.* The primary research team included a 27 year-old White, Jewish female advanced doctoral student in counseling psychology, three post-baccalaureate individuals (2 women, 1 man; all White and Jewish; aged 23 or 24), and one 22 year-old upper-level psychology major (White Jewish female). All members of the research team had completed courses in Helping Skills and/or Introduction to Counseling Psychology or their equivalents. The judges were responsible for transcribing the completed interviews and served as part of the data coding team. As recommended by Hill et al. (1997), efforts were made to ensure that members of the research team got along, were committed to and involved in the process, negotiated differences effectively, and addressed power issues openly.

Prior to starting the coding process, all judges were required to write about and discuss their biases or expectations about the results of the study in order to “bracket” them. My biases about the types of things therapists learn from their clients and the

conditions that contribute to learning were discussed in the literature review. The biases of the rest of the research team are discussed below.

When bracketing their biases, two judges explicitly discussed the difference between impact and learning; one indicated that she believed the two constructs overlapped but were indeed separate and that participants would be able to distinguish between the two. The other said that she believed therapists are more likely to be impacted by clients to whom they feel similar, but are more likely to learn from clients from whom they feel different.

Four judges specifically mentioned types of things they thought therapists would learn. One expected that therapists would learn about the diversity of life's problems and methods individuals employ to conquer adversity. The second anticipated that therapists would gain insight on their own issues through working with a client with similar issues. Another expected that therapists would talk about learning in terms of self (e.g., about themselves as therapists) most when they had a hard time connecting with a client or when their approach to therapy was challenged; she also thought therapists would learn about clients (e.g., about diagnoses they did not know much about previously) as a result of exposure to different presenting problems, diagnoses, and symptoms, especially when the client's presentation challenged the therapist's expectations or conceptualization. The fourth anticipated that therapists would talk about things like when or how to initiate self-disclosure, countertransference issues, and learning to separate their own issues from those of their clients.

All judges expected that therapists would probably learn more from clients with whom they had a strong therapeutic relationship (although one indicated that the

exception would be when the therapist learns what to do when the relationship is not strong) or by whom they were challenged (i.e., the client's presenting problem was new or unique or the therapist had to adapt his/her theoretical approach to match the client's needs). Three judges anticipated that therapists would learn the most from clients who are different than them demographically, while one anticipated that therapists would gain the most self-insight from clients who struggled with issues similar to those they themselves had previously experienced or were currently experiencing. Two judges expected that therapist characteristics (theoretical orientation and gender) would influence the types of things therapists learn from their clients, whereas another believed that therapists who are more open-minded and self-reflective would learn more from their clients in general. Finally, two judges mentioned time as a factor in learning—one indicated that she believed therapists could learn as much in one session as from a longer therapeutic relationship (e.g., time would not play a role), while another anticipated that in the short-term, therapists would learn the most from clients who were different than themselves and in the long-term would learn more from clients who were similar to themselves.

In sum, all members of the research team believed that therapists do and should learn from their clients, and that therapists are shaped by their work with clients.

*Auditor.* One important component of the CQR process is the use of an auditor, who reviews (yet remains separate from) the judges' coding process. As recommended by Hill et al., (1997), the auditor for this dissertation was the chair of the dissertation committee. She was a 58 year-old European-American female faculty member with extensive experience in psychotherapy research and CQR.

*Measures*

The *demographics questionnaire* (found in Appendix B) asked participants to indicate their age, sex, type of doctoral program (clinical vs. counseling; Psy.D. vs. Ph.D.), settings in which they have seen clients (university counseling center, university mental health center, community mental health center, hospitals, other), degree of endorsement (1 = not at all; 5 = completely) of humanistic/ experiential/ existential, psychodynamic/ psychoanalytic/ interpersonal, behavioral/cognitive-behavioral, and feminist/multicultural theoretical orientations, and the degree to which they agreed with the statement “I intend to see clients as part of my future career” (1 = strongly disagree, 7 = strongly agree).

*Semi-structured interview.* All participants completed one, 1 to 1½ hour audiotaped semi-structured interview over the telephone and one shorter (15 – 30 minute) follow-up interview over the phone. Both interview protocols can be found in Appendix C. The first interview began by asking therapists how they define learning from clients. Then, they were asked to provide background information about the one client seen in the last year from whom they had learned the most (e.g., demographics, number of sessions, how long ago saw client, personal reactions to client; participants were told ahead of time to select this client and think about what they learned from him/her.). Participants were then asked what they learned from this client. The question was intentionally left entirely open-ended until participants could not think of anything more they had learned from the client., at which point they were probed about specific areas in which they might have learned (e.g., about themselves, therapy, clients, human nature). Participants were asked to discuss how they came to realize these things (e.g., via self-reflection or in supervision/consultation), why they chose this particular client (including therapist,

client, and therapy relationship characteristics that influenced the learning), and how they applied or anticipated that they could apply the lessons learned from this client.

Participants were initially asked to discuss learning from only one client in order to get as much detail about and context for the lessons as possible. Participants were then asked to reflect on what additional things they have learned from their cumulative experiences with clients. (Due to time constraints, in some cases, the question about learning from cumulative experiences with clients was asked in the follow-up interview.) Finally, participants were asked what they believed differentiated clients from whom they learned a lot from those from whom they did not learn as much. The follow-up interview was then scheduled for some time in the next 1 to 7 days. Immediately after the first interview, I recorded my impressions of the interviewee. Before the second interview was conducted, I also reviewed the tape of the first interview.

The follow-up interview began with questions that did not get addressed in the first interview (where appropriate) and any clarification questions that came up based on listening to the tape of first interview. Participants were then asked to share their reactions to the first interview. Next, participants were reminded of their definition of learning from clients and were asked if they had any changes to the definition. Participants were then asked to discuss what they thought it meant about them that they learned from clients, to discuss what further thoughts they had about learning from clients, and finally, what they learned from participating in the interviews. Throughout the interview, participants were reminded (through probes that asked them to elaborate and/or to give examples) to be as specific as possible about their experience of learning from clients.

The interview protocol was developed in four stages. First, an initial set of interview questions were written based on the conceptual/theoretical propositions about therapists' learning from clients presented in the literature review. These questions were then presented to two different focus groups of graduate students and faculty members (an advisee meeting group and a dissertation-level research seminar). These focus groups led to changes in the interview protocol that included dropping a series of questions about a client from whom the therapist felt s/he had not learned, wording a question about learning from clients in general and ensuring that the questions about the client from whom participants learn the most were focused primarily on the therapists' learning rather than on the client.

Then, as recommended by Hill and colleagues (Hill et al., 1997; 2005), I conducted two practice interviews with participants similar to those who were recruited for the study (one fourth year doctoral student who just completed an externship at a University Counseling Center and was about to go on internship, and one fifth year doctoral student who had experience with qualitative research and had worked in a clinically-related assistantship for the last two years) to further finalize the interview protocol and receive feedback from interviewees. The first of these interviews led to revision of the interview protocol. Specifically, a "grand tour" question, "What do you think it means to learn from your clients?" was added, as were specific questions about the personal, professional, and existential lessons learned from clients, both cumulatively and about the specific client. In addition, specific questions were added about how the therapist applied what s/he learns from clients, and what it meant that the therapist

learned what s/he did from her/his clients. The second interview led to minor changes that clarified several questions.

The final round of revisions to the interview protocol came after the proposal meeting for this dissertation. Specifically, the “grand tour” question was changed to “How would you define learning from clients?” and the question “What does it mean that you learn from your clients?” was moved to the follow-up interview. In addition, the questions about learning (both about the specific client and about additional lessons from clients) were asked very broadly at first (“What have you learned from this client?”) with probes about specific areas of learning only being asked once the participant could no longer think of things without prompts about specific areas. One more pilot interview was conducted with the finalized interview protocol with an individual who had recently completed an internship at a psychiatric hospital. No changes were made on the basis of this interview.

### *Procedures*

*Participant recruitment.* Participants were recruited via email (see Appendix A to see sample recruitment emails). Five current doctoral interns in my counseling psychology program were sent an email that briefly described the purpose of the study, listed the risks/benefits of participating, invited them to participate, included a copy of the interview protocol, and asked them to provide names of other interns who were eligible to participate (e.g., their intern cohort and/or friends had also recently completed an internship at a university counseling center) and might be interested in participating (for snowball sampling techniques). I then contacted all eligible interns myself directly via email to control the number of people invited to participate. As a result of this

process, 31 different individuals were invited to participate. Twelve individuals agreed to participate and completed both interviews (39% return rate). Four of these individuals were my friends and/or doctoral program classmates.

*Interviews.* Once participants were identified, they were sent an email thanking them for volunteering; this email again listed the risks/benefits of participating in the study, and specified that scheduling the interview and participating in the interview constituted informed consent, although they were free to withdraw at any time. A copy of the interview protocol was again included, and participants were asked to read it over and think about their answers prior to the interview. I then scheduled the audio taped interviews at mutually convenient times, and conducted them by phone. Finally, after each interview (as recommended by Hill et al., 1997), I recorded my impressions of the interview and the interviewee. I then listened to the tape to determine if there were issues that needed clarification in the second interview.

*CQR Process.* Once the interviews were completed, the RAs/judges transcribed them; I checked them for accuracy. To ensure confidentiality, all identifying information was removed from all transcripts, including names of interviewees, clients, supervisors, internship sites, doctoral programs, etc. Each interview was assigned a code number.

When coding began, the research team met to get acquainted with each other and the process of conducting CQR. As its name implies, reaching consensus among members of the research team is important throughout the entire CQR process, as CQR assumes that multiple perspectives increases our approximation to the “truth.” Consensus is reached through discussions for which mutual respect, equal involvement, and shared power are essential. Thus, early meetings focused on creating an atmosphere in which all

members of the team were comfortable contributing to the consensus process. Another important component of the CQR process that occurred at this point was that the team recorded and discussed their expectations/biases about the data in order to bracket them (i.e., set them aside) during data coding/analysis.

Finally, coding of transcripts began using consensual qualitative research (CQR; Hill et al., 1997), which uses iterative examinations of qualitative data and involves three general steps, each described in more detail next. The first step of CQR involves dividing responses from open-ended interview questions into domains or topic areas. The domains/topic areas were initially derived from the major topic areas that arose after surveying several of the interviews. A start list of domains was created at the first coding meeting.

The primary task of the second step of CQR is to summarize the information in each domain for each case; these summaries are called core ideas (Hill et al., 1997). These core ideas should remain as close to the participants' words and meaning as possible. Throughout this step, team members read each case individually to become familiar with it and begin identifying domains for each thought unit (e.g., a complete thought/topic discussed by the participant). The team then met to formalize and agree on the domain codings and core ideas. In the meeting, the members read each thought unit out loud (in order to understand the unit within the context of the case). They then worked collaboratively to make sure they agreed about domains and core ideas (e.g., emphasized integration of individual ideas and co-construction of the final product). Given the importance of consensus in CQR, discussion continued until all team members felt satisfied and were ready to move on with the coding process. When consensus was

reached, a consensus version, which included domain titles, core ideas and all the raw data for each domain, was created. The original transcript remained unaltered. As suggested by Hill et al. (2005), the entire team then coded domains and core ideas for two cases and made adjustments to the domain list as necessary (Hill et al., 1997; Hill et al., 2005). After coding for the first two cases was completed, the team was split into 2 smaller 3-person groups (two RAs and myself) who were each responsible for domain and core idea coding for 4 cases. Concurrently with the small-team meetings, the entire 6-person team continued to meet as a big group to complete coding for two additional cases. All data in each transcript was assigned to one or more domains, although double and triple coding was kept to a minimum.

The auditor's role began when the team came to consensus about the core ideas for each domain of a specific case; at this time, the auditor read through the transcript to determine that the raw material was in the correct domain, that all the important material in each domain was included in the core ideas, and that the wording of the core ideas concisely yet comprehensively characterized the data. The team then met to consider (accept or reject) all suggestions made by the auditor. Once discussion about the auditor's comments were complete and the accepted changes were incorporated, the transcript was returned to the auditor so that she could see how the team responded to her comments and re-suggest changes she felt particularly strongly about and/or suggest new changes (Hill et al., 1997).

In the third and final step of CQR (cross-analysis), the entire team of judges looked at the data in each domain across cases to determine if there were similarities among the participants in the sample. The first step to the cross-analysis involved

creating documents that contained all the core ideas within domains across participants. As with the core ideas step, team members brainstormed together about possible categories to characterize the core ideas within domains across cases; they discussed the categories until consensus was reached on the wording and placement of ideas into categories (Hill et al., 1997; 2005). As during the domain/core idea phase, consensus in the cross-analysis was reached through extensive discussion and integration of individual team members' contributions such that the final product was co-constructed by the team members. Note that a core idea could go into more than one category if the data were about more than one thing. As the cross-analysis was being completed, the auditor reviewed it to consider wording/ representativeness of the categories and whether or not the categories should be collapsed or further subdivided. The research team then considered and accepted/rejected/returned the auditor's comments in the same manner as they did earlier (Hill et al., 1997).

Once the cross-analysis was complete, categories were labeled to indicate the degree to which they represented the sample. Following the recommendations by Hill et al. (2005), the term *general* was used for categories that included all or all but one of the cases (11 – 12), *typical* was used for categories that included more than half of the cases (7 – 10), *variant* was used for categories that included at least three cases up to the cutoff for typical (3 – 6), *rare* was used for categories that included two cases. Categories emerging from single cases were placed into a miscellaneous category.

## CHAPTER 5

### Results

The following eight domains emerged through the analyses: (1) interns' definition of learning from clients; (2) what interns think it means that they learn from clients; (3) overview of therapy with client from whom interns learned the most; (4) lessons from selected and additional clients; (5) how interns realized lessons from selected client; (6) how interns did or will apply lessons from selected client; (7) variables that contribute to learning more from clients; and (8) reactions to and learning from interviews. The frequencies and illustrative quotations for the categories and subcategories of all eight domains can be found in Table 1 (located in Appendix D). Each of these domains is described in further detail below.

The first three domains are described as background or context for the research questions. Domains 4 and 5 are then described in answer to the first research question that guided this study: What do interns learn from their clients? Domain 6 is described in answer to the second research question: What do interns do with what they learn from clients? Domain 7 is described in answer to the third research question: What client, therapist, and therapy relationship variables contribute to interns' learning from clients? Domain 8 is then discussed as additional results. Finally, a brief background about the client and a description of the lessons learned from the client is presented for 3 prototypical cases in order to demonstrate how the lessons data fit within the context of a case.

#### *Background Data*

Participants discussed their definitions of learning from clients and what they thought it meant about them that they learned from clients.

#### *Interns' Definition of Learning From Clients*

Three things characterized participants' definition of learning from clients. First, participants generally defined learning from clients by listing types or categories of learning in their definition. Of the types of learning discussed, participants typically mentioned learning about themselves as a person or therapist (e.g., learning about own style or issues) and learning about therapy (e.g., techniques). Variantly, participants mentioned learning about human nature and/or about clients. Second, participants' typically defined learning from clients as clarification or modification of knowledge, awareness, or perspectives that they already possessed; they variantly defined learning from clients as gaining a new awareness, knowledge, or perspective. Third, participants variantly defined learning from clients in terms of their ability to apply knowledge to either future clients/therapy (variant) or to themselves (rare).

#### *What Interns Think It Means That They Learn From Clients*

In discussing what it means that they learned from clients, participants generally discussed that it means that they are open to learning from clients (i.e., learning from clients means that they are able to be open-minded and willing to allow clients to teach them things). They also typically indicated that they believed that if one is a good therapist, it is inevitable and mandatory that one learn from clients. In this domain, participants variantly endorsed the idea that the things they learn from clients say something about the type of therapist they are and what their issues are (e.g., participant's

motivation for doing therapy, what he/she thinks is important in therapy), and they recognized their areas for growth and/or that they had a lot to learn.

#### *Demographics Of Clients From Whom Interns Learned The Most*

Participants selected 12 clients (2 male, 10 female; 10 White, 3 Other; 6 undergraduates, 6 graduate students) as those from whom they had learned the most in the last year. Clients' average age was 23.17 (SD = 4.11). The average number of sessions was 24.50; SD = 21.31 (4 cases were seen for 6 to 10 sessions, 5 cases were seen for 15 to 30 sessions, and 3 cases were seen for 40 to 80 sessions). Two client-therapist pairs differed on race, three pairs differed by gender, and two additional pairs differed by both race and gender.

#### *Overview of Therapy With Clients From Whom Interns Learned The Most*

Three things characterized participants' descriptions of the therapy with their selected client—content/presenting problem, reactions to client, and process/outcome.

When asked to provide an overview of their work with the client from whom they learned the most, participants generally discussed the content of the therapy and the client's presenting problem. Within this category, participants typically discussed clients who had interpersonal problems (including actual and possible borderline personality disorder), depression, and/or trauma/abuse (either current or historical). Variantly, participants discussed clients who presented with academic or career concerns, positive qualities (e.g., were resilient, intelligent), substance abuse, and/or other problems (e.g., social anxiety, grieving a recent loss, anger management).

All participants discussed their reactions to the client. All felt pulled to take care of, protect or fix the client; as demonstrated by the quotation from Case 11 in Table 1,

this pull was not always positive, as it sometimes led to boundary violations (running over session time), difficulty challenging the client, and clouding of clinical judgment. They also typically discussed having positive feelings about the client (liked and/or felt compassion for the client). Participants also typically described as feeling that the clients challenged their own views of themselves as a therapist, as they variably felt helpless, overwhelmed or incompetent or variably felt like they had to prove themselves as a good therapist. One variant reaction to clients was an awareness of boundaries. Here, participants discussed either the realization that they need to be conscious, aware of, and/or more rigid with their boundaries (e.g., because the client had borderline personality disorder) or that they could be more relaxed about boundaries (e.g., when the client had his/her own very good boundaries). Another variant reaction involved conflicted or ambivalent feelings about the client they chose to discuss, in that they simultaneously experienced strong positive and strong negative reactions to the client. A final variant reaction was negative feelings (e.g., frustration, anger, disappointment) about the client. Thus, participants reactions to the clients they chose to discuss ranged quite a bit, and included both positive components (e.g., liked or felt compassion for the client) and negative components (e.g., felt helpless or incompetent in the work, felt angry or frustrated with the client).

Finally, participants typically discussed something about the process of the therapy and/or the therapy relationship. More specifically, participants typically discussed the ways in which the therapy relationship and/or content changed over the course of therapy. For example, participants typically discussed feeling disconnected, stuck, challenged or frustrated at the beginning of their work with the client, but that this

feeling lessened over time as the client became less defended, began to make improvements, and/or the participant gained more compassion for the client. Variantly, participants talked about the therapy process/relationship as challenging, new, or unusual (e.g., a participant who is usually good at building rapport with clients had trouble doing so with this client).

*Research Question 1: What do interns perceive that they learn from their clients?*

#### *Interns' Lessons From Selected and Additional Clients*

Given the centrality of this research question to the study, as much as an hour of the interviews was spent discussing lessons from the selected and additional clients. These two discussions of participants' learning from clients were combined into a single domain to enable me to delineate broad categories that describe the content of participants' learning from clients.

