1 **Trainee Clinical, and Sport and Exercise Psychologists' Experiences of Professional**

2 **Development: A Longitudinal Study.**

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Abstract

The aim of this study was to examine longitudinal professional development in distinct types of UK psychologists. We interviewed 9 trainee clinical psychologists (TCPs), and 9 sport and exercise psychologists' (TSEPs) 3 times at a minimum of yearly intervals during their 3-year (TCP) or 2-year (TSEP) training programme. Participants were registered on either the British Psychological Society (BPS) Qualification in Sport and Exercise Psychology (QSEP; Stage 2), or a doctorate in clinical psychology. We applied a reflexive thematic analysis to transcripts based on a counsellor development framework. Our findings indicate that diverse types of trainee psychologists experience similar patterns of development. Participants: (a) were developing their practice consistent with their personality; (b) experienced changes in emotions and presence during training; and (c) internal developmental processes were influenced by external sources (supervisors, and peers). Findings may help us to understand how trainees fuse their personal and professional selves during training.

Keywords: Professional Development, Practitioner Psychologist, Individuation, Training

Trainee Clinical, and Sport and Exercise Psychologists' Experiences of Professional Development: A Longitudinal Study.

Although psychologists, counsellors, and therapists influence therapeutic processes and outcomes when helping clients, practitioners differ in their abilities, and vary in their effectiveness (Johns et al., 2019). Among the most consistent findings, for example, skilled practitioners, compared with their less capable peers, possess sound interpersonal capabilities they have cultivated in professional settings (Heinonen & Nissen-Lie, 2020). Specific interpersonal qualities include empathy, verbal and nonverbal communication abilities, and the capacity to form, maintain, and repair therapeutic alliances. These findings reflect that counselling, psychotherapy, and similar helping relationships are co-constructed interpersonal encounters (van Deurzen & Adams, 2016). A key question emerging from these studies is how do trainees develop into effective psychologists, counsellors, and therapists?

To understand how trainees develop, researchers have undertaken much research, from which they have proposed several theories (Simpson-Southward et al., 2017; Worthington Jr, 2006). The work of Rønnestad and Skovholt (2013) exemplifies the research aimed at understanding practitioner development across the lifespan. In developing a counsellor development framework, Rønnestad and Skovholt (2013) undertook 172 interviews with 100 counsellors (from novice to senior professional). From the data, Rønnestad and Skovholt (2013) developed a framework that describes how practitioners, and their professional activities change with experience. The framework is presented as five phases of practitioner development (the novice student phase, experienced student phase, novice professional phase, experienced professional phase, and senior professional phase) and 12 general themes of professional development (e.g., an intense commitment to learn propels the developmental process, and professional development is a lifelong process). The framework describes how practitioners, and their professional activities change with

59 experience. For example, individuals at the student phases develop from being rigid problem

60 solvers to collaborative facilitators. With experience, practitioners appreciate the working

61 relationship and learn to adapt interventions to suit clients' specific needs. Movement from a

62 reliance on external sources (e.g., supervisors, or advanced peers) for imitation purposes to

63 being selective of influences is another feature of change during the student phases.

64 Becoming selective of influences may be one sign that early career practitioners are trying to

65 optimise their individuation. A central theme from Rønnestad and Skovholt's (2013) study

66 focused on individuation, or a process whereby practitioners gain confidence and learn to

67 meld their personal and professional selves to become authentic individuals who choose how

68 they wish to behave with clients and the contexts in which they want to work.

69   Researchers have explored how competency matures across a diverse range of mental

70 health and well-being-related professionals and disciplines. Examples include school

71 counsellors (Woodcock, 2005), marriage and family counsellors (Bischoff, 1997),

72 psychiatrists (Tucker, 1989), and sport psychologists (McEwan et al., 2019). Several

73 longitudinal qualitative studies have followed sport psychologists across periods lasting 2-6

74 years (McEwan et al., 2019; Tod et al., 2009, 2011; Tod & Bond, 2010). These studies have

75 typically explored trainees who have become registered or accredited practitioner

76 psychologists in the UK or Australia. Another feature of these studies is that they have drawn

77 upon Rønnestad and Skovholt's (2013) counsellor development framework to guide their

78 investigations. Similar work has examined American mental performance consultants-in-

79 training (Fogaca et al., 2020), although these individuals are not licensed psychologists, and

80 their training contains much less supervised experience and psychology coursework

81 compared to their Australian and British counterparts. Results from these studies parallel

82 findings from the counsellor development study. For example, practitioners experience

83 anxiety about their competence when they initially embark on helping clients but learn to

84 manage their emotions over time. Client interactions, supervision, and personal therapy are

85 primary sources of learning. Considerable development occurs after graduation, as

86 practitioners learn how to adapt the knowledge and skills gained in training to the novel

87 contexts in which they gain employment.

88 Research on practitioner development has occurred in the US, Europe, and Australia,

89 with much less in the UK. A recent significant landmark in the UK training territory arose in

90 2009 when the government introduced statutory regulation for practitioner psychologists,

91 under the purview of the Health Care and Professions Council (HCPC). With the passing of

92 statutory regulation, the divisions within the British Psychological Society (BPS) have

93 created or reviewed their educational pathways to ensure graduates, having completed their

94 training, are eligible for HCPC registration. There exists limited research that has explored

95 UK practitioner development since statutory regulation was introduced, and there is scope to

96 advance knowledge by studying professional growth within the recent HCPC-driven context.

97 Another way to advance knowledge is to examine the professional growth of diverse

98 types of UK practitioner psychologists. Most studies to date, and in particular qualitative

99 investigations, have focused on specific types of practitioners (Bischoff, 1997; McEwan et

100 al., 2019). The culture or zeitgeist associated with a training environment influences

101 practitioner development (Rønnestad & Skovholt, 2013). In the UK, there are distinct types

102 of psychologists, such as clinical, counselling, forensic, educational, occupational, health, and

103 sport and exercise. These groups train and operate in separate contexts, and they may be

104 associated with varying cultures. Although distinct in context and culture, there are

105 similarities among the distinct types of psychologists. For example, clinical, and sport and

106 exercise psychologists share generic professional competences (e.g., the ability to form client

107 relationships, to keep accurate records, confidentially) and draw on similar types of

108 approaches to guide service-delivery, such as cognitive-behavioural theory (CBT). Recently,

109   there has been increasing recognition of mental health within sport and exercise psychology

110   (e.g., Diamond et al., 2022) and there is potential to learn from subdisciplines that focus

111   significantly on mental health (e.g., clinical psychology). Variation between the two

112   subdisciplines exist with respect to training content and employment outcomes, however,

113   differences have steadily faded (Norcross et al., 2020). This means comparing distinct types

114   of practitioner psychologists (e.g., clinical, and sport and exercise) may inform theoretical

115   understanding regarding training, clarify the training processes that influence effectiveness,

116   and yield applications for educators and supervisors.

117   Across the qualitative studies, researchers have adopted a range of epistemological

118   and ontological stances, diverse guiding theoretical frameworks, different data collection

119   methods (e.g., interviews, and open-ended questionnaires), and varying data analysis

120   procedures. Further, researchers have recruited samples at different time points along the

121   career lifespan (e.g., early, middle, and later years). The diversity of participants, methods,

122   theories, and procedures may hinder potential comparisons of findings across these studies.

123   One way to advance knowledge is to recruit distinct types of psychologists, at the same stage

124   of training, in the same study so there is consistency in the research methods, theory, and

125   procedure. Such research may permit the comparison of different sub-disciplines and enhance

126   our understanding of the robustness and transferability of knowledge.

127   Beyond knowledge advancement, research exploring the development of diverse

128   types of UK practitioners may offer impact and benefits for various groups and individuals.

129   The knowledge may assist professional bodies, such as the HCPC and the divisions within

130   the BPS, in reviewing current training pathways and desired educational outcomes.

131   Applicants to psychology qualifications and trainees may appreciate learning the possible

132   developmental themes and journeys ahead of them and help them make informed choices

133   about their career paths. Educators and supervisors may develop their empathy for trainees

134 and practitioners by being reminded about the joys and challenges associated with

135 professional development. Practitioners and trainees may find the breadth and depth of their

136 reflections are enhanced from learning about the growth of their peers.

137   In summary, research that explores the professional development of different trainee

138 practitioner psychologists, in the UK context, represents a timely and novel way to advance

139 knowledge. The purpose of the current longitudinal study was to examine trainee clinical

140 psychologists' (TCPs), and trainee sport and exercise psychologists' (TSEPs) experiences

141 regarding their professional development during the years of their postgraduate education.

142   **Methodology**

143 **Philosophical Stance and Researcher Positioning**

144   The study was situated within a relativist ontology and a social constructionist

145 epistemology (Smith & Sparkes, 2016). Participants shared their interpretations of their

146 development reflective of the current time, place, and context. As researchers, we co-

147 constructed the data through our interactions with the participants. Who we are as

148 knowledge-seekers will influence the knowledge that is shared by the participants, along with

149 the time and context within which the interviews occurred. Each author of this study brought

150 an experiential perspective to interpret and construct findings. The co-authors have each been

151 actively involved in sport and exercise psychology education, training, and service-delivery

152 for over 15 years. Throughout the research process, we acted as critical friends to each other

153 to challenge our interpretations and encourage scrutiny of our analyses. For example, in

154 earlier drafts of the findings the first author tended to focus on differences between the

155 subgroups of participants which meant representing one subgroup as better than the other.