At the broadest level, participants' lessons from clients fell into six categories. All 12 participants discussed lessons about (a) doing therapy, (b) themselves, (c) clients, and (d) human nature. Typically, participants discussed lessons about (e) the therapy relationship, while lessons about (f) the importance of training/consultation were variant. Each of these broad categories of lessons will be discussed in further detail next.

*Lessons about doing therapy.* By far the largest most complex category of lessons (in terms of number lessons and number of sub-categories which each had multiple levels of subdivisions) was lessons about doing therapy (general). Lessons about doing therapy fell into two major subcategories: (1) therapy skills "plus" (general) and (2) the challenges/limitations of doing therapy (typical).

The therapy skills “plus” subcategory follows a distinction described by Hill and Lent (2006) which distinguishes between the helping skills and additional “plus” skills that are taught to therapists-in-training. This subcategory had 4 further subcategories. First, participants generally discussed lessons about process skills. Here, participants typically discussed lessons about the need to use and be aware of oneself in sessions; these lessons included that one needs to (a) be self-monitoring and self-aware when working with clients (variant); (b) use one’s own feelings or reactions to the client as information about the client (variant); and (c) communicate a genuine or vulnerable attitude to clients (variant). Five of the process skills lessons were variant. First, participants learned that it is important to be patient, to pace things, and to listen to clients with a “third ear;” they also learned that it is important to give clients responsibility for change and simply be a facilitator for that change. Thirdly, they learned that it is important to trust in the process, and in the curative power of the here and now/ common factors/ therapy relationship. Participants also variantly learned about communicating feelings to clients—both that they should convey empathy and genuine caring (variant) and that there are some feelings we should not convey to clients (rare). The last variant lesson about process skills that participants discussed was that they need to and can sit with both their own and clients’ feelings in a session. The one lesson about process skills that was discussed rarely by participants was that it is important to focus on clients’ strengths.

The second major sub-category within lessons about therapy skills “plus” was lessons about participants’ theoretical orientation, approach to therapy, or conceptualization. Within this general category, participants discussed learning the

helpfulness of supplementing their theoretical approach with specific techniques (typical); participants discussed a variety of specific techniques within this subcategory including paradoxical work, drawing from one's own personal experiences to come up with interventions, using creativity, and considering where the client is at in terms of stages of change. Variantly, participants discussed learning that it is important to be flexible with one's theoretical orientation, approach or conceptualization (here, participants often related circumstances in which their preferred approach did not work and they were forced to try something new) or that they learned what their preferred theoretical orientation *is* from their client.

Third, participants typically discussed lessons about session or case management. Within this subcategory, participants variantly discussed lessons concerning diagnosis. Lessons about diagnoses in turn fell into two further subcategories: how to work with specific diagnoses (variant; e.g., doing "roll call" with a DID client, maintaining boundaries with a borderline client, how to work with clients' extreme anger or depression) and the benefits and limits of diagnosis (rare; e.g., having or giving a diagnosis to clients can be both helpful and hurtful to the client/therapy). Still within lessons about session/case management, participants variantly discussed lessons about setting and maintaining boundaries, including how to set boundaries (variant), that they are not good at setting boundaries (variant), or that they are good at setting boundaries (rare). Another variant subcategory of lessons about session or case management concerned dealing with the therapy system (variant; e.g., the process of making a referral for clients, hospitalizing clients, dealing with outside therapists and agencies). It was also variant for participants to discuss having learned about the importance of checking in

with clients on how things are going as well as the need to keep track of and make therapy goals.

Finally, in the therapy skills “plus” subcategory, participants variantly discussed lessons about particular skills/interventions; specifically, participants learned about how to use silence (variant), self-disclosures (variant), and challenges (rare). As the quotations in Table 1 demonstrate, these lessons were not simply about what these skills are; rather, these lessons were about using these skills in a significant or complex way (e.g., sitting in 6 or 7 minutes of silence; disclosing one’s sexual orientation to a client; challenging a client on her substance use).

The second major category within “doing therapy” lessons centered on the challenges and limitations of doing therapy (typical). Here, participants’ typically discussed learning about the limits of what therapy can accomplish (e.g., learned to have realistic expectations and goals for client change; realized that change is slow) and about the complexity of therapy (e.g., it is challenging to do or explain to others, there is no recipe to therapy and it requires creativity, you never know what you are going to get when a new client walks in the door). Finally, participants variantly discussed learning that it is very difficult to determine who (i.e., client vs. therapist) is responsible for the therapeutic outcome.

*Lessons about self.* Participants’ lessons about themselves fell into 5 subcategories. First, participants generally discussed having learned about their sense of self as a therapist; here, participants talked about 3 different lessons. Typically, they discussed learning about their own personal limitations as a therapist (the limitations discussed were idiosyncratic to the participants’ own experiences and difficulties) but

also that they were “good enough” therapists. Participants variantly talked about learning that they had high expectations for themselves, but that was okay not to be perfect.

The second major subcategory of lessons about self (which was typical) were lessons about self outside of therapy. In discussing what they learned about themselves outside of therapy, participants typically indicated that they learned about their own biases (i.e., what they are) and how these biases affect their work as therapists. Variantly, participants discussed gaining more self-awareness in some way (e.g., learning something about their own personal characteristics, issues, or counter-transference triggers).

Third, participants variantly discussed learning about their preferences for the types of clients with whom they like to work; the actual lesson or type of client participants discussed depended on the participant (e.g., one discussed a preference for clients who are young, attractive, verbal, insightful, and successful while another learned that her preferences are based on something intangible that she cannot name).

Also as a variant, participants discussed lessons about the personal rewards they get for their therapy work. Specifically, they discussed learning that they find therapy rewarding and fun (variant), that they have become more tolerant and/or culturally aware as a result of their work as therapists (rare), and that through their work with clients, they have learned to appreciate their own life and privileges (rare).

Finally, participants mentioned having learned that it is okay to dislike clients and that they can still work with clients whom they dislike (rare).

*Lessons about clients.* Participants generally discussed lessons about clients. Typically, participants discussed learning about clients’ motivation to change (i.e., participants said they learned that change is hard for some clients, and that change is very

individual to clients' level of motivation, readiness to change, or specific areas of resistance). Participants variantly discussed learning that: (a) our knowledge or understanding of clients is limited, since we only know what clients tell us, (b) clients' interpersonal style in therapy is a replication of their outside relationships and that there are parallels between the therapy relationship and clients' outside relationships; (c) conceptualization of clients should be flexible and evolve over time; and (d) clients have good reasons for behaving the way that they do. Rarely, participants discussed learning that their conceptualizations should include clients' demographic identities (e.g., religion, sexual orientation, and race/ethnicity) and that clients' behavior in session isn't necessarily representative of how they feel (e.g., clients may be compliant even if they are unhappy with how therapy is going).

*Lessons about human nature.* Participants generally discussed lessons about life in general. More specifically, they learned that one's environment, family, culture and early experiences shape one's life and problems (typical), that life is unfair and can change in an instant (variant), and that we need people and a sense of belonging in our lives (rare). Participants also generally discussed lessons about people in general, with several sub-categories: (a) people have negative qualities (variant; e.g., people can be selfish, evil, critical, complex, secretive); (b) people are resilient and can change when they want to (variant); (c) people are ambivalent about change, want a quick fix, and don't want to take responsibility for their lives (variant); (d) people are resilient and can change when they want to (variant); (e) people have good qualities and good reasons for doing what they do (rare); and (f) people's relationship decisions are not always intelligent, healthy, or rational (rare). Finally, participants variantly talked about learning

that therapy plays both positive and negative important roles in people's lives and in society.

*Lessons about the therapy relationship.* Participants' typical lessons about the therapy relationship fell into two variant subcategories: (a) the therapy relationship is important and/or curative, and (b) understanding of the complexity of the therapy relationship (e.g., the therapist's experience of the relationship is different than the client's experience; don't prejudge the relationship based on your initial impression of the client—you can't predict who you will connect with; the things that create a good therapy relationship can also blind you to things that might be going on for the client; you need to attend to and be aware of the power differential in the therapy relationship; you can't just focus on having clients like you; and caring for clients is not the same as taking responsibility for them).

*Usefulness of training/consultation.* All the lessons in this variant category focused on participants' appreciation of gaining others' perspectives on their work with clients. Here, participants described the benefits that such perspectives provide not only to therapists, but also to clients. For example, one participant described how useful it was to be able to consult with experts in Dialectical Behavior Therapy when working with a client who had borderline personality disorder.

*Research Question 2: What do therapists do with what they learn from clients?*

Two domains emerged from the data that addressed the research question of what therapists do with what they learn from clients: (a) how interns realized lessons from the clients selected for the study and (b) how interns have applied or will apply what was learned from the client.

*How Intern Realized Lessons From Selected Client*

Participants described learning what they did from their client through: (a) direct discussions with their supervisors (general); (b) consulting with others such as fellow interns or cohort members from graduate school (typical); (c) academics such as reading or class (variant; these participants mentioned that this client really highlighted or reinforced something they already knew on an intellectual level); (d) self-reflection (typical); (e) directly from the client him/herself, from observing the client or from doing therapy with subsequent clients (variant), and (f) the interview process.

*How Intern Did or Will Apply What Was Learned From Selected Client*

Participants' discussions of how they did or will apply what they learned from their client fell into two major subcategories. First, all participants indicated that they have used or will use what they learned from their client in subsequent work with clients. Which lessons participants apply to future work was variable from participant to participant; often, in answering this question their applications were directly related to the most significant take-home lessons from the client. For example, one participant (whose client had a very significant history of trauma) said that since seeing this client she has done a better job getting histories from clients; another (whose client elicited strong feelings of anger in her) discussed being able to supervise herself more effectively regarding strong reactions to clients; a third participant discussed being more focused on the process and therapy relationship as a result of her work with this particular client. In addition, participants variantly indicated that they have shared what they learned with others, as colleagues, supervisees, and students.

Second, participants variantly indicated that their work with the identified client fostered some kind of personal growth; these lessons were also particular to the participants' individual circumstances. For example, one participant indicated that she was more appreciative of her own life and good fortune, another discussed how the client's spirituality led him to be more open towards spirituality, while a third discussed being conscious of how detrimental his anxiety about being a good parent was to being in the moment with his family. Participants rarely indicated that they did not know if they could apply their lessons from the client to themselves.

*Research Question 3: What variables contribute to whether or not therapists learn from clients, what they learn from clients, and what they do with what they learn from clients?*

One domain emerged from the data that addressed the question about what variables lead therapists to learn more from clients. Participants discussed six major categories of things that led them to learn from the client and discuss the client in the interview: (a) therapist characteristics, (b) client characteristics, (c) therapy relationship characteristics, (d) time, and (e) the uniqueness or success of the therapy process/outcome.

*Therapist characteristics.* Generally, participants discussed characteristics about themselves that contributed to their learning from the client and/or led them to discuss this client in the interview. More specifically, participants generally said that they learned more as a result of their own openness to, availability, and hunger for learning. Typically, they cited strong reactions or countertransference to a client as leading them to learn from the client. Participants variantly indicated that thought or reflection on their work with a client and that being personally or professionally impacted by a client (e.g., the

participant changed a lot clinically as a result of his/her work with the client, the participant struggled personally through his/her work with the client) contributed to increased learning from him/her.

*Client characteristics.* Participants also generally discussed characteristics about clients that have contributed to what they learned from him/her. Within this category, participants generally indicated that they learned from clients who brought something new, challenging, or compelling (e.g., client really demanded attention, client presented in crisis, had dissociative identity disorder). Participants also typically indicated that they learned more from clients who were motivated, involved, and open to therapy or from clients who were intellectually attractive and likeable. In both categories, participants reasoned that when clients were invested and/or were likeable, they (as therapists) were more invested in the work and therefore more likely to learn. Finally, participants variably indicated that they learned more from clients who were unmotivated, uninvolved, closed or ambivalent about therapy; for example, one participant explained that clients' lack of motivation and investment has forced her to be creative in order to work with them.

*Therapy relationship characteristics.* Third, participants generally discussed ways in which the therapy relationship contributed to their learning. Within this category, participants typically indicated that they learned more from clients when the relationship was smooth, positive, or strong and variably indicated that they learned more when the relationship was generally rough, complex, had conflict, and/or ups and downs.

*Time.* Time was typically mentioned as a factor that led to participants' learning from clients. Within the category of time, participants variably indicated that they

learned more when the therapy relationship was long-term as it provided them with more information about the client and more opportunities to learn from him/her. Participants also variantly indicated that the recency of the work with a particular client made the lessons they gained from him/her more salient or memorable.

*Therapy process/outcome was remarkable, different, new, or successful.* Fifth, participants variantly indicated that the therapy process or outcome led to learning from clients when it was remarkable, different, new, or successful. For example, one participant discussed how she was surprised at how the course of therapy with the selected client unfolded, as it was very different from her initial reactions, while another talked about the success of the case despite the struggles they had throughout.

*Exposure to new supervisors/consultants or settings.* Finally, participants variantly said that they learned more from clients when they were exposed to new supervisors, new people to consult with, or new settings. All of these new experiences provided participants with a shift in perspective that led to increased learning.

Interestingly, one participant's response in this domain indicated that for her, the differentiation was not about how much she learned from clients but the quality of what she learned: "See, I don't know...I don't know if it's a little or much, it's the lessons that stay with me...I don't think it's a quantity issue. I don't think it's quantity. I think it's quality and intensity and there's the things you learn that stick. There's a stickiness factor." (Case 5)

### *Additional Findings*

#### *Reactions To and Learning From Interviews*

Participants all expressed some reactions to the interview itself; generally, participants found the interview to be positive, interesting and valuable. Participants said that it was useful to think about what they had learned from their client and commented that they would continue thinking about learning from clients in the future. Within this sub-category, a few participants even indicated surprise that they had never before thought about nor had they been asked about what they learned from clients (see the quote from Case 5 in Table 1 for an example). Typically, participants indicated that the interview promoted their reflection about the client and helped them articulate or realize things they had not realized previously. Participants variantly discussed feeling tired, exhausted, drained, or vulnerable as a result of the interviewer's probing.

Typically, participants discussed reactions to the research question or process of the study. Here, participants typically expressed curiosity about what other participants said, what the interviewer thought of them, or wondered if they were being good interviewees. In addition, participants variantly expressed interest in the study outcome or method (e.g., "I'm curious to see what you find") or indicated that they felt that thinking and talking about learning from clients was difficult.

Beyond reactions to the study, participants described having learned something about themselves from participating in the interview (e.g., one realized how much he had learned about depression, others remarked that they realized how their learning from clients related to client characteristics). Finally, two additional rare reactions were also notable—one participant commented that she thought it was sad that clients do not know that we learn from them and wondered about the potential utility of telling clients that we

learn from them, whereas the other indicated that participating in the interview led her to have conversations with her colleagues about what they learn from clients.

### *Prototypical Cases*

In order to provide a context for participants learning from their specific clients, three prototypical cases will be summarized below. These cases were selected in order to demonstrate the range of the amount and types of things participants learned from their clients. For each, background about the client and the therapy is provided, followed by a description of what the therapist learned from the client.

#### *Case 1: "Borderline and Boundaries"*

*Background.* The therapist in Case 1, M, was a 28 year-old White female. The client she selected was a 21 year-old Asian woman who was walked over to the counseling center because a friend of hers had recently committed suicide and left a note blaming her [the client]. The client was engaging in cutting behaviors with the knife her friend used to kill herself and was hospitalized for suicidality after the second session. In subsequent sessions, the client's trauma history became apparent (her family had been involved a lot of gang activity in Taiwan and prior to coming to the US, she had been tortured over a period of several days, had witnessed her cousin being killed, and had been thrown off a parking garage and raped while unconscious). The client also showed features of borderline personality disorder, as she had a lot of difficulties with boundaries. After meeting for about 6 sessions (focused on dealing with the current and historical trauma, helping the client get more sleep, boundary/trust issues, exploring the meaning in the client's life, and grieving the loss of her friend), M transitioned the client to a therapist in the community. M discussed feeling caring about the client, but she was

also aware of boundaries, as she often felt the client was manipulative (e.g., emailing suicidal gestures).

*Lessons.* From this client, M learned about her comfort/discomfort with boundary setting and that she needed to constantly be monitoring her emotional responses to clients. In addition, M learned a lot about doing therapy—in particular, she learned about treating borderline personality disorder (e.g., how to diagnose it, how to work with it), about the limits of giving a diagnosis (i.e., if she had only conceptualized this client as borderline she would have missed things), and about how to set boundaries with clients and others in their lives (i.e., friends and professors). In terms of case management, M learned about the process of hospitalizing clients. Regarding human nature, the extreme trauma in the client’s history also led M to think about where people draw meaning from their lives, and hit home the fact that sometimes when people are in trouble, they can be abandoned by the people in their life that they might otherwise rely on. Finally, M learned that she needed to be consulting with others at all times when she has various ethical and moral dilemmas when working with a client, and she learned how to collaborate with other professionals (i.e., hospital staff, psychiatrists, the client’s future therapist).

*Case 5: “I Wanted to KILL Him”*

*Background.* L was a 34 year-old White female therapist who discussed a 25 year-old African-American male law student who presented with depression and procrastination problems. They worked together for 24 sessions on getting the client to take responsibility for his work/life, as the client was a chronic under-achiever. L remarked that this client was brilliant but that his emotional wounds were great (C had

grown up in a military family and his father was described as a “rage-aholic”) and that his emotional resources did not match his intellectual capacity. When asked about her reactions to the client, L said “I wanted to *kill* him.” She described the process of their therapy as very difficult, as the client could not own his anger at or about anything. In addition, he would distance himself from L by flirting or trying to engage her in intellectual conversations about therapy (e.g., Do all people struggle like this? Why haven’t I made any progress yet? Why do we need to talk about feelings?, etc.) which repeatedly led her to feel like she was disappointing him. Things shifted after session 15 when L asked the client what it was like to not make progress; subsequently he was able to access some of his anger and be more vulnerable in sessions.

*Lessons.* From this client, L learned that she is not incompetent. After discussing this client in supervision, she came to recognize that her feelings of incompetence came only after sessions with this particular client. From recognizing this, she was able to feel good about herself and recognize that her evaluation of her competence as a therapist was separate from what the client did. In addition, because this client really wanted her to be directive and give him homework, L also learned that she is not very good being directive; although she met him there as best she could in ways that were consistent with who she was as a therapist, their work highlighted for her that it is not the way she likes to do therapy.

In terms of doing therapy, L discussed three big lessons. First, she learned that she needs to have appropriate expectations for the therapy process and outcome that correspond to how wounded a client is; clients who are more wounded may not be able to go as far as less wounded clients. In addition, she learned about the importance of getting

clients to take responsibility for their own feelings. The shift that happened when she simply asked the client what it was like to not be making progress (vs. trying to reassure the client or explain why things had not changed) taught her that it is not her job to heal for her clients, but to help them heal themselves. Third, she learned how to use her own reactions to conceptualize what is going on for a client and how to direct the work. The anger he elicited in her during sessions were his way of connecting to her, and she was basically experiencing the anger that he could not own or experience. She needed to experience those feelings to help him connect and have compassion for those feelings—and then use them in session.

L also talked about several lessons about clients and client dynamics. In particular, she learned how to conceptualize a male client's flirting with her as a defense—a way of avoiding connecting with her emotionally rather than as a sign of sexual attraction. By conceptualizing it in this way, she was able to discuss the flirting with the client in an ethical manner. She also learned that not all clients of color want to talk about race; even though the client's racial identity was part of her conceptualization (e.g., he was African-American but identified as White, which she saw as a way of not accepting himself), he was not ready to talk about it. A third major lesson for L about client dynamics was that her client's angry presentation and the feelings of anger and incompetence that he elicited in her were a manifestation of his narcissistic wounds. Fourth, this client highlighted for L how limiting it is when clients cut you off from pieces of themselves; this client would not talk about how his family dynamics contributed to what was going on with him. However, L felt that if they did not address

his family dynamics, she couldn't help him the way she wanted to. So, she had to learn to be okay with what she could do with the things he would discuss.

Finally, L discussed one lesson from her client about human nature. From him, she learned that an important part of being human is taking responsibility for ourselves, and that doing so is difficult. Although this is something she was aware of before, this client challenged her on that more than had any previous client.

#### *Case 10: DID and Me*

*Background.* S was a 32 year old Middle-Eastern female; the client she selected was a 19 year old lesbian. The client presented at the counseling center at the counseling center with depression, cutting behaviors, and suicidal ideation (though she was not actively suicidal or in crisis at the time). The client's history showed significant trauma. Beginning when she was 2 years old, the client had been sexually abused by her father; this abuse was never reported, and her memories of the abuse were repressed until her early teens. Furthermore, although her mother remarried, her stepfather was an alcoholic. The client had been in therapy several times prior to coming to the counseling center, and had previously been diagnosed with Bipolar I, Borderline Personality, and Dissociative Identity Disorders. She had also had taken a medical withdrawal from her previous university because she was suicidal and hospitalized. S and this client worked together for the entire school year—approximately 40 sessions. Their work primarily focused on stabilizing her (minimizing self-harm behavior, keeping her alive, getting her to go to class) and transitioning her to a long-term therapist in the community.

*Lessons.* From this client, S learned several things about herself. Because one of the client's personalities would often criticize her and compare her to an idealized prior

therapist, S came to realize that she was competitive (she felt competitive with this prior therapist); she had never known that about herself before. In addition, S learned to forgive herself for wanting to be a “perfect” therapist and realized that there is no such thing. Similarly, she learned that although it is hard for her to admit she needs help, but when she does things get better. Finally, S learned about her own difficulties with termination, as she really felt that she was abandoning this client (the same way others in her life had) by referring this client to a therapist in the community, even though they talked about their work as being time-limited from the start.

S also discussed several lessons about doing therapy. First, S talked about how she learned that empathy is not always the way to go. Previously, S had thought that validating feelings is always helpful for clients, but this client had a very limited capacity to contain emotions. So, she had to learn in a very deliberate way to monitor and hold back her verbal and nonverbal expressions of empathy so as not to overload the client. Similarly, she learned to pay attention to her experience in the session because it provides important information about what might be going on for the client; in this case, S found that the client was struggling with asking her for help, which had to do with trusting that S would not use her disclosures against her. S also talked about learning about the pros and cons of diagnosis; while the clients’ previous diagnoses were helpful in gaining a hypothetical understanding of what was going on with the client, they did not tell her much about who the client was as a person or how to work with her. Thus, she learned that diagnoses are just a starting point, and that one’s conceptualization of a client is ultimately more important than the diagnosis. In addition, S learned little tricks about working with someone with DID. For example, she would start sessions by taking roll

call or envisioning a conference table in order to assess which of the client's personalities were present. In addition, she learned to pay attention to language in a DID client; when the client was transitioning between/among personalities, her use of pronouns would change when things got emotional (e.g., speaking in terms of "I", then "we", then "they"). Furthermore, S talked about learning that therapy is hard work and the importance of recalibrating her expectations. For S, it was a big shift to say that she was working on stabilizing the client (vs. helping her get better), as helping the client improve or integrate her personalities was not a feasible goal for their time-limited work. In addition, she learned to take pleasures in small changes; she described having an "aha" moment when the client pointed out that she had finished the year without a suicide attempt. Until this moment, S had not really considered this as tangible evidence that her work with the client had been successful. Related to this, S concluded that it is not only important to ask clients what their goals are, but also how they will know when they achieve those goals. Finally, this client reaffirmed S's trust in paradoxical work; at the end of a difficult session, S would say something like "Well I know this was a difficult session so you're probably not going to come back next week..." and the client would come back just to prove S wrong.

In terms of clients and client dynamics, S learned that client dynamics and client conceptualization change over time; although we think we can conceptualize a client at intake, conceptualization actually takes longer, especially with a client who has a complex history. In other words, she continues to learn about a client throughout the work and therefore needs to have an evolving understanding of the client. S remarked

that she learned to be able to recognize places where her conceptualization was completely off and try again.

S learned about human nature as well. First she learned that human nature has some evil in it; people like this client are often victimized by the very people who are supposed to protect them (in this case, parents). On the flip side, S discussed learning about clients' resilience. This client was battling powerful internal demons who were constantly telling her that she shouldn't be alive and that she wasn't worthy, and this client managed to resist these demons on a daily basis. S remarked that we take it for granted that a person would stay alive, but it took this client a lot of energy just to do that, yet she still was able to also go to school and to work. Furthermore, S realized that we really do not know enough about what drives people and how they develop; for example S wondered if the client's identification as a lesbian was the result of her early experiences with men or about a true attraction to women. In addition, she wondered if the client's DID and borderline features preceded the traumas she experienced (though she believed that the trauma was there first).

Finally, S also discussed learning about the importance of supervision and peer consultation; after each of her sessions with this client, P felt exhausted and needed to process the experience.

## CHAPTER 6

### Discussion

The purpose of this study was to extend current research on therapist development and client impact to the study of therapist learning from clients. Interviews with 12 individuals who had recently completed internships at APA-approved university counseling centers were used to investigate this construct. Using consensual qualitative research, 8 domains emerged from the data: (1) interns' definition of learning from clients; (2) what interns think it means that they learn from clients; (3) overview of therapy with client from whom interns learned the most; (4) lessons from selected and additional clients; (5) how interns realized lessons from selected client; (6) how interns did or will apply lessons from selected client; (7) variables that contribute to learning more from clients; and (8) reactions to and learning from interviews.

Because some of the study findings fell outside the scope of the guiding research questions, this discussion is organized as follows. First, I discuss the background domains (definition of learning from clients, what it means to learn from clients, and the overview of therapy with the client chosen as the one from whom the intern learned). Then, I discuss the findings from the domains that relate to each of the research questions (i.e., What do interns perceive that they learn from their clients? What do interns do with what they learn from clients? What variables contribute to whether or not interns learn from clients, what they learn from clients, and what they do with what they learn from clients?). Finally, I discuss participants' reactions to and learning from the interviews.

#### *Background on Learning from Clients*

##### *Interns' Definition of Learning From Clients*

Given that all the therapists in this study could identify clients from whom they had learned, list their lessons, and define learning from clients for themselves, some support for the proposition that therapists learn from their clients was found. Furthermore, two components of participants' definition of learning from clients (clarification or modification of awareness, knowledge, or perspective; gaining new awareness, knowledge, or perspective) are consistent with the definition of learning presented in the review of the literature. Both of these concepts are consistent with schema theory, which suggests that when we are exposed to new information, we either assimilate the knowledge into our existing schemas or create new schemas to understand the new information (e.g., Driscoll, 1994).

Participants' definitions of learning from clients, however, went beyond the simple cognitive construct of learning. Specifically, their definitions generally included more detailed categories of learning (self as person/therapist, therapy, human nature or life in general, clients or client dynamics), suggesting that trainees learn about many things from clients. Finally, a few participants stated that learning from clients includes applying what they learn from clients to future clients, therapy, or to self, suggesting that for these participants using the knowledge gained from clients was an implicit part of learning.

#### *What Interns Think It Means To Learn From Clients*

Participants generally indicated that the fact that they learn from clients means that they are open to learning from clients. This finding is not unexpected, given that these individuals volunteered to participate in a study about learning from clients and that there was a strong pull to answer this question in a socially desirable manner.

Furthermore, most participants' belief that to be a good therapist it is mandatory or inevitable that one learns from clients is consistent with other writings about therapy. For example, Jennings and Skovholt (1999) found that "master therapists" are, among other things, voracious learners who draw heavily on accumulated experience (which implicitly requires learning from clients). Similarly, in *The Gift of Therapy*, Yalom (2000) tells a story about his shock and dismay when, at the termination of a therapy group, everyone agreed that the therapist was the only person who had not changed in the time they had worked together; he concludes this story by urging young therapists to let their clients matter to affect them. Approaching the requirement to learn from clients from a different angle, Pierpont, Pozzuto and Powell (2001) and Vail, Mahon-Salazar, Morrison and Kalet (1996) discuss training programs in which social work and medical students (respectively) are taught the importance of learning from their clients (i.e., learning from clients about the impact of a social policy and how to appropriately interview and examine HIV+ patients, respectively). Finally, a few participants indicated that learning from clients means something about them (it says something about them as people and/or about their areas for growth); participants' responses here reflect the importance of self-reflection and self-awareness in therapist development.

#### *Overview of Therapy With Client From Whom Interns Learned The Most*

Overall, the clients from whom therapists learned a lot could not be characterized by any single presenting problem, therapist reaction, or therapy process/relationship. Rather, participants were able to and did describe learning from a range of clients. This makes sense given what was just discussed above about the inevitability of learning from clients. Furthermore, this finding suggests that one *could* learn from any client; the

variables that contribute to more learning from clients is discussed in response to Research Question 3.

*Research Question 1: What do interns perceive that they learn from their clients?*

*Interns' Lessons From Selected and Additional Clients*

Overall, the findings of this study confirm the propositions in the literature review that interns learn many things from their clients (both individually and cumulatively), and that interns' learning from their clients extends far beyond the practice of doing therapy, which is also consistent with previous literature. In the present study, participants' lessons from their clients fell into six broad categories: participants learned about: (a) doing therapy, (b) themselves, (c) clients, (d) human nature, (e) the therapy relationship, and (f) training/consultation.

Each of these broad categories of lessons have been reported to some extent in previous literature. For example, Freeman and Hayes (2002) discussed how they changed on personal, professional, and spiritual levels as a result of their experiences with specific clients. Similarly, Masi (2003) found that in addition to having an impact on the way they practiced therapy, work with clients impacted therapists' relationships with others, how they perceived the world, their knowledge, and their concepts of themselves. Masi (2003) and Crawford (1987) discussed learning about the importance of the therapy relationship, and Masi (2003) discussed the relationship between consultation and client impact.

However, these categories have not previously all been reported in one place nor do previous findings go into as much detail about lessons within these categories as does the present study. Thus, the present findings about what is learned from clients replicate and extend prior findings on learning from clients and client impact. The degree to which

lessons within each of the six major categories reflect prior findings or are new is discussed below.

Looking at lessons across all six categories, many of things participants discussed were consistent with what one would expect based on Rønnestad and Skovholt's (2003) model of therapist development. Specifically, interns are transitioning from the Advanced Student Phase (students beyond the beginning year who are working as counselors/therapists-in-training and receiving regular and formalized supervision) to the Novice Professional Phase (individuals in their first few years after graduation); participants' lessons reflect features of both phases.

According to the model, advanced students often feel pressure to do things perfectly, appreciate the impact of their professional training and seek confirmation/feedback from seniors and peers, and critically evaluate and assess models in an effort to differentiate, accept and reject model components. Participants' lesson that they have high expectations for themselves but that it's OK to not be perfect and their discussion of the importance of consultation/training and lessons about their theoretical orientation (e.g., what it is, about the need to be flexible with one's theoretical orientation) reflect this shift. In addition, the model posits that one progresses through the advanced student phase, one transitions from an external focus (e.g., looking at supervisors for how to be a professional) to an internal focus (e.g., looking at more complex issues of personal development, parallel process, transference/countertransference, etc.). Some of the interns' lessons (e.g., need to use and be aware of self in sessions, learning that they are a good enough therapist, learning about one's own

biases and how they impact the work) are consistent with a shift from an external to an internal focus for self-evaluation and direction in therapeutic work.

Interns also discussed several lessons that reflect their transition to the Novice Professional Phase. According to Rønnestad and Skovholt (2003), novice professionals experience a sense of being on their own, and they often test the validity of what was learned in school only to discover the gaps in their training, leading to a sense of disillusionment. At times they feel lost without the support of graduate school and supervision, and look to mentors for guidance and support. (As the participants in this study had not yet graduated, this particular trait of novice professionals was not reflected in the data.) At this stage, client feedback becomes an increasingly powerful means of assessing what works, and the counselor becomes increasingly aware of the ways in which his/her own personality is present in the work. Several of the lessons discussed by participants (e.g., that they need to use their own feelings/reactions to the client as information about the client, learning about their own personal limitations as a therapist, and learning about their own characteristics) are indicative of an increased reliance on client feedback and awareness of one's own role in the therapy work. Finally, the novice professional often experiences an increasing sense of the complexity of therapy work and recognizes the importance of the therapy relationship for client progress, while simultaneously expressing a renewed interest in learning specific techniques specific to the work being done. This stage is reflected in the present study, as participants discussed learning about the challenges/limitations of doing therapy (e.g., there are limits to what therapy can accomplish; that therapy is complex/challenging), learning to trust in the process/common factors of therapy, learning that the therapy relationship is

important/curative, and learning that specific techniques are useful in addition to (or in lieu of) one's theoretical approach. Thus, it seems that the types of lessons individuals learn from their clients may be reflective of their level of therapist development, as suggested in Proposition 4 in the literature review.

*Lessons about doing therapy.* As one would expect of individuals who had just completed an intensive therapy training experience such as internship, all participants discussed many lessons they had learned about doing therapy. The range of lessons that participants discussed across this category demonstrates the wide variety of things that interns learn about doing therapy. In addition to learning about therapy at both the micro level (i.e., specific interventions like silence and self-disclosures) and the big picture level (e.g., learning to trust in the process, the limits of what therapy can accomplish), interns learn about various components of doing therapy (e.g., process skills, session/case management, having and using a theoretical orientation; the challenges/limitations of doing therapy). As discussed above, many of these lessons are reflective of participants' phase of development as therapists.

Many of the lessons about doing therapy discussed by participants are consistent with anecdotal accounts of learning from clients as well as empirical studies on the impact of clients on their therapists. For example, several other authors whose participants were more experienced (e.g., Masi's, 2003, participants had been practicing marriage and family therapists for over 20 years) have discussed learning the importance of using a variety of therapeutic techniques (Kahn & Fromm, 2001; Masi, 2003) and being flexible with one's theoretical approach when working with specific clients (Lazarus, 1996; Norcross, 1996). Lessons discussed by participants have also been

reported by as experienced or less experienced therapists (e.g., Crawford, 1987, who was writing about what he had learned upon completing his first practicum), such as learning to use one's own feelings/reactions as information about the client (Crawford, 1987) and about the need to give clients responsibility for change (Crawford, 1987; Myers, 2002; Wright, 2000). Perhaps as a result of the sheer number of lessons participants discussed in this category, many of the specific lessons in this category had not previously been reported. Lessons that participants reported that were not discussed in the previous literature included: the importance of patience, pacing, and listening with the "third ear," that there are some feelings we should not convey to clients (or times we should not convey them), focusing on clients' strengths, using silence and challenges, the limits of what therapy can accomplish, the difficulty/complexity of doing therapy, how to work with diagnoses, the benefits/limits of giving diagnoses, the process of making referrals and dealing with outside agencies, and the difficulty of knowing who is responsible for therapeutic change.

At the broadest level, the findings in this category imply that interns are (or should be) attuned to what they are learning from clients about doing therapy at multiple levels and in various areas. In addition, it is notable that for many of these lessons, participants prefaced their discussion with a statement such as "Well, I knew this before but this client really highlighted it..." or "I had read about this before, but this client was the first example of it..." Such a qualification is consistent with the finding by Rønnestad and Skovholt (2003) that interacting with clients "not only supplements and expands, but also brings depth and intensity to the theoretical knowledge obtained in formal schooling" (p.33).

More specifically, the category of therapy skills “plus” reflects a distinction made by Hill and Lent (2006) that in addition to learning specific helping skills (e.g., reflections of feeling, restatements, interpretations), therapists-in-training learn additional skills that facilitate their therapeutic endeavors (e.g., theoretical framework, self-awareness, facilitative attitude, responsiveness to clients, case conceptualization skills, case management skills, professionalism, and ethics). The findings in the present study confirm that Hill and Lent’s (2006) distinction is a useful one for conceptualizing trainees’ lessons about doing therapy, as interns discussed learning about both helping skills and the “plus” additional skills. Furthermore, the finding that interns spoke relatively little about learning how to do therapy at the micro level (i.e., learning specific interventions, though a few of them did discuss the use of silence, self-disclosures and challenges) but reported learning a whole lot at higher levels (i.e., everything else in the therapy skills “plus” lessons sub-category) is consistent with Hill and Lent’s (2006) conclusion that a focus on the additional skills continue throughout training. The present findings contrast nicely with Hill, Sullivan, Knox, and Schlosser (in preparation), who found that novice therapists who were asked to keep a journal of their experiences in a pre-practicum course reported a lot of learning about helping skills.

The finding that interns report learning a lot more about “plus” skills than micro skills is also consistent with research on the development of therapy expertise. Specifically, the therapy expertise literature suggests that as one gains experience with conducting therapy, basic therapy skills become automatized such that they fade into the background and become second-nature, allowing the therapist to attend to more complex cognitive tasks such as client conceptualization (e.g., Cummings, Slemon & Hallberg,

1993; Sakai & Nasserbakht, 1997). Because participants in this study were interns and had all been learning about and providing therapy for a minimum of 5 years, it makes sense that they no longer had to think or learn about response modes in their work.

Furthermore, it is notable that when participants discussed learning about specific interventions, these lessons concerned using skills at a complex level (e.g., sitting in silence for 6 or 7 minutes, disclosing one's sexual orientation to a client in a clinically appropriate time/manner, challenging a client about his marijuana use). Together, these findings suggest that interns have automatized basic therapy skills (e.g., reflections of feeling, restatements, interpretations), opening up space in their working memory to attend to and learn more cognitively complex skills and tasks such as trusting in the process, becoming flexible with one's theoretical orientation, and session/case management. This supports the idea that therapists reach some degree of expertise upon the completion of their training, although research on expertise in the cognitive science field posits that approximately 10 years of experience are required to be considered an expert (Sakai & Nasserbakht, 1997). Given this finding, one might expect that novice therapists would discuss more lessons at the specific intervention/skills level (as was found by Hill et al., in prep), while more experienced therapists (e.g., those who had been in practice for over 10 years) would report learning even higher-order lessons and might not report any learning about micro skills. As mentioned earlier, participants' primary focus on higher-order skills such as the therapy process, session/case management, and using a theoretical orientation or conceptualization are reflective of the participants' transition from the advanced student phase to the novice professional phase of therapist development (Rønnestad & Skovholt, 2003).