156 Reflexivity of our biases allowed us to be aware of presenting a balanced account of

157 development by focussing on commonalities.

158 **Participants**

159   Participants in this study were 9 TCPs (7 identified as cisgender female and 2 as

160   cisgender male) and 9 TSEPs (2 identified as cisgender female and 7 as cisgender male) aged

161   24 - 29 years of age at the start of the study. Participants were registered on either a doctorate

162   in clinical psychology at a UK university, or the British Psychological Society (BPS)

163   Qualification in Sport and Exercise Psychology (QSEP; Stage 2). All TSEPs held a master's

164   degree in sport and exercise psychology. Three clinical participants held PhDs, three held

165   undergraduate degrees in psychology, and three held master's degrees in applied psychology.

166   Participants' applied experiences varied from individuals who had worked with clients as part

167   of their MSc coursework (TSEPs), to those who had been employed as assistant

168   psychologists (TCPs). Participants identified as being from the UK or Ireland.

169   **Training Programmes**

170   TCPs were enrolled on a 3-year full-time doctoral programme accredited by the BPS

171   at one of three UK universities where recruitment for this study took place. The doctorate

172   programme in Clinical Psychology has three strands – practice (clinical placements are

173   situated within the National Health Service (NHS), academic, and research – where students

174   complete assignments which are then assessed by university teaching staff (Keville et al.,

175   2018). TCPs spend half of the working week on clinical placements and the remainder

176   attending lectures and seminars and conducting research. Supervision is principally on a one-

177   to-one basis, although some clinical placements may offer group supervision (Buckman &

178   Barker, 2010). Courses may differ in respect to the prominence placed on specific schools of

179   psychology within teaching; however, TCPs are expected to have significant knowledge and

180   experience of service-delivery within at least two evidence-based models (e.g., cognitive–

181   behavioural, systemic).

182   TSEPs were enrolled on the QSEP – the supervised practice-based training

183   programme provided by the British Psychological Society (BPS) equivalent to doctoral level

184 training (also known as Stage 2). Trainees complete independent supervised experience to

185 develop both research and practice competencies with the support of a privately organised

186 supervisor who is registered as a sport and exercise psychologist with the HCPC. Trainees

187 were engaged in a minimum of 2-years full-time supervised practice. The QSEP is not a

188 course of study within a structured programme, overseen by an institution; it is a professional

189 body award, designed around work-based learning, where trainees generate their own

190 placements. TSEPs are not part of a supporting institution that provides classes and a

191 readymade set of peers at the same stage of training. TSEPs have oversight about what they

192 want to learn and apply in sport and exercise psychology.

193 **Procedures**

194   After obtaining institutional ethical approval, the first author contacted TSEPs in her

195 professional network by email and outlined the study's purpose, risks, and safeguards and

196 invited them to participate. TCPs were recruited by contacting course leaders at each of three

197 UK universities to ask permission to present an overview of the study to students for

198 recruitment purposes. An overview of the study's benefits, risks, and safeguards was

199 presented to students during a lecture at each university with an invitation to participate.

200 Participants who contacted the first author received participant information and informed

201 consent sheets and an invite to arrange an interview.

202   Of the 54 interviews (the 18 participants were interviewed three times each), all TCP

203 interviews were conducted by telephone due to geographical access. Nine TSEP interviews

204 were conducted face-to-face in a setting chosen by the participant (e.g., cafe) with the

205 remainder also being telephone interviews. Interviews lasted 43-82 minutes. Participants'

206 first interview occurred within a month of beginning their training programme. The second

207 round of interviews occurred as closely as possible to the month after trainees had completed

208 their first year of training. The final interviews took place when participants were within one

209   month of completion of their training programme. The final interviews were arranged to

210   accommodate participants, for instance, some sport trainees took longer than the minimum 2-

211   year training period due to work commitments and completion of paperwork. The data of the

212   18 participants who completed all three interviews is included in this study.

213   **Interview Guide**

214   Each person engaged in a semi-structured, one-to-one interview three times. The

215   interview guides were based on general topics from the professional development literature

216   (e.g., Rønnestad & Skovholt, 2013), and programme-specific literature (e.g., Eubank &

217   Forshaw, 2018). Topics included current applied experiences, influences on professional

218   development, preferred method of learning, feelings about applied work, measures of

219   effectiveness, and aspirations. The guides were used flexibly to allow interviews to feel

220   conversational and to follow the participant's stories. The same broad topics were discussed

221   in the second and third interviews with the interview questions becoming about change and

222   development. For example, participants were asked how their feelings about applied

223   experiences had changed since the last interview. In their final interviews, participants were

224   asked: "How have you changed since you began training?" The first author revisited

225   everyone's transcript before each subsequent interview as a reminder of the participant's

226   story. The transcript was also returned to the participant, and each subsequent interview

227   involved a discussion about the ongoing process of analysis as part of the member reflections

228   process (Tracy, 2010).

229   **Data Analysis and Presentation**

230   The analytical procedure involved concurrent deductive and inductive thematic

231   analysis to move between data analysis and theoretical explanations. This combination of

232   deduction and induction has been termed abductive reasoning (Timmermans & Tavory,

233   2012). We followed such a procedure because the aims of this study were to understand how

234   two unique groups of trainees developed (inductive) and to use a guiding framework

235   (deductive) for understanding development.

236   Each year, analysis began with the first author transcribing the interviews verbatim

237   and then repeatedly reading the transcripts whilst listening to the digital recordings of the

238   interviews to ensure transcription accuracy and immersion in the data. During this step, the

239   first author coded excerpts on the transcript where participants discussed change and

240   development (e.g., "I used to feel nervous before I met a client") on broad categories from the

241   counsellor development framework (Rønnestad & Skovholt, 2013). Next, the first author

242   placed the highlighted excerpts of raw data into a matrix containing eight categories (e.g.,

243   central task, emotions, influences, role and working style, methods of learning, conceptual

244   ideas applied, measures effectiveness, and motivations). The categories covered broad

245   parameters and served as starting points for organizing the data. Analyzing the data under

246   each category then allowed us to develop raw themes based on the participant's stories and in

247   reference to the guiding framework. The additional category 'motivation' was added during

248   data analysis as it helped to describe participant's journeys. Data that could not be assigned to

249   categories or did not warrant the development a new category were discarded based on their

250   relevance to the research aims.

251   Deductively categorizing the raw data provided a structure to organize the flow of

252   data (i.e., 54 interviews) and created a visual representation that assisted with the inductive

253   process of identifying themes. As stated, we purposefully referred to an existing theoretical

254   framework in our analysis of the data, because it could provide insight into trainee

255   psychologist's journeys. We developed themes through analysis of the data contained within

256   the broad categories. For example, within the category 'Role and Working Style' we

257   developed a theme around 'Presence'. We compared our themes generated from within the

258   broad categories to the counsellor development framework and back to participants'

259   responses and insights from audience review (described below). We discussed themes,

260   compared, and contrasted them with existing and new data in an alternating cycle of

261   induction and deduction. We developed our analysis from a theoretical starting point but

262   allowed our themes to be grounded in and derived from the participant's stories.

263   **Research credibility**

264   Based on our non-foundational interpretivist approach we identified credibility

265   criteria to guide the study consistent with our aims and values (e.g., reality is multiple, and

266   knowledge is subjective). We aimed to: (a) build an understanding of each participant's

267   developmental journey as expressed in the interviews, (b) demonstrate to each participant that

268   we cared about them, (c) uncover and examine the perspectives we brought to the study, (d)

269   capture participants' experiences of their professional development, (e) provide accounts of

270   career development that would advance knowledge, and (f) provide information that is

271   meaningful to trainees and practitioners. Based on these guiding principles, we built rich

272   rigor, credibility, sincerity, resonance, and significant contribution into our research process.

273   To ensure we applied these principles we: (a) created data sets that followed participants

274   throughout their training, (b) built trust and rapport with each participant, (c) immersed

275   ourselves in the participants' professional networks, (d) employed principles of triangulation

276   including analyst triangulation and member reflections, (e) used critical friends to encourage

277   self-reflexivity, (f) presented and discussed our findings within the applied psychology field

278   (audience review), and (g) provided implications for psychologist training and development.

279   **Findings**

280   We distilled three major themes and six subthemes from the interview transcripts. The

281   themes demonstrate the common ground both types of trainee psychologists (clinical, and

282   sport and exercise) share in their professional development experiences. By focusing on

283   commonalties, we have developed principle-based themes that speak to the universal aspects

284   of development (e.g., the themes may be generalizable to diverse types of psychologists).

285   Differences in these samples tend to be context-dependent and we present these when they

286   occur. We present data from each sample beneath the themes.

287   The themes address participants' development in their professional styles and

288   practice, in service-delivery presence and emotional functioning, and in the sources of

289   influence. Each of the themes relates to the process of individuation in which the goal is for

290   individuals to select service-delivery behaviours, theoretical orientations, and helping styles

291   compatible with their personalities, their philosophies, their clients, and work settings.