The second category of participants' lessons about doing therapy, challenges/limitations of doing therapy, may also be reflective of participants' level of experience. Again, given that participants had recently completed an intensive clinical training experience, it is not surprising that they learned about the complexities and limitations of therapy. As mentioned earlier, this is also reflective of the participants' transition to the novice professional phase of therapist development (Rønnesad & Skovholt, 2003). Furthermore, participants' recognition of limits of what therapy can accomplish is also consistent with findings in the expertise literature that as people gain expertise in a particular field, they also become more aware of what they do not know in that domain of knowledge, and they know the limitations of their problem-solving processes (Etringer & Hillerbrand, 1995).

*Learning about self.* The finding that interns learn about themselves from their clients is perhaps not surprising—one could argue that we (as humans) have the potential to learn about ourselves from all interpersonal interactions. The notion and finding that participants learned about themselves from clients has been reported previously. For example, in a study that surveyed more than 4,000 therapists of diverse backgrounds, Orlinsky et al., (2004) found that therapy interactions influence therapists' lives and personalities. Previous literature has also discussed ways in which therapists have changed personally as a result of their work with specific clients (e.g., Freeman & Hayes, 2002; Kahn & Fromm, 2001). More specifically, other authors have discussed the ways in which therapists become more psychologically-minded, self-aware, and self-assured (Farber, 1983; Myers, 2002; Masi, 2003; Kaslow, 1996) or learn about their own biases, learn about personality characteristics, issues, or countertransference (Wright, 2000;

Jodry, 2002; Masi, 2003), and learn about their own limitations (Masi, 2003) as a result of working with clients. In addition, previous findings corroborate participants' lessons about gaining an appreciation of the rewards of doing therapy work and learning to appreciate one's own life and privileges more (e.g., Wright, 2000; Masi, 2003).

Two of the lessons about themselves described by at least 3 participants in this study have not previously been reported. The first of these lessons was that the participant has high expectations for him/herself as a therapist (wants to be perfect) but that it is okay to not be perfect. Given that one has to be fairly high achieving and perhaps perfectionistic to succeed in a clinical or counseling doctoral program, that some participants learned about how their perfectionism comes up in their clinical work is not surprising. This finding is also consistent with the perfectionism associated with participants' advanced student status (Rønnestad & Skovholt, 2003). The second unique lesson—about the types of clients the participants' each liked to work with—also makes sense given that these participants had just completed internship, where they worked with many different clients, perhaps gaining exposure to the range of types of clients one might see for the first time.

*Lessons about clients.* Overall, this category of lessons suggests that part of what trainees learned relates to clients and client dynamics; an understanding of these things is discussed by Hill and Lent (2006) as necessary for therapists to be responsive to clients' individual needs. The lessons in this category again reflect the increasing complexity of participants' understanding of therapy (i.e., shows increased expertise) and of what makes clients "tick."

The lesson that change is hard for clients and is very individual to clients (the only lesson in this category discussed by more than half the participants) has been reported previously. Myers (2002) found that one change therapists experienced from influential clients is that they no longer give up on a client; similarly, Freeman and Hayes (2002) discussed the ways courageous clients teach their therapists about the change process. This lesson is also reflective of participants' transition into the novice professional phase of therapist development, in which they gain an appreciation for both the complexity of therapy and the importance of client feedback in assessing how the work is going (Rønnestad & Skovholt, 2003).

Lessons discussed by participants that related to clients and client dynamics have not previously been reported include: our knowledge/understanding of clients is limited, clients' interpersonal style is a replication of their outside relationships, clients have reasons for behaving the way they do, one's conceptualization should include clients' identities (e.g., religion, sexual orientation, race/ethnicity) and clients' behavior in session with the therapist is not necessarily representative of how they feel (e.g., they may be compliant even if they do not agree with the therapist).

*Lessons about human nature.* The fourth general category of lessons described by participants was about human nature. This category of lessons is consistent with the proposition in the literature review that therapists learn about things at an existential level as a result of their work with clients.

The finding that therapists learn about life in general and people in general is consistent with previous literature. For example, Yalom (2002) described the client and therapist as fellow travelers and suggested that each person learns about human existence

from the other. Other authors who specifically wrote about learning from clients or about the impact of therapists on their clients similarly reported the ways in which therapists' change their worldviews and understanding of the human condition (e.g., Bugental, 1991; Kahn & Fromm, 2001; Freeman & Hayes, 2002; Masi, 2003) and the ways in which therapists gained an understanding of role of therapy in people's lives and society (Bugental, 1991; Jodry, 2002) as a result of their work with clients.

Here, participants' lessons reflect both learning about positive aspects of human nature (e.g., about resilience), which is consistent with previous literature (Bugental, 1991; Freeman & Hayes, 2002). In addition, they learned about human weaknesses and flaws (e.g. people can have negative qualities such as being selfish or critical; people want a quick fix and don't want to take responsibility for their lives; people's relationship decisions are not always healthy or intelligent); these results have not previously been reported.

*Lessons about the therapy relationship.* Most of the participants reported learning about the therapy relationship. The lesson that the therapy relationship is important/curative is consistent with previous literature on client impact and learning from clients (e.g., Crawford, 1987; Masi, 2003). Thus, it seems that one way therapists learn about the importance and curative nature of the therapy relationship is through direct work with clients. Although the idea that the therapy relationship is complex has not explicitly been addressed in previous literature on learning from clients or client impact, this lesson is not surprising, as one might argue that all relationships are complex (particularly when one is trained to examine them at the level to which one does as a therapist). Furthermore, research on the various components (e.g., transference/countertransference configuration,

working alliance, real relationship) of the therapy relationship and the many factors that go into each one (e.g., tasks, bond, and goals of the working alliance) certainly reflect the complexity of the therapy relationship (e.g., Gelso & Hayes, 1999).

*Lesson about consultation/training.* The final category of lessons discussed by participants in this study related to the importance of consultation/training. The importance of consultation and training was also discussed by Masi (2003), who found that one of the changes in how therapists practice (as a result of working with clients) relates to the extent to which they consult with others (e.g., finding support when stuck and for making changes in practice, gaining alternative perspectives on clinical work).

*Research Question 2: What do interns do with what they learn from clients?*

Two domains emerged from the data that addressed the question of what interns do with what they learn from clients. First, participants discussed how they realized their lessons from their client. Second, participants discussed how they have applied, currently apply, or will apply their lessons from the client.

*How Intern Realized Lessons From Client*

Participants realized that they learned what they did from their clients through a variety of sources (e.g., supervision, consultation with others, reading/class, self-reflection, directly from the client, from the interview). Of these sources of realization, supervision and consulting with others were two of the most commonly endorsed by participants (by all or most participants, respectively), which highlights the importance of discussing with others and getting feedback from others in solidifying things learned from clients. This is consistent with Rønnestad and Skovholt's (2003) findings about professional development, who argue that a supportive work environment which fosters

both formal and informal consultation fosters therapist development at all levels. This also reflects the importance and value of supervision (Bernard & Goodyear, 2004).

Self-reflection was also endorsed by most participants as responsible for their realization of the things they learned from clients. Given that much of therapy training requires that one engage in self-reflection (especially in regards to one's work; Hayes, 2002) this finding is not surprising either. The primary importance placed by participants on both supervision/consultation and self-reflection is consistent with experiential learning theory, which posits that immediate or concrete experiences must be followed by observations and reflections in order to be assimilated into long-term memory and subsequently used (Kolb et al., 2001; Abbey et al., 1985).

Participants less commonly discussed realizing that they learned what they learned from the client directly. Thus, the results in this domain seem to indicate that although one can learn things directly from clients (e.g., without engaging in some consultation or self-reflection), this is less common.

#### *How Participant Applied or Will Apply Lessons from Client*

Participants generally indicated that they have applied or will what they learn to their current or subsequent clinical work; this category is consistent with the literature about changes clients engender in their therapists' practice of psychotherapy (Myers, 2002; Masi, 2003; Kahn & Fromm, 2001). In addition, this fits with the finding that therapists attribute the majority of their learning about therapy to their clients (e.g., Goldfried, 2001; Orlinsky et al., 2001; Rønnestad & Skovholt, 2003; Skovholt & McCarthy, 1988).

Participants less commonly indicated that they shared what they learned from this client with others (e.g., colleagues, supervisees), suggesting that interns may gain clinical knowledge not only from their own clinical experiences, but from each other's. A few participants also indicated that they applied what they learned from their client to themselves. Similarly, Masi (2003) found that as a result of working with clients, therapists change conceptions of themselves. More specifically, a few participants indicated that as a result of working with clients, they appreciated their own life or fortune more or that they used what they learned from their client to foster personal growth. As mentioned in the discussion of participants lessons about themselves, this finding is consistent with the literature (Farber, 1983; Kahn & Fromm, 2001; Masi, 2003).

*Research Question 3: What variables contribute to whether or not interns learn from clients, what they learn from clients, and what they do with what they learn from clients?*

One domain emerged from the results of this study that addressed the question of what variables contribute to whether or not interns learn from clients. Unfortunately, none of the domains explicitly addressed the questions of what variables contributed to what interns learned from clients and what they did with what they learn from clients.

#### *Variables That Contribute To Learning More From Clients*

Given the role of therapist, client, and therapy relationship characteristics on therapy process and outcome (e.g., Beutler et al., 2004; Clarkin & Levy, 2004; Gelso & Carter, 1994), it is not surprising that all participants also reported that they influence the amount one learns from a client.

The therapist characteristics that participants reported have been discussed previously as influential on therapists' learning from clients. In particular, participants endorsement of openness or hunger for learning fits with Jennings and Skovholt's (1999) definition of master therapists as those who have hunger for learning. Similarly, Safran and Muran (2000) and Hayes (2002) discussed the importance of therapist awareness and reflection in order for therapists to draw profitably from their work. Interestingly, Hayes (2002) suggested that countertransference can hinder therapists' learning from clients, but findings in this study actually suggest that countertransference facilitated learning. Perhaps countertransference has the potential to be both facilitative and hindering to one's ability to learn from clients, just as it can be facilitative or hindering to the therapy relationship (Gelso & Hayes, 1999). Some participants also indicated that they learn more from clients when they are impacted personally or professionally by a client; this finding highlights one way in which the constructs of learning from clients and being impacted by clients overlap.

That participants all indicated that they learn from clients who bring something new, challenging, or compelling and that they learn from therapy process/outcome that is remarkable, different, new or successful not only makes intuitive sense but fits with conclusions made by others (e.g., Rønnestad & Skovholt, 2003, said that therapists learn the most from clients who have profound experiences and particularly successful or unsuccessful work). The finding that most participants learn more from clients who are motivated, involved and commitment was also discussed by Masi (2003).

#### *Additional Findings*

##### *Reactions To And Learning From Interviews*

The final domain that emerged from the data involved reactions to and learning from the interviews. Generally, participants found the interviews were a positive, valuable, or an interesting experience. These results point to the benefits of asking trainees what they learned from their clients as a means of promoting their ability to articulate what they learned. The benefits of participation extended beyond trainees' learning from clients, as some of them also mentioned that they learned about themselves from the interview.

Participants reactions were not universally positive, however, as a few found the interview to be exhausting. Many participants also wondered how they compared to other interviewees and what the interviewer thought of them. A few participants reported interest in the study outcome or method. These results are not surprising given the nature and length of the interviews, but taken together suggest that there are pros and cons to asking trainees about what they learned from clients in the intensive manner used in this interview. Further research is needed to investigate if such reactions would be reported outside the context of a research study (e.g., in supervision).

Finally, a few participants remarked that thinking and talking about learning from clients is difficult. Given all the complexities of the definition of learning from clients and types of things that participants reported having learned from clients throughout this study, this reaction is understandable. As with many other constructs in psychological research, this points the “fuzziness” of the construct of learning from clients and perhaps highlights the importance of continued research on this topic in order to gain a deeper understanding of it.

#### *Limitations and Implications*

### *Limitations*

This study had several limitations that must be noted. As is common to all qualitative research (Polkinghorne, 2005), the self-report, retrospective nature of the data may have impacted the findings. Participants were discussing learning that happened at the end of a massive experience, 2-3 months after the completion of that experience. This may have influenced the results in several ways. First of all, participants were reporting what they *perceived* that they learned from their clients; without having assessed participants' knowledge before and after seeing the selected client or gaining corroboration from their supervisors, we cannot know how accurately participants reported their lessons. In addition, given the amount of learning that takes place during one's internship year, and the multitude of experiences one has while on internship, it is possible that the lessons participants discussed came *not* from that particular client but from other sources (e.g., their supervisors, intern cohort, didactic training, other clients, etc.) A method that assessed on-line learning would be needed to more clearly assess whether or not these lessons came from the work with the client him/herself or from somewhere else.

Participants may also have been motivated to respond to questions in a socially desirable manner. For example, they may have felt pressure to present themselves in a positive light, experienced "rosy retrospection," a halo effect of the work, or misremembered the therapy with the client they selected to discuss. They may also have felt pressured to answer the questions in the manner that they thought the interviewer wanted (despite efforts to reassure participants that the purpose was to understand and not to judge). In addition, probing about lessons may have led participants to search for

things to talk about, even though they were continually reminded that it was okay for them to stop (e.g., “Did you learn anything else from this client? You’ve already given me a lot so it’s ok if that’s it”). Similarly, given the interactive nature of the interview, participants’ lessons may have been constructed during the process of the interview (with the influence/input of the interview/interviewer) and thus not actually learned from the client during internship.

Although providing participants with a copy of the research protocol ahead of time gave them the opportunity to reflect on the topic and potentially provide richer data, the questions and prompts listed in the protocol may have biased participants’ thinking about learning from clients. Similarly, although steps were taken to minimize raters’ bias (e.g., writing about and discussing expectations and biases at the beginning of the coding process and checking in throughout), judges’ expectations and biases may have influenced findings (e.g., led us to find what we expected to find). Third, as is the case in any qualitative study, the semi-structured nature of the interview protocol meant that participants’ discussion of their learning from clients related only to the things they were asked about. For example, although some participants volunteered information that distinguished between learning and impact the results of this study do not address the overlap of the two constructs. For example, Participant 2 said “I chose her because like you said she wasn’t necessarily the client that I liked the best or connected with the most or even that I think the most about. But I think I really changed a lot in my year, clinically...and when I think about her I think about the changes that I made.” The degree to which the two constructs overlap is an empirical question that remains to be investigated.

Finally, the low return rate and small sample size limit the generalizability of the findings. The results of this study may only apply to recent interns at university counseling centers who are willing to talk about their experiences. Interns who completed internships in different settings may have learned different things or may have learned more in certain categories (e.g., someone who interned at a psychiatric hospital may have discussed learning more about psychopathology). Similarly, the results may not be generalizable to therapists at other levels of development (e.g., beginning therapists or expert therapists).

### *Implications*

*Practice and training.* Despite the fact that therapists often say that experience with clients is the most important influence on their professional development (e.g., Orlinsky et al., 2001), learning from clients is rarely explicitly discussed in therapy training or research. This lack was reflected in participants' side comments in the study, as some of them expressed surprise at never having before explicitly considered what they learn from clients (e.g., Participant 2 said "I feel like this shouldn't be the first time I'm being asked what I've learned from my clients and I think it is."). The results of this study suggest that explicitly asking therapists what they learn from clients is both productive and potentially important. Participants in this study not only were able to readily articulate their lessons from clients, but they also all found the experience of doing so to be valuable. Thus, the results of this study suggest that practitioners should be encouraged to reflect on (and possibly discuss with colleagues) what they learn from clients. One caveat to this implication must be kept in mind—because the data in this study were self-report, and no measures of participants' actual therapeutic skills were

made, one cannot assume from the results of this study that self-reported learning makes one a better therapist. Further research on the relationship between self-reported learning and therapeutic skill would need to be conducted to assess the existence of such a relationship.

Similarly, trainees might benefit greatly from supervisors incorporation of questions about what is being learned from clients into supervision. Trainees could be taught not only how to reflect on and identify what they are learning from clients, but also how and when to share this with clients in a clinically appropriate manner. After all, given the implicit assumption in our field that one learns how to be a therapist by doing therapy, we should check in with trainees on what they are learning from their experiences on a regular basis. Along these lines, it might be useful to explicitly incorporate the concept of learning from clients into training programs (see Peirpont et al., 2001; Vail et al., 1996 for examples). The potential utility of incorporating this question into supervision is supported by research on the role of intention to learn on memory acquisition. Although intention does not directly influence memory acquisition, it influences the strategy individuals choose to use when encoding new information, which in turn influences the quality of memory acquisition. Specifically, when one is told that one should be learning something specific from a given stimulus (e.g., attending to meaning when memorizing terms), information is processed at a more elaborative level, thus facilitating the quality of memory acquisition (Reisberg, 1997). Thus, asking trainees to approach their sessions/clients with the *intention* to learn from them may encourage them to process the information in the sessions on a deeper level, thus facilitating the degree to which they learn from their clinical experiences.

Because reflection on learning from clients helps therapists explicitly consider what they gain personally and professionally from their therapeutic work, such reflection may function as a form of burnout prevention. Maslach and Jackson (1984), defined burnout as “a syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur with individuals who work with people in some capacity” (p. 134). One might hypothesize that reflection on learning from clients would be particularly useful in preventing (or ameliorating) the emotional exhaustion component of burnout, which involves feeling drained and emotionally overextended by one’s contacts with other people. Future research is needed to investigate the relationship between reflection on learning from clients and burnout.

Finally, practitioners might want to consider telling the clients for whom it would be clinically appropriate that they learned from him or her. This implication stems directly from a comment made by Participant 5. She said, “I think it’s sad that clients don’t know how much we learn from them...I think some clients need to think that we know everything. But to the clients who don’t have that need, I think it would mean a lot to them...I wonder if there’s some way to talk about it that is helpful... I think a lot of clients would like to know they had an impact on us.”

*Future research.* Given the size and homogeneity of this sample, future research might investigate what therapists of different experience levels (novices or those with more than 10 years of experience), from different settings (such as a hospital or a school), or with different client populations (such as those with severe psychopathology, trauma, disabilities, etc.) learn from clients. Such research would provide us with a fuller picture of what types of things therapists learn across experience levels, settings, and client

populations. Are there some things that therapists within a particular experience level learn regardless of setting (e.g., all interns learn about trusting in the process)? Such a study could validate Rønnestad and Skovholt's (2003) phase model of therapist development and the hypothesis posed by expertise theory that novices would focus on individual helping skills while experts focus more on higher-order constructs such as case conceptualization (e.g., Cummings, Slemon & Hallberg, 1993; Sakai & Nasserbakht, 1997).

In addition, in order to more fully understand the benefits of asking therapists what they learn from clients, it would be important to ask therapists to identify what they are learning from clients on a regular basis. Then, one could assess changes in therapists on a number of variables such as self-awareness or insight (as therapist and as person outside of therapist role), therapists' experience of emotional exhaustion (e.g., via measuring burnout symptoms), and therapy process or outcome. Such a study could also provide a more direct measure of learning from clients that filters out some of the "noise" of learning from reading, supervision, and consultation.

Finally, before the construct of learning from clients can be readily investigated, a more efficient method of measuring and identifying learning from clients is needed. Perhaps a measure of learning from clients that parallels a measure of important events in therapy (e.g., Cummings, Martin, Hallberg & Slemon, 1992) could be developed. The measure could be an easy, open-ended, paper-and-pencil means of identifying the most important lessons therapists are taking away from a therapy session and/or relationship. Furthermore, Likert-scale items that assess other dimensions of the lesson (e.g., newness, likelihood to apply the lesson to future clients, relationship of the lesson to various

categories of learning, impact of lessons on self) would allow researchers to investigate both qualitative and quantitative dimensions of learning from clients.

## Appendix A

## Recruitment Emails

*Snowball Sampling Email*

Subject: Dissertation Recruitment Help!

Dear \_\_\_\_\_,

I am writing to ask a huge favor of you regarding recruiting participants for my dissertation. You can help me immensely in two different ways: with your own participation in my study and/or by referring me (sending me names and email addresses) of individuals whom you think would be interested in participating in this study.

What is my study about? My dissertation study is a qualitative investigation of what therapists learn from their clients. In order to investigate this topic, I will be conducting two, 1 to 1.5 hr telephone interviews arranged at times of mutual convenience, approximately one week apart. I will use the attached protocols as well as probe about things that come up in the interviews; I will also be taping the interviews and transcribing them for analysis. Your name and any other identifying information will be removed from the transcript, and we will treat the data according to ethical guidelines. Only members of the research team will have access to the interview tapes, which will be stored in a locked, secure location and will be destroyed upon completion of the study. In anything written, all identities will be concealed and camouflaged as needed to maintain confidentiality. If you decide to take part in the study, you have the right to refuse to answer any question(s) asked of you and/or withdraw from participation at any time.

If you feel comfortable participating in this study (despite the fact that we know each other and are in the same program), I would love have you participate. Unfortunately, I cannot offer any monetary compensation, but I hope that the interviews will provide you with a good opportunity to reflect on yourself as a therapist and the ways in which you have (or have not) learned from clients. There is a slight risk to participating in that contemplating why you learn from some clients but not from others could be uncomfortable, but I assure you that my purpose is to understand and not to judge. If you do not feel comfortable or are unable to participate, I will understand.

If you decide to take part in the study, you have the right to withdraw from participation at any time. I want to note that by agreeing to participate in this interview, I am assuming that you are over 18 years of age and have provided your informed consent. If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) [irb@deans.umd.edu](mailto:irb@deans.umd.edu); (telephone) 301-405-0678.

Regardless of whether or not you personally choose to participate, I am hoping that you can help me out with recruitment by providing me with the names and email addresses of your fellow interns at counseling centers who might be interested in participating.

Although I would also greatly appreciate it if you could encourage them to participate, please do not simply forward my email to them yourself, as I would like to contact all potential participants directly in order to be able to calculate a return rate.

Thank you very much for your help! If you have any questions or concerns, I would be happy to hear from you. I can be reached at [jstahl@psyc.umd.edu](mailto:jstahl@psyc.umd.edu) or (301) 233-6994. I look forward to hearing from you.

Sincerely, Jess Stahl

*Initial Recruitment Email*

Subject: Study On Learning From Clients

Dear \_\_\_\_\_,

What have you learned from your clients? How has what you learn from your clients influenced you (both in and out of the therapy room)? Would you be willing to tell me your thoughts about these questions?

I am contacting you because you were identified by [insert referral person here] as someone who might be interested in participating in a qualitative study on what therapists learn from clients. I would be extremely grateful if you would consider participating in this study.

The study would involve two, 1 to 1.5 hr telephone interviews arranged at times of mutual convenience, approximately one week apart. I will use the attached protocols as well as probe about things that come up in the interviews; I will also be taping the interviews and transcribing them for analysis. Your name and any other identifying information will be removed from the transcript, and we will treat the data according to ethical guidelines. Only members of the research team will have access to the interview tapes, which will be stored in a locked, secure location and will be destroyed upon completion of the study. In anything written, all identities will be concealed and camouflaged as needed to maintain confidentiality. If you decide to take part in the study, you have the right to refuse to answer any question(s) asked of you and/or withdraw from participation at any time.

Please note that I am particularly interested in recruiting participants who feel that they have learned from clients and can identify one seen in the last year from whom they have learned the most. The experience with the client could be positive and/or negative.

What would you get out of participating? Unfortunately, I cannot offer any monetary compensation, but I hope that the interviews will provide you with a good opportunity to reflect on yourself as a therapist and the ways in which you have (or have not) learned from clients. There is a slight risk to participating in that contemplating why you learn from some clients but not from others could be uncomfortable, but I assure you that my purpose is to understand and not to judge.

Doing a good qualitative study requires that the interviewees trust the interviewers/researchers to do a credible job with the interviews and data analysis. Without trust, the interviewees might not open up or delve as deeply into the topic as they otherwise could. Before you can trust us, though, you need some information about us.

I (Jessica) am entering my fourth year in a doctoral program in counseling psychology at the University of Maryland. I became interested in this topic when reflecting on the learning that has occurred in my own clinical experiences and from thinking about my discussions with my classmates about what they have learned from their clinical experiences. Upon finding how little research exists on this topic, I have chosen to conduct this study for my dissertation. Dr. Clara Hill is my advisor, and while she is particularly interested in therapy process and therapist training research (both of which come into play when considering therapist learning from clients), she also has extensive experience with qualitative research. We both believe that therapists do learn from their clients, to a greater or lesser extent, that learning can occur with both positive and negative experiences with clients, and that knowing what the content of this learning is and how it influences the therapist (and/or the therapy with particular clients) is important.

I would be honored if you would agree to participate in this study. I think we could learn a great deal from you about therapist learning from clients. Please reply back and let me know whether or not you are interested in participating.

We also want to note that by agreeing to participate in this interview, we are assuming that you are over 18 years of age and have provided your informed consent. Scheduling the interview will imply informed consent on your part. If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) [irb@deans.umd.edu](mailto:irb@deans.umd.edu); (telephone) 301-405-0678.

Sincerely,

Jessica V. Stahl, M.A.  
 Doctoral Student  
 301-233-6994  
[jstahl@psyc.umd.edu](mailto:jstahl@psyc.umd.edu)

Clara E. Hill, Ph.D.  
 Professor  
 301-405-5791  
[hill@psyc.umd.edu](mailto:hill@psyc.umd.edu)

*Follow-Up Recruitment Email: No Reply*

Subject: Participation in Therapist Learning From Clients Study

Dear \_\_\_\_\_,

Approximately one week ago, I contacted you about participating in my doctoral dissertation, a qualitative study of what therapists learn from their clients. As I have not

yet heard back from you about your interest in participating, I would like to again invite you to participate.

Recall that the study would involve two, 1 to 1.5 hr telephone interviews arranged at times of mutual convenience, approximately one week apart. I will use the attached protocols as well as probe about things that come up in the interviews; I will also be taping the interviews and transcribing them for analysis. Your name and any other identifying information will be removed from the transcript, and we will treat the data according to ethical guidelines. Only members of the research team will have access to the interview tapes, which will be stored in a locked, secure location and will be destroyed upon completion of the study. In anything written, all identities will be concealed and camouflaged as needed to maintain confidentiality. If you decide to take part in the study, you have the right to refuse to answer any question(s) asked of you and/or withdraw from participation at any time. I hope that the interviews will provide you with a good opportunity to reflect on yourself as a therapist and the ways in which you have (or have not) learned from clients. There is a slight risk to participating in that contemplating why you learn from some clients but not from others could be uncomfortable, but I assure you that my purpose is to understand and not to judge. Please note that scheduling the interview will imply informed consent on your part.

Please note that I am particularly interested in recruiting participants who feel that they have learned from clients and can identify one seen in the last year from whom they have learned the most in the last year. The experience with the client could be positive or negative.

Please write me back at your earliest convenience in order to let me know whether or not you are interested in participating.

Thank you very much for your consideration! If you have any questions or concerns, I can be reached at [jstahl@psyc.umd.edu](mailto:jstahl@psyc.umd.edu) or (301) 233-6994. I look forward to hearing from you.

Sincerely, Jessica Stahl

*Follow-Up Recruitment Email: Agree to participate*

Subject: Participation in Therapist Learning From Clients Study

Dear \_\_\_\_\_,

Thank you so much for agreeing to participate in my dissertation study! I look forward to hearing about what you have learned from your clients. I hope that the interview will provide you with a good opportunity to reflect on yourself as a therapist and the ways in which you have (or have not) learned from clients.

At the bottom of this email, I have listed times in the next week during which I would be able to schedule your interview. Please look them over and let me know which time is

most convenient for you. If none of them work, please let me know what your availability is in the next two or three weeks and I will find a time that is mutually convenient. I have attached the interview protocol to this email to give you a chance to look it over and think about your answers before we speak. I have also attached a demographics questionnaire for you to complete and return via email.

[If more participants are needed] In the meantime, I would greatly appreciate it if you could also provide me with the names and email addresses of other interns at counseling centers you know who might be interested in participating. I will contact them directly about participation.

Thank you very much for your help and participation! If you have any questions or concerns, I can be reached at [jstahl@psyc.umd.edu](mailto:jstahl@psyc.umd.edu) or (301) 233-6994. I look forward to speaking with you.

Sincerely, Jessica Stahl

## Appendix B

## Demographics Questionnaire

Instructions: Please complete this questionnaire and return it to me via email ([jstahl@psyc.umd.edu](mailto:jstahl@psyc.umd.edu)) prior to our scheduled interview.

Age: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_

Type of doctoral program: Clinical / Counseling Psy.D. / Ph.D.

Settings in which you have seen clients (indicate approximate # of hrs in all that apply):

University Counseling Center (# hrs \_\_\_\_\_)

University Mental Health Center (# hrs \_\_\_\_\_)

Community Mental Health Center (# hrs \_\_\_\_\_)

VA / Psychiatric Hospital (# hrs \_\_\_\_\_)

Other: \_\_\_\_\_ (# hrs \_\_\_\_\_)

Please note how much you believe in and adhere to the techniques of the following theoretical orientations, where 1 = not at all and 5 = completely:

Humanistic/Experiential/Existential \_\_\_\_\_

Psychodynamic/Psychoanalytic/Interpersonal \_\_\_\_\_

Behavioral/Cognitive-Behavioral \_\_\_\_\_

Feminist/Multicultural \_\_\_\_\_

Please rate your agreement to the following statement where 1 = strongly disagree, 7 = strongly agree: I intend to see clients as part of my future career \_\_\_\_\_

## Appendix C

### Initial Interview Protocol

Introduction: Thank you for agreeing to participate in my qualitative study examining therapist learning from clients. Just a reminder that I am taping this interview, the interview will be transcribed for the data analysis, and your name any other identifying information will be removed from transcripts. Only members of the research team will have access to the tapes of this interview, which will be stored in a locked, secure location and will be destroyed upon completion of the study. Your participation in this study is completely voluntary; as you have the right to refuse to answer any question(s) asked of you and/or withdraw from this study completely at any time. I will maintain strict guidelines related to the safeguarding of research material as defined by the American Psychological Association. Do you have any questions?

I am going to ask you a number of questions about what you have learned from your clients. These experiences can be positive or negative, and I will probe for both. Because social desirability can be of concern in an interview study such as this one, I want to assure you that my purpose is to understand and not to judge. Please say whatever comes to your mind in response to the questions.

- 1) How do you define learning from clients?
  
- 2) The next set of questions relates to one recent (within the last year) counseling center client in individual therapy from whom you feel you have learned the most. Do not pick the one for whom you had the strongest feelings/reactions or who had the greatest impact on you unless that person is the one from whom you learned the most.
  - a. Tell me about the client (demographics, presenting problem, course of work, etc.):  
 Age: \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_  
 Year in school: \_\_\_\_\_ # of sessions: \_\_\_\_\_ How long ago saw client: \_\_\_\_\_
  - b. What were your personal reactions to the client? (probe: what did the client pull from you?)
  - c. What specifically did you learn from this client? (probe for lessons about self, therapy, client dynamics/conceptualization, life/human nature/society, negative things, others?)
  - d. How did you come to realize you learned these things? (probe for self-reflection vs. actually discussing client in supervision/consultation)
  - e. Why did you choose to talk about this client?

- f. What characteristics specific to this client do you think contributed to your learning from him/her? (ex: demographics, presenting problem, interpersonal style, etc.)
  - g. What are the characteristics about you that led to learning from this client at this time?
  - h. How did the therapy relationship contribute to your learning from this client? (probe about working alliance—tasks, bond, goals; genuineness/real relationship; transference/CT)
  - i. How have you applied what you have learned from this client to yourself and/or your work?
- 3) This question relates to what additional things you've learned from your experiences with clients across all your graduate training. What specific lessons have you learned from your work with clients other than the one we just discussed? (probe for lessons about self, therapy, client dynamics/conceptualization, life/human nature/society, negative things, others?)
- 4) What differentiates clients from whom you learn a lot (such as the one we just discussed) from ones from whom you do not learn as much?

Thank you very much for participating in today's interview. I want to remind you that I will be calling you back next week on \_\_\_\_\_ to follow up today's interview. I will be asking you about what it means about you that you learn the things we discussed from your clients, if the interview stirred up any further thinking on the subject of learning from clients, and what you learned from participating in the interviews. I will email you a copy of the protocol later today, and it would be great if you could jot down some notes in the next week about things you might want to discuss. Thanks again and talk to you next week.

#### Follow-Up Interview Protocol

Introduction: Thank you again for volunteering as a participant in this study. The purpose of today's follow-up interview is for me to get a chance to ask some broader questions about your experience of learning from clients as well as touch on a few clarifying questions I thought of since our last interview. In addition, I would like to get a sense of what participating in the interview was like for you now that you have had some time to think about it. As with last time, I just want to remind you that I am taping this interview, the interview will be transcribed for the data analysis, and your name any other identifying information will be removed from transcripts. Only members of the research team will have access to the tapes of this interview, which will be stored in a locked, secure location and will be destroyed upon completion of the study. Your participation in this study is completely voluntary; you have the right to refuse to answer any question(s) asked of you and/or withdraw from this study completely at any time. I will maintain

strict guidelines related to the safeguarding of research material as defined by the American Psychological Association. Do you have any questions?

- 1) [If needed] We did not entirely complete the interview protocol last week. Here are the remaining questions for us to address:
- 2) I also have a few clarifying questions for you:
- 3) What were your reactions to participating in the first interview?
- 4) When we started the first interview, you defined learning from clients as [insert definition here]. Would you still define it this way?
- 5) Last time, we talked about many things that you learn from your clients. What does it mean about you that you learn from your clients?
- 6) What, if any, further thought on your part was stimulated about learning from clients?
- 7) Is there anything else you have learned from your clients that we have not yet discussed?
- 8) What have you learned from participating in these interviews?

I want to thank you once again for participating in my study. When I am finished collecting and coding the data, I will be preparing a summary of key findings for participants who are interested in learning the results. Would you like one? What is the best way to send it to you?

## Appendix D

*Table 1.* List of Domains, Categories, Sub-Categories, Frequencies, and Illustrative Quotations for All Data

<b>Dom., Cat., &amp; Sub-Cat.</b>	<b>Freq.</b>	<b>Illustrative Quotation</b>
<i>Interns' Definitions of Learning From Clients</i>		
1. Types/categories of learning	Gen.	
A. self as a person/therapist	Typ.	"I think it relates to learning about yourself as a therapist in relation to style and perhaps more personal issues." (Case 9)
B. therapy	Typ.	"Mostly learning in relation to like specific knowledge...like the nitty-gritty of therapy, what actually works with a particular client and what doesn't work...about the process." (Case 9)
C. human nature or life in general	Var.	"[I learn] how maybe I see people in the world...and then every once in a while something about human nature, although it's tough to generalize from just one person." (Case 7)
D. clients/client dynamics	Var.	"[I learn] about their history, ways that they feel, the way that they interpret the world...their interpersonal style and how they present and often timed depending on what the client brings in each one can vary in its importance. I also think it's really important to learn from a client what it means to be in his or her shoes sort of in their environment. In other words, learning about their context, the social systems that are most important to them." (Case 3)
2. Clarification or modification of awareness, knowledge, or perspective	Typ.	"Whether or not I somehow change maybe how I do therapy or if I ... change or broaden my awareness, not necessarily change...my awareness about a particular issue." (Case 6)
3. New awareness, knowledge, or perspective	Var.	"Learning from clients is anytime an experience with a client creates a new awareness or creates a new insight...leading me to change what I do or to rethink how I think about a particular matter." (Case 8)
4. Knowledge that is	Var.	