292   **Participants' Development in Their Professional Styles and Practices**

293   In this theme trainees were gaining experience with clients and were trying to find a

294   good fit between the client, themselves, and a theoretical approach. This process of

295   integrating their personal self into a coherent professional self begins with the trainee

296   typically displaying a constrained style of working with little evidence of their personality

297   (e.g., humour or creativity). Trainees are focused on applying theoretical knowledge and

298   demonstrating procedural competence. This focus can produce a tension which means that

299   trainees' natural characteristics are subdued. With practice and reflection, trainees assimilate

300   their personal characteristics into their working style, and they describe feeling relaxed and

301   genuine in service-delivery.

302   *Individuation: Becoming more who I am*

303   TCLP1 shared: "At the beginning, I thought a psychologist had to be a certain way

304   …" Participants wanted to "look the part" (TSEP2) and so followed a "textbook' (TSEP10)

305   style of working with clients. It was difficult to adopt a new identity as a trainee psychologist,

306   as TCLP2 stated: "… I found it challenging to accept that role and responsibility … to take

307   myself seriously as a therapist [laughs]." Like many of the participants in this study, TCLP2

308   doubted that he could help clients at the beginning of training. To combat their doubt,

309 trainees typically adopted rigid, externally influenced (e.g., from reading) styles with clients,

310 and suppressed natural behaviour (i.e., being themselves).

311   As trainees gained applied experience, their service-delivery became less rigid and

312 more internally driven. This change meant that participants were beginning to integrate those

313 external influences, such as theoretical orientations mentioned in books, with their own

314 personal beliefs about the world and human behaviour. For example, in his second interview

315 TSEP7 stated: "The way I like to be with people and what I have found works [with clients]

316 has also overlapped with my reading into humanistic approaches." Integrating personal

317 characteristics with theoretical and practical aspects of work is a feature of the dynamic

318 ongoing process of individuation.

319   In particular, the training environment influenced the selection of theoretical aspects

320 of participants' work. For example, based on their qualification, trainees applied different

321 theoretical orientations each year. Initially, it felt like one-way traffic in the individuation

322 process where participants were adjusting themselves to the theoretical orientations they were

323 applying. Participants experienced some tensions between their personal characteristics and

324 the current focus of training (e.g., TCLPs tended to focus on cognitive behavioural therapy in

325 Year 1, and placements with adults). In his first interview, TCLP1 reflected:

326   I'm quite an appeaser, it doesn't come naturally to me to challenge people or to

327   highlight things that you could get away with not highlighting … my supervisor

328   suspected that I was shying away from things … it's also part of your job to say some

329   things that they [clients] might not want to hear, if it's something that you can't get

330   them to touch on that idea themselves. So, from that [supervisor] feedback, from

331   integrating that into my philosophy and approach to my work, it has been part of my

332   job to be frank with them [clients] …

333   In this example, TCLP1 recognised adjustments he may need to make in his personal

334   approach as part of his expanding professional philosophy and skillset.

335   TSEPs' applied similar theoretical orientations as TCLPs, but their training route was

336   independent, which meant that they could choose what approach to apply during training.

337   TSEP2 (interview 2) reflected on the steps to finding a preferred style of practice:

338   Working with clients can be challenging at the early stages of training, you have to

339   work with a certain paradigm [CBT] and work with what's right for the client … but

340   once you know how these work then you can start to run with it, and that frees you to

341   focus in on what you're doing with the client and be who you are.

342   TSEP2 described the challenge of relying on external knowledge at the early phase of

343   training; it was difficult to focus on the client. With accumulated professional experience,

344   trainees could draw on internalised knowledge and act on their own thoughts and in doing so

345   demonstrated individuality in their working style. In Year 3, TCLP1 stated:

346   My style in sessions with clients has changed over the past year, I think I've become

347   more who I am as a person. … I've found my own style that sits well with me and is

348   congruent to what I'm like outside of the clinical setting. I feel more comfortable in my

349   psychological role now.

350   ***Becoming Client-Led***

351   Having found a suitable theoretical orientation to work through, participants needed

352   fewer attentional resources to self-monitor and could focus on listening to the client. This

353   meant that trainees encouraged their clients to talk by adopting less directive styles, as TSEP6

354   (interview 3) shared: "… learn how to be quiet and let the athlete tell their story … I went

355   from feeling uncomfortable at silences to enjoying them …, when you get to those silences,

356   that's when the good stuff comes out [client story]."

When trainees listened to the client, they engaged in a more client-led style than before. In her third interview, TSEP11 described how her approach to working with clients had changed:

> I feel more comfortable with just getting to know the client, so it's not about 'what are their scores like, or can they do this skill now?' It's for me to adapt around the client…
>
> At the start [of training] ... I was focussing on the theory, or 'this is anxiety, or what does that mean,' rather than letting them lead. Now I feel more assured.