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
applied to...		
A. future clients or therapy	Var.	"I learn something that I didn't know before and then can apply it to my future clients." (Case 11)
B. self, own life, personal growth	Rare	"The primary sort of method is learning about myself as a therapist." (Case 5)
<i>What Interns Think It Means That They Learn From Clients</i>		
1. P is open to learning from Cs	Gen.	"I think [the fact that I learn from clients] says that I am always trying to learn things and so I'm willing to address that question and reflect on it which I think is important." (Case 4)
2. To be a good therapist, it is mandatory/inevitable that one learns from C's	Typ.	"I think you'd have to be one truly wretched therapist if you did not learn anything from your clients...It's just such a great privilege to be able to have these people come in and they don't even know you and then they basically tell you their whole life story at least up to that point. And you get to help them with it. I mean, I guess, how can you not learn something from that? You'd have to be kind of a robot, I would think. So, I would guess everyone learns something from clients but I think it would probably just depend on who you are, would depend on how much you would learn. Some people are probably more open to it than others." (Case 7)
3. The things P learns say something about the type of person P is or what his/her issues are	Var.	"I think some of the more profound kind of learning moments have been in relation to my understanding of myself or kind of my motivation for doing the work. So, I guess in that sense, it could mean that because I'm willing to be introspective or I seem to kind of be a little inward-looking, that's allowed some of these lessons to sit and grow." (Case 9)
4. P recognizes areas for growth or that s/he has a lot to learn	Var.	"I am keenly aware of how much more practice I need at this endeavor. So...I think it means that I've got a developing awareness of what I have to offer and a developing respect and appreciation for what clients have to offer as well. Sort of seeing the intersection of those two things is sort of where the action's at for me as a young clinician...I see myself as an active learner and I really try to go towards clients and to encourage them to come out, not just for their own sake—the experience of doing it—but also because they help me. I'm sort of absorbing what it is they have and trying to learn about them and learn about myself learning about them." (Case 10)

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
3)		
<i>Overview of Therapy With Client From Whom Intern Learned The Most</i>		
1. Content/Presenting Problem	Gen.	
A. Interpersonal problems (including borderline)	Typ.	“Presenting problems were related to her family relationships, she had very emotionally abusive parents who were separated, I think, and complicated relationships with her siblings as a result family dynamics, but she also focused a lot on relationship problems with her boyfriend.” (Case 12)
B. Depression	Typ.	“She presented with depression and kind of presented in an emergency setting...she had been having a difficult time, she had stopped going to classes, and she had recognized that she was getting into a cycle of being very depressed.” (Case 9)
C. History/current trauma or abuse	Typ.	“[The client] was walked over by a friend...because a friend of hers had recently committed suicide and had left a note, essentially blaming her...she was blaming herself a lot because of the death of this friend...the friend’s parents also blamed my client...in the course of treatment, she also shared a lot of history that contributed to feelings of distrust of other people, she had a conflictual relationship with her mother... [had been] brutally tortured over a period of many days while she was still in Taiwan...she witnessed her cousin being killed because he came to save her from the torture she was experiencing, and it was all gang-related. At another point she had been thrown off a parking garage and raped while she was unconscious by a gang member, so she had a history of major trauma in her life.” (Case 1)
D. Academic/ career concerns	Var.	She presented with concerns about...beginning her first quarter of graduate school.” (Case 3) “Our work focused on getting him to take responsibility for his work...he was having a hard time taking responsibility for himself and his life through chronically under-achieving.” (Case 5)
E. Positive qualities (intelligent, resilient)	Var.	“She would go home for the summer and just have a horrible [time] with her mother but she’d come back and regroup. She worked really hard. I think her desire to overcome her struggles was amazing to me and the amount of effort that she was willing to put in was really

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		quite astounding. And very, very resilient when I don't know that I would have been in her situation." (Case 8)
F. Substance abuse	Var.	"Presenting concerns included feeling so loneliness, depression and daily substance use. For example some marijuana, cannabis dependence, and abuse of other drugs." (Case 11)
G. Other	Var.	"She came in for social anxiety and...panic attacks, but only when she had to present things." (Case 2) "He's a black man and he wouldn't identify himself as African-American; he actually identified as white...he could not own his anger...at or about anything." (Case 5) "The reason she presented was that her father had just passed away about a month prior to when I saw her. And the year previous to that, her brother had died of an accidental drug overdose, her father had died from an accidental drug overdose." (Case 6)
2. Reactions to client	Gen.	
A. Pulled to take care of, protect, or fix C	Gen.	"I always wanted to save her, and be there for her...so I found myself trying to really really be there for her, understand her, so at times that clouded my clinical judgment in ways....I would run over my session time...at the beginning I had difficulty challenging her." (Case 11)
B. Positive feelings about C	Typ.	
1. Liked C	Var.	"I liked this client from the beginning...I thought she was spirited and different from...many of the other clients." (Case 6)
2. Felt compassion for C	Var.	"I think my knee-jerk reaction was to be really empathic towards what she had gone through in her life." (Case 10)
C. C challenged P's view of self as therapist	Typ.	
1. Felt had to prove self as a good therapist	Var.	"She wanted something more concrete and interactive. Probably a little bit more energy was required in some ways on my part because...like I said she was really smart so she [would ask]...if this that and the other thing, why this? I felt like I had to bring my A-game with her. I couldn't just bluff my way through a session or something like that. I definitely had to be prepared; I definitely had to

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		have some things that I wanted to say in session.” (Case 7)
2. Felt helpless, overwhelmed, or incompetent	Var.	“He would try to engage me...in these questions that I couldn’t answer. There was no right answer, there was no good answer and so I ended up disappointing him...he made me feel totally incompetent most of the time. Like I would leave sessions with him and I was like, oh my god, I’m an awful therapist.” (Case 5)
D. Awareness of boundaries	Var.	
1. Needed to be conscious, aware of, rigid w/boundaries	Var.	“She kind of pulled for me to challenge my boundaries at times and I, you know, had to really at all times maintain...communication with my supervisors and my awareness of what are the boundaries here and really try to be consistent with those because you know I did feel pulled because I was concerned about her...it came to a point where my policy was not to check my email over the weekend.” (Case 1)
2. Could be relaxed about boundaries	Rare	“She had very, very good boundaries...so I found it easier to kind of communicate in this relaxed way about psychology and what her plans were for the future...I think in terms of sharing more than I would with other clients, my personal experiences in being a psych major and then doing psych for graduate work, I think I shared more of that part of myself with her...that’s also kind of changed how I looked at our therapeutic relationship...I kind of had it in the back of my mind that this one I might see again, and I wanted it to be ok for us to say hello at least if we saw each other again.” (Case 11)
E. Had conflicted or ambivalent feelings/reactions to C (e.g., strong positive and strong negative feelings)	Var.	“She pulled kind of conflicting emotions in me. You know I felt like I really wanted to nurture her and mother her on one hand, but on the other hand I also felt sort of threatened by her invasion of boundary spaces that were healthy. So there were times where I almost wanted to avoid her, but then there were also times where I really felt like I cared about her and I thought about her a lot and I was really concerned about her and really invested in the work.” (Case 1)
F. Negative feelings about C (e.g., felt frustrated, angry, disappointed)	Var.	“I wanted to <i>kill</i> him...he could not own his anger about or at anything...he would be very passive...one of the things I learned was how enraged he got me was clearly how he felt and just couldn’t get near.” (Case 5)

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
G. Other	Var.	“She also had a flirtatiousness to her interactions and the way that she would dress was reasonably seductive, so there was also sort of a seductive element. I wasn’t necessarily attracted to her in an overt way, but the way that she would dress and the way that she would behave kept her sexuality at the forefront.” (Case 3)
3. Process/Relationship	Typ.	
A. Therapy relationship and/or content changed over course of therapy	Typ.	“I think [my feelings about her] changed as we went along...I didn’t really like her much at first...she struck me as someone who would be described as a real bitch in how she treated people. Then over the course of therapy I started to get a sense of what was really going on under the surface and I felt a greater sense of compassion for her. And then she started doing some really good work and making some changes and it was having really noticeable, tangible, benefits in her life.” (Case 4)
B. Therapy process and/or relationship was challenging, new, or unusual for P	Var.	“I didn’t feel like I was competent I guess in dealing with someone who had such severe cutting behaviors...She was probably one of the hardest clients. I think one of the things I do particularly well is build rapport pretty early on with clients. And with her, that was really, really difficult. She would sometimes completely shut down in a session and curl up in a little ball on my couch and not want to talk. I was pretty intimidated I think, initially.” (Case 8)
<i>Interns’ Lessons from Selected and Additional Clients</i>		
1. Lessons About Doing Therapy	Gen.	
A. Therapy Skills “Plus”	Gen.	
1) Process skills	Gen.	
a. Need to use and be aware of self in sessions	Typ.	
1. Need to be self-monitoring & self-aware when working with clients	Var.	“It is important to pay attention to your feelings and reactions to a client and kind of basic countertransference stuff...the question I would ask is ‘are [her motivation, hard work, considerable changes in her well-being] the reasons that I am looking forward to the session with her

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		today or is it because she is an attractive person...I don't know that there is anything specific I learned about myself other than it reinforced that it's a good idea to attend to those kinds of questions." (Case 4)
2. Need to use own feelings/reactions to C as info about C	Var.	"I feel like he hit the point home that when I'm having a really strong reaction that I can use that to help me. I'm having really strong reactions with a client who I don't feel emotionally connected to allows [me] to see that that is the way that the client is emotionally connecting to me. To see it as I'm feeling exactly how they're feeling...using my reactions to conceptualize what's going on for a client and how to direct the work." (Case 5)
3. Need to communicate genuine or vulnerable attitude to clients	Var.	"The one big thing I learned with her was that...to be genuine is I very rarely unconditionally positively regard anything, so something that was beneficial in our relationship was to let her know you're dating a married guy and I'm married and actually that's sort of problematic for me and sharing that. In other words, not being non-judgmental, but actually sharing the judgment that I was struggling with...trusting that doing that itself will deepen the relationship...it was actually a very right moment because she realized in an ongoing way she hasn't had empathy for other people." (Case 3)
b. Importance of patience, pacing, and listening with "third ear"	Var.	"She let me know when she was ready to be pushed and when she wasn't. And I have learned that all clients do that...I needed to just sort of sit back and really wait for her because she forced me to wait for her...I hold back a little more, I stand back more and try to take the cues from my clients more than I used to. I think I used to jump in more or jump in sooner and she taught me to take a step back...being a little bit more patient and a little bit more reflective than just action-oriented." (Case 2)
c. Need to give clients responsibility for change and just be facilitator	Var.	"I learned about getting clients to take responsibility for their own feelings and how important it is. We don't heal for them. We help them heal. And sometimes it's really hard to get them to take responsibility." (Case 5)
d. It's important to trust in the process, here & now, common factors of therapy, relationship	Var.	"The more I do counseling with different clients, the less I believe in techniques...breathing techniques or asking the miracle question, or gimmicky therapy things like that. I think it's more about the relationship and forming a good relationship with the person and helping that person facilitate change in their life...I think you can know all

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		those things and be a dreadful therapist. I think you can know none of those things and be a great therapist.” (Case 7)
e. Communicating feelings to clients	Var.	
1. Should convey empathy/genuine caring	Var.	“One [important lesson I learned] is letting [my clients] know that I do feel compassion for them and empathy and sometimes sympathy and the value of leading with my desire to really know them as opposed to help them. But that it doesn’t sorta come out as a fluffy ball of ‘how do you feel’s?’ and ‘everything’s gonna be okay.’” (Case 3)
2. There are some feelings we shouldn’t convey (or times when we shouldn’t convey them)	Rare	“I learned...that empathy is not always the way to go. Which I think wasn’t really clear to me before we started working together. I always felt like, well if you can just validate someone’s feelings and let them feel understood, that would be wonderful for them...but [with her] there was really a balance as to not increase, kind of overload her with the feeling...She really had no skills in containing her emotions.” (Case 10)
f. Need to and can sit with own and Cs feelings in a session	Var.	“I know that sitting with my own emotional pain is good for me...but I’m human too and sometimes it’s not easy. And when clients give me the great honor of doing that with me, it’s very motivating...to see clients do it, to be with them while they are doing it, there’s also a sort of feeling of being a hypocrite, like I’m asking them to do it and I can’t do it for myself...I don’t know if that’s a lesson in the definition of learn something new...[but it’s] definitely a reminder.” (Case 5)
g. Focusing on clients’ strengths	Rare	“The [lesson] that stands out for me is to kind of have a stance of humility...a sense of not knowing, not thinking that you always know, or that you’re always going to have the answer or you’re always going to understand...when I’m talking about humility I think it relates to how people find ways to cop and people are resourceful and they have strengths and for me when I’m working with people to kind of really acknowledge that and just hold it as something that’s important.” (Case 9)
2) Using a theoretical orientation, approach to therapy, or conceptualization	Gen.	

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
a. It his helpful to use [name of specific technique] in lieu of (or in addition to) theoretical orientation	Typ.	<p>“[This client] reaffirmed my trust in paradoxical work. The ‘I know you’re probably not going to come back next week because of what happened today, so...’ But she would come back just to show me which is a good thing.” (Case 10)</p> <p>“I’m a real big believer in the stages of change model after working with clients...pre-contemplation, preparation for action, action, maintenance stage stuff... ..the therapists and clients work best when the therapist matches their interventions to where the client is at in their stage of change, whatever stage they’re at...I just think it’s important to think about where are those clients on that continuum and not just expect everyone to start changing their behavior two sessions later or something like that.” (Case 7)</p>
b. Need to be flexible with theoretical orientation, approach, or conceptualization	Var.	<p>“I had really believed was that using just strictly an interpersonal [approach] could work in just about any circumstance, with just about any client. And I realized with her that I just couldn’t do that specifically, that I had to draw on other theories and other strengths and that was pretty hard. I didn’t like the fact that the philosophy I had was being challenged.” (Case 8)</p>
c. Learned about his/her preferred theoretical orientation	Var.	<p>“I learned from her that my theoretical orientation is more here-and-now more than I even know...I often thought that I was more psychodynamically focused. So I think I do use a psychodynamic orientation to kind of understand the family background that may have contributed to the presenting problem, but in terms of my interventions, those are purely here-and-now interventions.” (Case 11)</p>
3) Session/case management	Typ.	
a. Diagnosis	Var.	
1. How to work with specific diagnoses	Var.	<p>“I learned a lot of, you know, little tricks. I had never worked with someone who had...dissociative identity disorder... This is funny but we worked on visualizing a conference room and who is around the table. And letting everyone’s voice come out. So basically saying, does anyone else have something that they want to say...asking permission of one to the other to share.” (Case 10)</p>
2. Having/giving a diagnosis to a	Var.	<p>“At times I think diagnosis can be very helpful in guiding treatment plans but at the same time it can have the</p>

<b>Dom., Cat., &amp; Sub-Cat.</b>	<b>Freq.</b>	<b>Illustrative Quotation</b>
C can be both helpful and hurtful to C/therapy (benefits & limits of diagnosis)		potential to limit the way that you might see a client's development or boundaries or social relationships. I think that to have exclusively seen her through this diagnosis of borderline personality disorder, I might have missed out on seeing other dimensions that may not have been related to the diagnosis, or the ways that things might not fall into the diagnosis." (Case 1)
b. Setting and maintaining boundaries	Var.	
1. How to do it	Var.	"An important thing that I learned was the whole idea of setting boundaries...how to do it, when it was appropriate, when it was ok to disclose a bit more...I learned the importance of time-keeping...the importance of starting about 3 to 4 minutes towards the end of the session to wind things up... the importance of bringing stuff into the here-and-now with her...[which] happened as a result of the boundaries." (Case 8)
2. Not good at it	Var.	"[I learned] that I'm not always great about keeping my job separate. I would like to say that I can and I do but we are not immune from taking things to heart...learning to put limits on what I can do and how much energy I invest in my work versus other things in my life." (Case 10)
3. Am good at it	Rare	"[Because the client's graduate program was housed in the counseling center, I learned] that it's important not to be too stiff or rigid about [dual roles] but to have a good idea of what's an appropriate boundary...one thing that I learned about me as that I have a reasonably good sense of what's above the board and then when I should go consult about it." (Case 3)
c. There is a specific process to make a referral & deal with outside therapists and agencies; hospitalizing clients; learned about system	Var.	"I also learned a lot about the way that the hospital systems work, and getting approvals for hospitalizations...where I would recommend that clients go...I learned a lot about facilitating smooth collaborations with people in order to provide good care for my clients." (Case 1)
d. Need to keep track of, make therapy goals and	Var.	"I have also learned that...my own perception of how therapy is going can be vastly different from my client's perception. Sometimes I think we're doing things great

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
check in with clients on how things are going		and all of a sudden you'll have a client that comes in and says ok I'm sick of you I want to transfer. That's kind of shocking. But I think I've learned not to trust just my perception of how therapy is going but to consult my clients on that from time to time." (Case 8)
4) Specific Skills/ Interventions	Var.	
a. Silence	Var.	"I think I also learned the principle of using silence in therapy...learning to just let her sit with discomfort. Like I said, sometimes she would just curl up in a ball...she'd completely shut down...I would usually end up saying something like, when you've decided that you want to work again, I'll be here, you just let me know. And sometimes we'd sit for as much as 6 or 7 minutes in complete silence and that was really really hard for me because I wanted to be the one to jump in and to fix it. And probably I would say some of our best therapy happened after one of those long periods of silence when I would sort of force her to take some responsibility for what was happening." (Case 8)
b. Self-disclosures	Var.	"She had mentioned to me that she had never met a gay person before in her whole life and that she sort of felt lonely in that. And so I felt like it would be clinically appropriate or relevant for me to come out to her and so I did...she later told me that was really significant for her because she had certainly never had a relationship with someone who identified as a lesbian, never mind this kind of intense relationship. So I was glad I did but I still don't unless it's relevant for clients...I learned that I can [self-disclose] in a way that feels clinically appropriate." (Case 2)
c. Challenges	Rare	"For this client in particular, [I learned] how important it was to challenge her on her substance use...that was the biggest thing I learned from her, how important it is to challenge her on her expectations of therapy in the context of her using, what she was expected to change. But I liked her so much and I wanted to support her, that I was fearful she would leave...she was right there for her appointment the next week. She was pissed, but she came back. But that was an important lesson for her too, and when we met for our last session, she said that what happened for her was that she realized she needed someone to be honest with her and to challenge with her...so that's what I learned, is not to accept some of our clients' behaviors."

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
(Case 11)		
B. Challenges/ limitations of doing therapy	Typ.	
1) There are limits to what therapy can accomplish; what are realistic expectations and goals for client change (e.g., change is slow)	Typ.	“I learned maybe that change is slow and gradual and that’s ok. I think she did a lot of work in that 6 or 8 month period even though to her or even to people outside of her they might not have noticed a change at all. One main change was that she started to be more comfortable with me and telling me things that she wouldn’t have felt comfortable saying before...it reminds me that people don’t change that quickly and therapy I such a long process of difficult work.” (Case 2)
2) Therapy is hard, unpredictable, complex, and/or challenging	Typ.	“I knew this before...there’s no recipe for [therapy]. I think this is where the art of therapy comes in. Its really a creative process for the therapist and for the client, but it’s not creative in the ways we think it is...it’s emotionally creative...that makes it both scary but exciting and fun at the same time.” (Case 2)  “I’m just always struck by how complex [therapy] is...it’s always a negotiation, so we’re trained to kind of be with the client where they are and at the same time I had my own notions of what would be helpful...I guess I’m never clear about how I’ve negotiated that in the session.” (Case 11)
3) It’s hard to tell who (therapist or client) is responsible for therapy outcome	Var.	“I think one of the biggest struggles for me is figuring out how much of when let’s say therapy goes well and when therapy goes not so well, how much of that is the client and how much of that is the therapist. I just don’t think it’s right to say when therapy doesn’t go well it’s the client’s fault and when therapy goes great it’s the therapist’s brilliant work or something like that.” (Case 7)
2. Lessons About Self	Gen.	
A. Learned about sense of self as therapist	Gen.	
1) P has personal limitations (idiosyncratic to P)	Typ.	“I learned a lot about my own comfort and discomfort with boundary setting and really challenged my, sort of need to be liked by a client...I really, I wanted to at times be this mother figure but knew it wasn’t so good for her. And so I had co challenge that about myself, you know in

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		better service of the client.” (Case 1)
		“[I have learned that] the idea that as a therapist I’m different than my clients is just not true. I think we’re all people and we all have our problems and I think everybody has problems and we all deal with them in our own ways... So that’s always helped me kind of keep my empathy for people and not turn into one of those therapists who make a bunch of sarcastic comments or is totally burned out with their client load because I always feel like that could be me someday, that could be me right now depending on what’s going on in my life.” (Case 7)
2) P is good enough therapist; felt increased sense of own competence as therapist	Typ.	“I learned I could do good enough work with my clients. It doesn’t have to be outstanding work or brilliant work, it just has to be good enough work. And sometimes I walked in feeling like it was a major accomplishment, even if they wanted to continue therapy.” (Case 11)
3) P has high expectations for self (wants to be perfect), but realized it’s OK to not be perfect	Var.	“I don’t think this was new to me, but she reminded me how much stock I was putting in my abilities as a therapist, being a good therapist. And my sense feels what a good therapist is, which is all-knowing, always right, always helpful. You know, it sounds silly when I say that. And I say ‘all’ with the understanding that I know it’s not all. But the wish, the hope, the goal is to be as good as I can, as helpful as I can and so forth.” (Case 10)
B. Learned about self outside of therapy	Typ.	
1) P learned that s/he has biases (what they are) and how they impact the work	Typ.	“I learned a lot about... introducing race and culture into my work... she was white and I didn’t do a great job of that, and since then it caused me to think more about how I think about white people and their cultural development... I really tend to focus on culture with people of color and not white people.” (Case 11)
2) P learned something about own personal characteristics, issues, or counter-transference triggers (idiosyncratic to P); gained self-awareness	Var.	“I was and became again a father while I was on internship and I’ve often thought about my work with this client in relation to when I knew I was going to be a father and how much I very much wanted to have a daughter and both of my children are boys... the fact that I had a difficult time connecting with her that really kind of triggered thoughts around what does it mean for you to have wanted a daughter? What does it mean that you will not have a daughter and how is this impacting the work you are doing?” (Case 9)

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		“I learned that I’m very competitive. I didn’t really ever know that about myself.” (Case 10)
C. There are certain types of clients P prefers to work with (actual preference is idiosyncratic to P)	Var.	“I learned that... who you think you’re going to like is not necessarily who you do like and who you connect with. People ask me that today, you know, ‘What kind of clients do you like?’ and I can’t even answer because it’s not based on presenting problem. It’s just much less tangible than that.” (Case 2)
D. P learned about own personal rewards for therapy work	Var.	
1) P finds therapy rewarding, calming, fun; enjoys it	Var.	“I continually find that I like what I am doing... which I suppose is really another learning piece about the value of work and the impact on well-being and self-esteem and having a positive outlook on life and various sorts of things like that, that work can be a pretty significant component of that.” (Case 6)
2) P has become more tolerant and/or more culturally aware person as a result of work	Rare	“[I gained an] understanding [of] the cultural differences between myself and many of the clients that I work with. And just getting a better sense of myself in the context of the world and the context of other cultures, my culture in the context of other cultures, and the ways that the different spheres of influences in which I’ve been embedded” (Case 1)
3) P has learned to appreciate own life and privileges more	Rare	“Working with clients... makes me realize that I have a pretty good life, that things are good for me, that things can always be a lot worse. So, that’s not hopefully why you want to do therapy but you can’t help taking that lesson away sometimes when you hear about these horrible situations sometimes.” (Case 11)
E. It’s OK to dislike clients—can still work with them.	Rare	“I’ve also learned that there are some clients I like and some clients that I don’t like and that it is actually possible to work with a client who you don’t like very much. It’s harder to make a connection but I think it’s possible to do it.” (Case 8)
3. Lessons about Clients	Gen.	
A. Change is hard for Cs and is very individual to C (e.g.,	Typ.	“I guess clients have taught me [that] we are all ambivalent about change. And every client is going to manifest that differently... [there is a] variety of ways that

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
C's motivation to change plays a big role)		I get the hand. And then it's sort of working through, what's it like to change, what's it like to give up this stuff." (Case 5)
B. Our knowledge/ understanding of clients is limited	Var.	"I've learned that... clients only give you what they want you to know or what they want you to see and that as therapists we are trained to see a little bit more. But I still only believe I see a little bit more, I don't see the whole picture. So if somebody gives me 10%, I might see 20% or something like that. And of that [extra] 10%, 5% might be totally off." (Case 2)
C. Clients' interpersonal style in therapy is a replication of their outside relationships; there are parallels between therapy relationship and C's outside relationships	Var.	"I think a lot of times learning that my reactions are often related to what the client is pulling from me and what they might often elicit from other people by using that as information about the client as well. That is something I have tried to pay attention to a little bit more and integrate that into my conceptualization" (Case 12)
D. Conceptualization of C evolves over time and should be flexible	Var.	"When you meet someone on intake it's...easy to come up with a story...to fall into the trap of making that story fit. I tried that with her at the beginning and after a year...the [initial] conceptualization didn't really fit. I mean it fit loosely but it was so much more complex than that and so much more interesting...[the conceptualization] has to change." (Case 2)
E. Clients have reasons for behaving the way they do	Var.	"[I learned that clients] all have very good reasons generally, very good reasons, for doing what it is they're doing. Even though it might seem to be sort of questionable or reprehensible, or whatever...my general sense is that they would have a very good way of justifying it. So catching my own biases about them is something that I have a very good reason for doing. That's a way I can sort of have more compassion for them." (Case 3)
F. Conceptualization should include clients' identities (religion, sexual orientation, race/ethnicity, etc.)	Rare	"[I learned that] every interaction really is an exercise in appreciation for diversity...anytime I'm gonna sit with someone, it behooves me to find out ways in which I think we're similar and ways I think we're different...and then to check them out. See how to use them." (Case 3)

<b>Dom., Cat., &amp; Sub-Cat.</b>	<b>Freq.</b>	<b>Illustrative Quotation</b>
G. Clients' behavior in session w/therapist isn't necessarily representative of how they feel (e.g., may be compliant even if they don't like things)	Rare	"Another lesson is that compliance doesn't necessarily mean you are doing a good job...Clients are not always going to tell you when you're off track or when you're not being helpful to them because a lot of them don't know how to say no or let you know when they are not comfortable. So not assuming that if they are showing up and they say they are doing good then that means they are doing good." (Case 10)
4. Human Nature	Gen.	
A. Life in general	Gen.	
1) Our environment, family, culture, & early experiences shape our lives/problems	Typ.	"I certainly learned about... the parent-child bond...her childhood was fairly chaotic and dysfunctional...yet she was still incredibly protective and loving towards both mom and dad, just very difficult for her to say anything negative about them...[but was] capable of naming what their issues were, but never, never felt that loss of attachment to them. It just really showed me how strong that bond is and how children do that because they have to survive and how deeply positive that can be but also how damaging that can be." (Case 6)
2) Life is unfair and can change in an instant	Var.	"I learned...not necessarily that I didn't know this but...life can change in an instant....She had a lot of things for her with med school, and really bright and looked like she had a good job and the guy she was with had a good job too. And then he became extremely violent with her and punched her several times...It really emphasizes how...she thought that everything was under control in her life, things were going really well, and then this one bad thing happened and she was basically on the brink of having to drop out of school and having absolutely nothing." (Case 7)
3) We need people & sense of belonging in our lives	Rare	"[I learned] the thee basic truths...you're born alone, you need people, you die alone. That sounds very depressing, but the sense that we need people around us to function and when we don't have that and when its not in a way that we like it to be, it's really difficult to survive." (Case 10)
B. People in general	Gen.	
1) People have negative qualities (can be selfish,	Var.	"I would definitely say I've learned more about people's dynamics in general...I pay more attention now or recognize more people's self-motivations and tendencies

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
evil, critical, complex, rigid, have secrets, etc.)		to be self-absorbed...even with people in my own personal life, so it's not restrictive to client work. But I think maybe that was an aspect of human nature I think that I thought most people would act on the interest of others and wouldn't be selfishly motivated, but that's not true." (Case 11)
2) People are resilient and can change when they want to	Var.	<p data-bbox="743 512 1427 779">"I think I've learned about resilience and strength in a way that I didn't expect...I thought I was gonna be working with people who were really at the end of their rope and they were really struggling, really reaching out for help ,and I think many times that is the case. But the actually reaching out for help has been a sign of strength and courage in a way that I didn't think about it before I started working with clients." (Case 9)</p> <p data-bbox="743 814 1414 1108">"I guess resilience is quite amazing and that's definitely something that I've learned from her...she was battling demons that were very powerful for her and with an internal voice that was constantly telling her that she shouldn't be alive, that she wasn't worthy. And yet she was managing to resist that on a daily basis. And we take it for granted that a person would stay alive but really, I think for her, that took so much energy just to do that." (Case 10)</p>
3) People are ambivalent about change, want a quick fix, and don't want to take responsibility for their lives	Var.	"I guess clients have taught me [that] we are all ambivalent about change. And every client is going to manifest that differently. I guess that a piece of how they sort of protect themselves...I guess that's more of a universal thing, we're all ambivalent about change." (Case 5)
4) People have good qualities and good reasons for doing what they do	Rare	"I guess that I believe that people, people are adaptive and that they do what they can and that everybody starts from this place of, you know, of being good and trying their best...a lot of people would differ with me, a lot of people believe in evil and I just, I think it comes from somewhere else a lot of times...there's usually something going on, something that's contributed...[to] their behaviors or their actions...their feelings or their thoughts about things." (Case 1)
5) People's relationship decisions are not always intelligent,	Rare	"One of the things that struck me...was that this woman was so unbelievably intelligent but had made some really bad decisions in relationships. And I think sometimes you know I tend to lump kind of intelligence with, it's kind of

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
healthy, or rational		a global thing, like if you're intelligent in school like of course you'll make good decisions in relationships or something like that. Which of course is not true but this really re-emphasized that to me." (Case 7)
C. Therapy plays an important role in people's lives/society	Var.	"I've learned just through my work with all of my clients that I can have... a pretty significant effect on the well-being of people's lives. And then by—extrapolated out [I can have] an effect on a community and an effect on a family community, you know, kind of a larger social circle ll the way around by just these rather small gestures, I think. And, you know, on the contrast that, that's a pretty serious responsibility because I can also facilitate a negative effect in a person... because it can also work in a negative way... I need to be pretty conscientious of my own power, in terms of my work." (Case 6)
5. Lessons about Therapy Relationship	Typ.	
A. The therapy relationship is important and/or curative	Var.	"However much I like to foster insight and do thought records and actually sort of foster behavioral change, one thing that I got from her [was]... the importance really of having a confidential place to get support... but then also having somebody to whom one holds oneself accountable... Just kind of trusting in the process that some people are going to actually get better and then some people aren't." (Case 3)
B. The therapy relationship is complex	Var.	"From her I learned that just it's strange things that can go into building a relationship... So the way somebody is or their presenting problem... those don't necessarily factor into the building of the relationship... sometimes that happens in the first session that I feel very connected to a client I... feel energy around this problem... but sometimes it takes a long time and with some people it never happens at all." (Case 2)
		"Probably the biggest lesson I took away from that was that... what can create good rapport with a client... is also something to be careful of, because it can also blind you to what you should be doing." (Case 6)
		"I am a relational person and I like relationships to be positive, and I feel better when somebody likes me. But I had to learn that would not make me an effective therapist if I just worked at keeping them liking me... you can be challenging and confronting... but it doesn't take away

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		any sense of attachment or any sense of connection that we have.” (Case 6)
		“With her, I did not feel that I connected with her in the beginning and by the end of it, I had probably connected more than I have with any other client in some ways. And I think the lesson that I learned from that was not to necessarily prejudge the client.” (Case 8)
6. Supervision, Consultation, Collaboration, and Training Are Important and Useful	Var.	“As a result of meeting with her, I did a lot of reading, a lot of research, a lot of quizzing [about borderline personality disorder]. We have several people here who are pretty sort of expert at DBT and I co-led the DBT group one semester so that I could learn more about it. And so I think she taught me the...it’s not just what you’re in the room with the client but it’s gaining your own knowledge outside of that experience to help the client better.” (Case 8)
<i>How Intern Realized Lessons From Selected Client</i>		
1. Talking to others and/or didactic training	Gen.	
A. Supervision	Gen.	“[I came to realize this] through supervision... I felt very comfortable talking with [my supervisor] about my reactions to clients and things like that... he was the one who did the intake of this client so he had some sense of what she was like. So it was very helpful to be able to talk to him just about my surprise of her wiliness to work with me...I think supervision was probably the main thing.” (Case 12)
B. Consulting with others	Typ.	“[My conversations about] my general experience and who I am as a therapist and how I may have changed and how my perspectives changed and what I learned...I feel like I had those with my peers, my cohort of interns.” (Case 2)
C. Reading or class	Var.	“Gosh, [I have learned] basically everything I would say I know about therapy [from clients]. You get a little bit from class and from reading, just kind of basic things from previous experience.” (Case 4)
2. Self-reflection	Typ.	“I think some of it I learned, probably most of it, just from the amount of time I invested in thinking about this client outside our therapy...so I think a lot of self-questioning, a

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		lot of self-reflection during the process of meeting with her.” (Case 8)
3. Directly from the client him/herself; from observing the client; from doing therapy with subsequent clients	Var.	“I’ve learned this from clients, even though supposedly those are things we learn from classes as well, but I think that doing it is different. Learning, it’s a different learning curve than taking a class...you get much more immediate feedback so if you don’t pay attention or you ignore the signs, then you either have a client that is completely disengaged and you feel it or you have a client that is upset with you and you can see that too and the client is just not making progress. It’s much more clear I guess, evident, in the present.” (Case 10)
4. From the interview	Var.	“[I came to realize that I learned from the client] partly because you made me do the thinking. Well, seriously, having to sit down and think more in a formal way what have I learned from this client.” (Case 8)
<i>How Participant Did or Will Apply Lessons From Selected Client</i>		
1. Applied to clinical work	Gen.	
A. P uses what learned in subsequent work with Cs	Gen.	“Like every other piece of knowledge, I try to use it when I work. I haven’t had a chance to work with someone who has had as complex of a history as she did. So, I feel that some of it I kind of put in the back of my mind waiting for a client that will bring it up again. But I think the small lessons definitely are at work.” (Case 10)
B. P shares what learned with others (e.g., colleagues, supervisees)	Var.	“As I was seeing her, I was supervising someone, so that kind of informed a lot of how I thought about supervision and how I listened to the work with my supervisee’s work with her clients, and how I even talked to her about therapeutic change.” (Case 11)
2. Applied to him/herself	Var.	
A. P appreciates own life/fortune or uses lessons to foster personal growth	Var.	“Any time I work with somebody who has been through so much, I feel very grateful for my own life and the things that I have and have not been through myself. And so I carry that with me, that appreciation for the relationships in my life, the supportive parents that I’ve had, those kinds of things. But also, you know, I think everytime I work with somebody around helping them find a meaning in their life, it makes me appreciate life and appreciate the ups and downs...[it] makes me feel like

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		a more optimistic person, that things will always get better, and it challenges me to be aware of just looking at other resources.” (Case 1)
B. P doesn't know if can apply lessons to self	Rare	“I don't know if it affects my personal life...it still remains a question for me. I don't know if it, if I'll apply it to my personal life at all.” (Case 6)
<i>Variables That Contribute To Learning More From Clients</i>		
1. Therapist Characteristics	Gen.	
A. Openness, availability, hunger for learning	Gen.	<p>“[I have] a willingness to be open-minded and I think I learned more about myself as time went on with her. But not being closed, sort of any option or trying anything...I think if I had been pretty closed-minded, I don't think I would have gotten very far with her at all...also just being willing to learn and say ‘you know what? I don't know...it doesn't mean I can't find the answer but I don't know right now and I don't have the perfect solution’ and be willing to sit with some of that ambiguity.” (Case 8)</p> <p>“Some of it has to do with where I'm at and my openness to the thing at that point in time...part of it is me, my willingness to learn from different clients, and that every client has something to offer, because every client is different in some way, and to fail to recognize those differences, I think has more to do with me than with the client...if I were to have issues around a particular thing...[or if] I was threatened by learning about something in particular, versus something I was really interested in knowing more about for personal reasons... that could definitely be something that would differentiate when I would learn more from a client versus when I would learn less.” (Case 1)</p>
B. Strong reactions or countertransference to C	Typ.	<p>“I think the [clients I learn the most from] are the ones I really, really liked and I felt really, really close to and the ones I didn't, and felt strongly the other way. I feel like I learned something from them when they're on either end of the continuum. I think the ones that are sort of neutral or in the middle...I can still come up with things I learned from them, it's just not going to pop into my head as quickly.” (Case 5)</p> <p>“I guess maybe that goes back to my competitiveness. I like a good challenge. I definitely felt that she was a</p>

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		challenge and I approached it from that aspect. And so the challenge was how can I be the most help for her but also what can I learn from this?" (Case 10)
C. Thought or reflection on work with C	Var.	"Taking the time to think about her not in session probably helped me learn." (Case 8)
		"This was the client that I spent a lot of time thinking of...I guess because I thought of some of the questions that you asked me before regarding her." (Case 10)
D. P was personally or professionally impacted by C	Var.	"She wasn't necessarily the client that I liked the best or connected with the most or even that I think the most about. But I think I really changed a lot in my year, clinically...and when I think about her I think about the changes that I made." (Case 2)
		"It just felt like the most observable pieces that I learned. It was...she did have a big impact on me personally and there was a lot of struggling for myself and for her." (Case 6)
2. Client Characteristics	Gen.	
A. C brings something new, challenging, or compelling	Gen.	"I think the thing about this client was that...there were some things that were so, that just couldn't be missed. I mean you couldn't help but learn from her behavior and as much as I think that she certainly had issues with trust and abandonment and attachment she was very engaged...I felt because of her personality, because of the way who she was, I couldn't help but learn something from it. From her, from the therapy, from the process. So I think she was just a, I think she was a presence. She sort of demanded that you deal with her." (Case 6)
B. Is motivated, involved, open to therapy	Typ.	"A client that doesn't at all see their role in any of it and don't see what the point of this is, that I need to convince them that it's going to work or that they're going to change and how they're going to change and they need a plan...that doesn't keep me engaged, and I don't really learn much from them...they need to be ready and open to engage in the process of change. So clients that I'll learn from are the ones who are ready to learn from me." (Case 2)
		"I think just her willingness to come to counseling and her consistency, I saw her weekly for those six weeks, I am pretty sure consistently without a break and I think just

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		<p>having a good rhythm I guess was helpful in terms of getting a sense of her and doing good therapy. I think also her openness, the fact that she was willing to work with me in the individual setting and not the group. I think that was helpful and she still she brought a lot to the therapy, in the sense that even though it was hard for her to change in her personal life in terms of her relationships she was still willing to examine it and she had some insight about it.” (Case 12)</p>
<p>C. Is intellectually attractive and likeable</p>	<p>Typ.</p>	<p>“[I learn more from] clients [that are] just more likeable for me than the other clients... my supervisor had this term, he’d call a YAVIS—young, attractive, verbal, insight-oriented. I think there’s some research that shows counselors tend to prefer those kinds of clients, especially true in my case.” (Case 11)</p>
<p>D. Is unmotivated, uninvolved, closed or ambivalent about therapy</p>	<p>Var.</p>	<p>“I guess [I learn from] clients who are not motivated but still show up, so maybe they are ambivalent...it requires us to be more creative and so learning has to occur to figure out how to work with that particular client... when I find myself working much harder than my clients... that’s always a good sign that ok, something needs to be different here. And so the learning is ok, what needs to be different?” (Case 10)</p>
<p>3. Therapy Relationship Characteristics</p>	<p>Gen.</p>	
<p>A. Relationship was generally smooth, positive and/or strong</p>	<p>Typ.</p>	<p>“I think it was helpful that we had a good relationship...we were able to be pretty honest with each other. The client was able to tell me if she wasn’t feeling positive about something that I said or felt that what I said was wrong or corrected me and I think I could, I could by the time we ended, we were able to have some pretty frank kinds of discussions either way, on both sides, I mean...I think the fact that we had a good working relationship was what contributed to my learning.” (Case 6)</p>
<p>B. Relationship was generally rough, complex, had conflict and/or ups and downs</p>	<p>Var.</p>	<p>“I think the fact that it was a roller coaster ride relationship [contributed to my learning]...once the trust was established, which like I said earlier took a lot of time, I think once that happened, that allowed us both to learn and both make the journey that she needed to go on together as opposed to me guiding her or her trying to make me solve it.” (Case 8)</p>