This trainee quotation illustrates changes that many participants discussed over the three interviews. Trainees began to feel assured in being themselves in service-delivery and this allowed them to focus less on theory and more on the client.

Our findings suggest that professional development involves movement along the individuation pathway by finding a suitable theoretical orientation to practice. Once trainees begin to align their personalities with a suitable orientation, their style changes to be less directive, and more client-led than earlier in training.

Changes in Service-Delivery Presence and Emotional Functioning

In the previous theme, we demonstrated that as part of the individuation process, trainees were trying to develop a personalised way of practising. Learning and practising a model of service-delivery was demanding on trainee's attention as TSEP1 described: "how do I look, how do I sound …don't say something stupid" (Interview 1). In the current theme, we examine trainee's changing experiences of presence in service-delivery as it relates to individuation and emotional influences. Presence reflected trainees' developing abilities to be in the moment on multiple levels: physically, cognitively, and emotionally.

Individuation and Presence

TSEP10 contrasted the theoretical orientations he applied in service-delivery and how they influenced his emotions and presence. He stated, "I get bored [when using Acceptance

382 and Commitment Therapy], whereas when I'm engaged in an existential approach, it's about

383 the encounter, the experience, the dialogue and you are there with them [the client]". When

384 trainees experienced congruency between their personalities and the theoretical orientations,

385 it was easier to be present in client interactions. To demonstrate how emotional involvement,

386 presence and individuation can influence each other, TSEP10 shared a client story:

387 He [client] came in with a mental skills, technique-driven expectation of what he

388 wanted and there was just no depth to it [sounds disappointed], but then we got into

389 something else [a discussion about his mother having an illness and how this affected

390 his motivation for golf] and I was asking 'what does that *mean* for you, for this sport,

391 for what you can do, and what are you going to do about it?' And then it was like

392 [louder, excited] 'this is real now, we're talking about real emotion, meaty, fleshy

393 stuff'. It felt *all right*, like this was a good chat to have now it's about meaning.

394 When trainees' practice felt aligned to their personalities, they described being able to

395 stay in the present moment. In the example above, the trainee's receptivity to the client's

396 story may have influenced the quality of the encounter.

397 In another example, during their second interview TSEP4 demonstrated how

398 individuation and cognitive activity (e.g., expectations, perceptions) influenced each other

399 during service-delivery: "I'm working more authentically because the voice in my head isn't

400 going 'what a load of shite' when I'm saying it [working through a particular theoretical

401 orientation in support of a client]." Awareness of internal dialogue about a theoretical

402 orientation was an example of a distractor for trainees early in training. In his first interview,

403 TSEP3 shared that he was "absorbed in my list of questions" and "always thinking about

404 when to ask the miracle question" when he applied a solution-focused orientation. The

405 internal distraction of thinking about theory reduced how present trainees could be with

406 clients.

407　　***Emotions and Presence***

408　　　　　Emotions were another internal distractor, and specifically feelings of anxiety. TCLP5

409　　(interview 1) described the interplay between her emotions and cognitions: "… when I'm

410　　feeling nervous, I'm using a lot of internal self-talk, 'Stop worrying...you know your stuff ...

411　　stop thinking so much and just listen to where they [client] are going." She elaborated that

412　　she coached herself with self-talk to "…get the heart rate down, control the adrenaline

413　　…because I start talking too quickly, the accent is too strong, I need to tone down a bit." Her

414　　quotation illustrates many of the participants' early experiences during training. Trainees'

415　　emotions and internal dialogue interfered with their ability to listen, process, and respond to

416　　the client's story. TCLP5 summarised in interview 3 that early on in training, she got '… way

417　　more out of it [the encounter] than the client did." In this statement, she recognises that her

418　　anxiety caused her to talk perhaps more than the client did (being practitioner-led), and to

419　　direct clients on issues. Trainees may feel in control when able to act as problem-solvers.

420　　　　　With increased practice, participants described a change from attuning to their own

421　　moment-to-moment experience to being able to include the experience of the clients. TSEP7

422　　(interview 3) shared: "I worry now that I'm not meeting the needs of my clients, whereas

423　　before it's more self-involved cause you're worried about looking stupid or getting it

424　　wrong.'" When trainees' anxiety had diminished, they experienced increased attentional

425　　capacity to be receptive to the client's experience. Trainees began to use their own emotional

426　　experiences to empathise with the client's experience, as TCLP4 (interview 2) demonstrated:

427　　　　　Knowing that when you work with very anxious people that's all they do is structure

428　　　　　their days and develop safety behaviours as ways of coping, and that's what we

429　　　　　[trainees] do as well when we are anxious; we do the same thing … it's more

430　　　　　important to develop a warm, empathic relationship with somebody where they feel

431   comfortable to tell you things, whereas they wouldn't if you went in there as a

432   regimented person with questions …

433   Participants developed an understanding of the influence they had on service-delivery,

434 including using the self as an instrument. As TCLP3 discussed in her second interview:

435   I remember talking to a client about his relationship with his wife and it was a

436   difficult relationship, and I could feel myself falling into the pattern of their

437   interactions as he described them and acknowledging that. I said: 'it feels like this is

438   a familiar conversation; it feels like the kind of conversation you would have with

439   your wife.'