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
4. Time	Typ.	
A. Therapy relationship was long-term so P has more info about C and more opportunities to learn	Var.	<p>“I saw her over a long amount of time...I got to see my own assumptions upfront either be borne out or not borne out.” (Case 3)</p> <p>“I think the ones you tend to learn from are the ones who, first of all, stick around longer.” (Case 4)</p> <p>“I saw her for longer than I think any other client there. And so there’s most to say about her. I can say stuff about someone I saw for eight weeks, but if you see someone for thirty, you’ve got more to say.” (Case 2)</p>
B. Recency of client makes work & lessons more salient or memorable	Var.	<p>“The client was recent so I remembered the details a little bit better than some of the other clients that I work with.” (Case 7)</p>
5. Therapy process/outcome was remarkable, different, new, or successful	Var.	<p>“I guess I chose her because I was surprised with the way just the course of things and how it was very different from initial reactions and expectations or assumptions of how things could go with her...even in [six sessions] it seemed like it was still really helpful for her and I felt like she very much connected to me and very much appreciated the therapeutic relationship and I think that’s an outcome in itself.” (Case 12)</p>
6. Exposure to new supervisor/consultants or setting	Var.	<p>“I think new settings, new people to consult with also affects how much I learn from one client to the next because, you know, I may be exposed to somebody who has a different theoretical orientation...and they bring a new perspective.” (Case 1)</p>

*Reactions To and Learning From Interviews*

1. Reactions to interview	Gen.	
A. Found it positive, interesting, valuable	Gen.	<p>“It’s going to give me a new language to think about with my clients—what am I learning from them? Maybe ask supervisees those questions because they are good questions to think about. It feels like this shouldn’t be the first time I’m being asked what I’ve learned from my clients and I think it is...I’m not sure what that’s about, but I think they are valuable questions to ask of every therapist. What learning is happening now and if you don’t think any, then why not? I’m going to pay different attention to it now.” (Case 2)</p>

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
B. Interview helped P articulate/realized things about C hadn't before; interview promoted P's reflection about C	Typ.	<p>“I’ve learned that it’s actually a useful exercise to kind of sit down and think very specifically about the types of things that you’ve learned from your clients. And especially in relation to the first client that we had spoken about. I think if I didn’t do this interview with you, these things might have been kind of floating around, but there was something about actually having to sit down and think about it that crystallized it a little more...I’m not sure why it surprised me, but I’m just now thinking that it’s actually a useful exercise.” (Case 9)</p> <p>“I also started feeling a bit more warmly toward my client sort of revisiting. I haven’t, even when we terminated, I didn’t really go back and sort of look over the breadth of our work together... In that sense, thinking about what I’ve learned from her helped me sort of appreciate her in a way that I hadn’t really focused directly on.” (Case 3)</p> <p>“[The interview helped] me appreciate ‘Oh, that’s why my client that I talked about felt that way’ because of all the dimensions of the working alliance—we didn’t have a strong bond, the tasks and goals were constantly on the table being negotiated—it was tumultuous. That for me was a revelation...to have appreciated the framework in action gave me a new insight on what happened.” (Case 5)</p> <p>“Coming away [from the interview] I was actually quite surprised at how much I learned from her...I was like, wow OK, we do learn as much from our clients, I think if not more than they learn from us...when I look back at the experience with this particular client, I think if I had...been sometimes thinking about it from the perspective of OK what am I learning and how am I improving as a counselor as a result of dealing with this client as opposed to like this client is driving me crazy. I think I probably would have...maintained a better perspective of the client” (Case 8)</p>
C. Felt tired, exhausted, drained or vulnerable particularly b/c of interviewer’s probing	Var.	<p>“[The interview] was exhausting. And I was trying to sort in my mind was it because I was having a rough weekend because I was dealing with all kinds of crises or was it because it was just a long interview? And I think it was probably a combination of both but I think that was hard was the sense that [the interviewer] kept asking is there more.” (Case 10)</p>
2. Reactions to research	Typ.	

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
question/process		
A. Wondered what other Ps said, what interviewer thought of P, or if P was good interviewee	Typ.	<p>“I read in your IRB...the thing about social desirability, and I would say that was still a factor...I still have to protect the client’s identity and then I’m like ‘am I protecting the client’s identity enough, and how much self-disclosure am I willing to do?’ It’s the well let me make sure I sound like I did good clinical work, and then it was like, ‘well it doesn’t matter at this point if I did good clinical work or not.’ All of that was going on.” (Case 11)</p> <p>“I am curious to see what you find. If my experience is different than other peoples’ experiences and so forth. So, I definitely am curious to know how other therapists responded.” (Case 10)</p>
B. Is interested in study outcome or method	Var.	<p>“I think it’s a really cool study. I’m looking forward to hearing what you learned.” (Case 5)</p> <p>“I have never participated in a qualitative study and I have not conducted a qualitative study...I am working with my colleague and we are going to do a combination survey and then a portion of it be qualitative, so I was really intrigued by the questions and how [the interviewer] kept really pressing...in some ways I was kind of standing back observing how you were doing that.” (Case 6)</p>
C. Thinking/talking about learning from Cs is difficult	Var.	<p>“I think I’ve learned that sometimes it can be hard to really think about what one has learned from clients or from experiences that sometimes we don’t really challenge ourselves to think about that. and I think it can become really easy to just kind of sit back and play the expert, or play the professional, and not keep looking at ourselves as we go.” (Case 1)</p>
3. P learned something about self from interview	Var.	<p>“I think it too was helpful for me to think about that the lessons that I’ve learned are bigger or stick more from those clients that I’ve more or less bonded to. It makes total sense when I say it, but I never really realized that about myself.” (Case 5)</p>
4. Miscellaneous	Var.	<p>“I think it’s sad that clients don’t know how much we learn from them...I think some clients would be horrified at the idea that their therapist doesn’t know everything to help them because I think some clients need to think that we know everything. But to the clients who don’t have that need, I think it would mean a lot to them. I think it</p>

Dom., Cat., & Sub-Cat.	Freq.	Illustrative Quotation
		would touch them to know...I wonder if there's some way to talk about it in a way that is helpful." (Case 5)
		"Actually [the interview] not only stimulated thought but it's stimulated conversation...with kind of other personnel, colleagues and stuff in terms of the interview and my reaction to it...I don't think anyone has ever asked me what I've learned from a client before...so it was kind of interesting to have that conversation with other people and have a lot of them say, 'well me too, I don't know that I consciously think about it.' So it kind of I guess sparked a lot of interest in conversation and more awareness." (Case 8)

*Note.* N = 12. "General" indicates that this category occurred for 11 or 12 participants; "Typical" indicates that this category occurred for 7 – 10 participants; "Variant" indicates that this category occurred for 3 – 6 participant; "Rare" indicates that this category occurred for 2 participants.

*References*

- Abbey, D.S., Hunt, D.E., & Weiser, J.C. (1985). Variations on a theme by Kolb: A new perspective for understanding counseling and supervision. *The Counseling Psychologist, 13*(3), 477-501.
- Bernard, J.M., & Goodyear, R.K. (2004). *Fundamentals of clinical supervision* (3<sup>rd</sup> Ed.). Needham Heights, MA: Allyn & Bacon.
- Beutler, L.E., Malik, M., Alimohamed, S., Harwood, T.M., Talebi, H., Noble, S., & Wong, E. (2004). Therapist variables. In Lambert, M.J. (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (pp.227-306). New York: John Wiley & Sons.
- Bugental, J.F.T. (1991). Lessons clients teach therapists. *Journal of Humanistic Psychology, 31*(3), 28-32.
- Caspar, F., Berger, T. & Hautle, I. (2004). The right view of your patient: A computer-assisted, individualized module for psychotherapy training. *Psychotherapy: Theory, Research, Practice, and Training, 41*(2), 125-135.
- Charness, N., & Shultetus, R. (1999). Knowledge and expertise. In F. Durso, R. Kickerson, R. Schvaneveldt, S. Dumais, D. Lindsay, & M. Chi (Eds.), *Handbook of Applied Cognition* (pp. 57-81). NY: Wiley.
- Clarkin, J.F. & Levy, K.N. (2004). The influence of client variables on psychotherapy. In Lambert, M.J. (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (pp.194-226). New York: John Wiley & Sons.
- Crawford, R. (1987). A student's experience of practicum: Learning from clients. *Texas Association for Counseling and Development Journal, 15*(1), 71-76.

- Cummings, A. L., Martin, J., Hallberg, E. T., & Slemon, A. G. (1992). Memory for therapeutic events, session effectiveness, and working alliance in short-term counseling. *Journal of Counseling Psychology, 39*, 306–312.
- Cummings, A.L., Slemon, A.G. & Hallberg, E.T. (1993). Session evaluation and recall of important events as a function of counselor experience. *Journal of Counseling Psychology, 42*(2), 156-165.
- Driscoll, M.P. (1994). Schema theory and mental models. In Durso, F.T. (Ed.), *Handbook of Applied Cognition* (pp. 139-165). New York: John Wiley & Sons.
- Elliott, R., Fischer, C.T. & Rennie, D.L. (1999). Evolving guidelines for publication of qualitative research studies in psychology and related fields. *British Journal of Clinical Psychology, 38*, 215-229.
- Ellis, A. (1996). How I learned to help clients feel better *and* get better. *Psychotherapy, 33*(1), 149-151.
- Etringer, B.D. & Hillerbrand, E. (1995). The transition from novice to expert counselor. *Counselor Education and Supervision, 35*(1), 4-18.
- Farber, B.A. (1983). The effects of psychotherapeutic practice upon psychotherapists. *Psychotherapy: Theory, Research and Practice, 20*(2), 174-182.
- Freeman, M.S. & Hayes, G. (2002). Clients changing counselors: An inspirational journey. *Counseling and Values, 47*, 13-21.
- Furr, S.R. & Carroll, J.J. (2003). Critical incidents in student counselor development. *Journal of Counseling and Development, 81*, 483-489.

- Gelso, C.J. & Carter, J.A. (1985). The relationship in counseling and psychotherapy: Components, consequences, and theoretical antecedents. *The Counseling Psychologist, 13*(2), 155-243.
- Gelso, C.G. & Carter, J.A. (1994). Components of the psychotherapy relationship: Their interaction and unfolding during treatment. *Journal of Counseling Psychology, 41*(3), 296-306.
- Gelso, C.G., & Hayes, J.A. (1998). *The psychotherapy relationship: Theory, research, and practice*. New York: John Wiley & Sons.
- Goldfried, M.R. (2001). Conclusion: A perspective on how therapists change. In Goldfried, M.R. (Ed.) *How Therapists Change: Personal and Professional Reflections* (pp.315-330). Washington, DC: American Psychological Association.
- Gmelch, W.H. (1983). Stress for success: How to optimize your performance. *Theory Into Practice, 22*(1), 7-14.
- Hayes, J.A. (2002). Playing with fire: Countertransference and clinical epistemology. *Journal of Contemporary Psychology, 32*(1), 93-99.
- Heppner, P.P., Kivlighan, D.M., & Wampold, B.E. (1999). *Research design in counseling* (2<sup>nd</sup> Ed.). New York: Brooks/Cole.
- Hill, C.E. (2004). *Helping Skills: Facilitating exploration, insight, and action* (2<sup>nd</sup> Ed). Washington, DC: American Psychological Association.
- Hill, C.E., Knox, S., Thompson, B.J., Williams, E.N., Hess, S.A., & Ladany, N. (2005). Consensual qualitative research: An update. *Journal of Counseling Psychology, 52*(2), 196-205.

- Hill, C.E. & Lent, R. W. (2006). Training for novice therapists: Helping skills plus. *Psychotherapy, 41*(1), 11-16.
- Hill, C., Sullivan, C., Knox, S., & Schlosser, L. (in preparation). *Becoming a psychotherapist: The experiences of novice trainees in pre-practicum training.*
- Hill, C.E., Thompson, B.J., & Williams, E.N. (1997). A guide to conducting consensual qualitative research. *The Counseling Psychologist, 25*, 517-572.
- Hillerbrand, E. (1989). Cognitive differences between experts and novices: Implications for group supervision. *Journal of Counseling and Development, 67*, 293-296.
- Impact. (2004). *The American Heritage Dictionary of the English Language* (4<sup>th</sup> ed.). Retrieved 27 April 2007, from <http://dictionary.reference.com/browse/impact>: Houghton-Mifflin.
- Jennings, L. & Skovholt, T.M. (1999). The cognitive, emotional, and relational characteristics of master therapists. *Journal of Counseling Psychology, 46*(1), 3-11.
- Jodry, J. (2003). From patient to client to fellow traveler: How psychotherapists grow through their interactions in the therapeutic relationship. *Dissertation Abstracts International, 63*(4-B), 1680. (ProQuest No. 3087819).
- Kahn, S., & Fromm, E. (2001). Introduction. In S. Kahn & E. Fromm (Eds.), *Changes in the Therapist* (pp. xiii – xxvi), Mahwah, NJ: Lawrence Erlbaum Associates.
- Kaslow, F.W. (1996). Memorable lessons from a multifaceted career. *Psychotherapy, 33*(1), 153-170.

- Kivlighan, D.M. & Quigley, S.T. (1991). Dimensions used by experienced and novice group therapists to conceptualize group process. *Journal of Counseling Psychology, 38*(4), 415-423.
- Kolb, D.A., Boyatzis, R.E., & Mainemelis, C. (2001). Experiential learning theory: Previous research and new directions. In Sternberg, R.J. & Zhang, L. (Eds.), *Perspectives on Thinking, Learning & Cognitive Styles* (pp. 227-247). Mahwah, NJ: Lawrence Erlbaum Associates.
- Lazarus, A.A. (1996). Some reflections after 40 years of trying to be an effective psychotherapist. *Psychotherapy, 33*(1), 142-145.
- Learn. (2004). *American heritage dictionary* (4<sup>th</sup> ed.). Retrieved 3 March 2005 from <http://dictionary.reference.com/search?q=learn>: Houghton-Mifflin.
- Mahrer, A.R. (1988). Discovery-oriented psychotherapy research: Rationale, aims, and methods. *American Psychologist, 43*(9), 694-702.
- Mahrer, A.R. (1996). Lessons from 40 years of learning how to do psychotherapy. *Psychotherapy, 33*(1), 139-141.
- Martin, J., Slemon, A.G., Hiebert, B., Hallberg, E.T. & Cummings, A.L. (1989). Conceptualizations of novice and experienced counselors. *Journal of Counseling Psychology, 36*(4), 395-400.
- Masi, M.V. (2003). The impact of psychotherapy clients on marriage and family therapists. (Doctoral dissertation, Kansas State University, 2003). *Dissertation Abstracts International, 64*(5-A), 1862.
- Maslach, C., & Jackson, S.E. (1984). Burnout in organizational settings. *Applied Social Psychology Annual, 5*, 133-153.

- Morrow, S.L. & Smith, M.L. (2000). Qualitative research in counseling psychology. In S.D. Brown & R.W. Lent (Eds.), *Handbook of Counseling Psychology* (pp. 199-230). New York, NY: John Wiley & Sons.
- Morrow, S.L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, 52(2), 250-260.
- Myers, S. (2002). The other outcome: How therapists integrate their experiences with clients. In Shohov, P. (Ed.) *Advances in psychology research* (Vol. 17, pp. 113-130). Hauppauge, NY: Nova Science Publishers, Inc.
- Norcross, J.C. (1996). The lifetime lessons of six psychologists: An Introduction. *Psychotherapy*, 33(1), 129-130.
- Orlinsky, D.E., Botermans, J-F., & Rønnestad, M.H. (2001). Towards an empirically-grounded model of psychotherapy training: Five thousand therapists rate influences on their development. *Australian Psychologist*, 36, 139-148.
- Orlinsky, D.E., Rønnestad, M.H., & Willutzki, U. (2004). Fifty years of psychotherapy process-outcome research: Continuity and change. In Lambert, M.J. (Ed.), *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change* (pp.307-390). New York: John Wiley & Sons.
- Pierpont, J.H., Pozzuto, R., & Powell, J.Y. (2001). Service learning and systems of care: Teaching students to learn from clients. In Dosser, D., Handron, D., McCammon, S., & Powell, J. (Eds.), *Child Mental Health: Exploring Systems of Care In The New Millenium*, (pp.79-88). New York: Haworth Press.
- Polkinghorne, D.E. (2005). Language and meaning: Data collection in qualitative research. *Journal of Counseling Psychology*, 52(2), 137-145.

- Ponterotto, J.G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136.
- Reisberg, D. (1997). *Cognition: Exploring the science of the mind*. New York: W.W. Norton & Co.
- Riessman, F. (1965). The “helper” therapy principle. *Social Work, 10*(2), 27-32.
- Rønnestad, M.H. & Skovholt, T.M. (2003). The journey of the counselor and therapist: Research findings and perspectives on professional development. *Journal of Career Development, 30*(1), 5-44.
- Safran, J.D. & Muran, J.C. (2000). *Negotiating the therapeutic alliance: A relational treatment guide*. New York: Guilford Press.
- Sakai, P.S. & Nasserbakht, A. (1997). Counselor development and cognitive science models of expertise: Possible convergences and divergences. *Educational Psychology Review, 9*(4), 353-359.
- Sandell, R., Ronnas, P-A., & Schubert, J. (1992). Feeling like a good psychotherapist—or a bad one: Critical incidents in psychotherapists’ experiences. *Psychoanalytic Psychotherapy, 6*(3), 213-229.
- Skovholt, T.M. & McCarthy, P.M. (1988). Critical incidents in counselor development. *Journal of Counseling and Career Development, 67*, 69-72.
- Skovholt, T.M. & Rønnestad, M.H. (1992). Themes in therapist and counselor development. *Journal of Counseling and Development, 70*, 505-515.
- Sloan, S. (1992). Helping others: A personal view. *Journal of Speech-Language Pathology & Audiology, 16*(4), 325-329.

- Solomon, P. (2004). Peer support/ peer provided services: Underlying processes, benefits, and critical ingredients. *Psychiatric Rehabilitation Journal*, 27(4), 392-401.
- Strupp, H.H. (1996). Some salient lessons from research and practice. *Psychotherapy*, 33(1), 135-138.
- Vail, R., Mahon-Salazar, C., Morrison, A., & Kalet, A. (1996). Patients as teachers: An integrated approach to teaching medical students about the ambulatory care of HIV infected patients. *Patient Education and Counseling*, 27, 95-101.
- Wright, K. (2000). "To be that self which one truly is": Parallel journeys of client and therapist. *Dissertation Abstracts International*, 60(8-B), 4261. (ProQuest No. 9944088).
- Yalom, I.D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York: Harper Collins Publishers.
- Zemore, S.E., Kaskutas, L.A., & Ammon, L.N. (2004). In 12-step groups, helping helps the helper. *Addiction*, 99, 1015-1023.