440   By observing her emotions, TCLP3 recognised the process of transference between the

441 client and herself; she made the decision to voice this to the client as she had previously

442 observed her supervisor relaying how he was feeling to a client in therapy. The client reacted

443 positively: "… yeah, he acknowledged that was true … it was interesting for him to see that."

444 This example demonstrates the trainee being present, receptive to the person's experience, and

445 cognitively and emotionally attuned to herself and the client.

446   In this theme, trainees discussed being inwardly attuned to their own cognitions (e.g.,

447 about theory) and emotions (e.g., concern about being helpful). As they progressed, trainees

448 described a change from attending to their own moment-to-moment experience to including

449 the experiences of clients in service-delivery.

450 **Sources of Influence on Professional Development**

451   In the previous themes, we have focused on trainee's experiences of internal

452 processes (individuation, presence, emotion). In the current theme, we focus on two external

453 sources of influence (supervisors and peers) on the internal processes. Other than client

454 interactions, and theory and research which are interspersed throughout first two themes,

455   meaningful contact with supervisors and peers was discussed as influential to participant's

456   development.

Individuation is influenced by supervision

458   TCLP6 (interview 3) summarised the emotional influence of supervision:

459   "Supervision gives you the confidence to try things out like learning how to be yourself and

460   use yourself in therapy. When emotionally functioning well you take risks in therapy … I use

461   myself more to reflect to patients what I am feeling …." TCLP6 described that she had the

462   confidence to work with complex concepts such as transference because supervision offered

463   her: "… a secure parental base to go off and explore and come back and feel safe … to talk

464   about how it went."

465   The notion of supervision providing a nurturing environment where trainees could

466   understand their own personalities was useful for service-delivery, as TCLP1 shared in his

467   second interview:

468   I think my personality is somewhat unreflective … so I've found the supervision

469   helps me to do that [reflect] more. …So, the more aware that you can be of what

470   you're like [personality] in your therapy sessions, … that prepares you to change it, or

471   accept it as it is, but at least to know what you are like, and to be able to see yourself

472   as other people see you.

473   Supervision provided a place for reflective observation where trainees deepened their

474   learning about themselves and how they influenced service-delivery. By reflecting on the

475   nurturing relationship with their supervisors, trainees could also parallel the process by

476   cultivating a sense of containment for their own clients. TSEP8 reflected "You need to be

477   able to share the vulnerable parts of yourself in supervision… that can feel very

478   containing…just as you want athletes to feel that they can be their true self with you"

479   Other than one-to-one supervision, observation of supervisors (clinical psychology) in

480   service-delivery assisted trainee development, as TCLP2 explained: "I did a lot of joint

481   working with my supervisor…, which helped as a way of observing him and seeing how he

482   was as a supervisor and how that didn't really change as a therapist." Observing how

483   seasoned colleagues integrate their personal characteristics when working across roles may

484   assist trainees in their own individuation process. Trainees may reflect on authenticity as a

485   hallmark of an experienced professional and have less of a rigid sense of role (e.g., they do

486   not need to be "a certain way" as TCLP1 shared in the first theme).

487   Clinical trainees had access to multiple supervisors, often working with them directly

488   in service-delivery. Contrastingly, TSEPs often observed their supervisors indirectly (e.g.,

489   verbal reports). For example, TSEP2's supervisor had recounted working with a coach to

490   him: "I noticed how much my supervisor was reflecting on something the coach said. He was

491   … dwelling on 'what does that mean?' I would never reflect … on something word-by-word

492   ... It was part of his style and personality." Supervision raised trainees' awareness of what

493   experienced people attended to and often served as behaviour for them to reflect on and

494   consider integrating into their own practice. By year 3, trainees appreciated the importance of

495   integrating the personal and professional, as TCLP7 stated: "… there's something about

496   finding your own voice, finding your own way of being as a therapist, and not just trying to

497   mimic other supervisors, even though you think they've done it well, then it loses its

498   genuineness." This trainee alludes to the change from mimicry of behaviour to translating the

499   learning from their supervisor, for it be experienced as genuine.

500   ***Peers Relationships***

501   Reflective of their training route, TSEPs did not train in a cohort and typically had

502   access to one supervisor. TSEPs described being proactive in seeking support from peers to

503   supplement supervision: "it's good to see other psychs [psychologists] and trainees, otherwise

504 it's just me and my supervisor …you often feel quite isolated, you have your supervisor, but

505 they are not going through the same thing as you (TSP7, interview 2)." Trainees described

506 interpersonal support from peers in training as a critical component of their cognitive and

507 emotional changes. TSEP7 explained how peer discussions influenced his thinking:

508   It's about getting to cognitive dissonance, isn't it? It's about getting to that point

509   where you challenge what you're doing, and you're gonna change your practice as a

510   result of that [peer] discussion. I think it's useful to bounce ideas off people, 'oh I've

511   tried this and what about you,' and one of the most interesting discussions I ever had

512   with people is about their philosophical approach – where they're sitting

513   [philosophically] and what they're doing.

514   Trainees recognised that peer discussions helped them to understand their developing

515 professional philosophies by debating and comparing ideas. Clinical trainees described

516 multiple opportunities (e.g., role-plays, personal development groups) built into their

517 programmes that encouraged reflective learning with peers.

518   One of the benefits of peer relationships was the multiple perspectives that people had

519 of each other from within and outside of training. Peers knew various aspects of each other,

520 including personal circumstances, strengths, and weaknesses. TCLP4 shared during her

521 second interview:

522   I would talk about it [therapy] with friends who were on the course, talk about how

523   difficult it was to …, reflect on the difficulties of being yourself and the type of work

524   you are doing. I couldn't really care as much and that's not me. I spent a lot of time in

525   training not really feeling like myself.

526   The ease of peer relationships allowed trainees to express honest emotions about the

527 demands of training. In reflecting on her personal and professional integration, TCLP4 drew

528   on the opportunity that peer relationships provided to explore the difficulties in developing a

529   professional identity.

530   In this theme, we summarised the influence relationships with supervisors and peers

531   had on trainees' professional development. We focused on supervisors and peers because of

532   the meaning participants derived from these relationships in contributing to the individuation

533   process. Clients, and theory and research are considered in the first two themes as other

534   sources of influence on development. Supervisors modelled the use of "self" in service-

535   delivery by relating to the trainee, and client as a genuine person with integrated personal

536   values and beliefs. Supervisors provided nurturing relationships to allow trainees

537   opportunities for reflective observation. With peers, trainees expressed and discussed

538   different viewpoints more freely than with supervisors. Dialogue with peers contributed to

539   trainees questioning their beliefs and values and how they contributed to their professional

540   philosophies.

541   **Discussion**

542   In this study we explored UK trainee clinical, and sport and exercise psychologists'

543   experiences of professional development. Findings indicated that: (a) participants developed

544   their professional styles and practice consistent with their personality; (b) developing a

545   personalised style of practice affected participant's emotions and presence in service-

546   delivery; and (c) external sources (clients, theory and research, supervisors, and peers)

547   influenced internal developmental processes. These findings contribute to knowledge in the

548   following ways.

549   As a first contribution, the study provides insight into the professional development of

550   diverse types of practitioner psychologists in the HCPC-driven context. To date, researchers

551   have not examined both clinical, and sport and exercise trainee psychologists in the same

552   study. Previous research has found similarities in the learning experiences contributing to

553 service-delivery competence in qualified clinical, counselling, and sport and exercise

554 psychologists (McEwan & Tod, 2015). Participants in McEwan and Tod's (2015) study

555 contained people posttraining (e.g., novice to senior career phases), and who trained prior to

556 statutory regulation in the UK. Further, research on the professional development of trainee

557 sport and exercise psychologists conducted to date has sampled participants from the USA,

558 Australia, and the Netherlands (Fogaca et al., 2018; Hutter et al., 2017; Tod et al., 2009). The

559 current study contains UK practitioners training in the HCPC context (post-2009). Our

560 findings demonstrate that although trainee practitioner psychologists are trying to meet

561 domain-specific standards and learn in different contexts, there are similar patterns in their

562 development. For example, trainees experienced increased capacity to work in a client-led,

563 less directive manner when they felt congruence between their personality and style of

564 practice.

565   Comparing people in different training programmes was a means of observing facets

566 of change and development that would be less noticeable if the study contained participants

567 from a single subdiscipline (e.g., discerning the influence of multiple opportunities for

568 interactions with supervisors). We can enhance training experiences by transferring

569 knowledge across subdisciplines. As one example we may consider how we can connect

570 subdisciplines (e.g., clinical, counselling) within psychology through cross-disciplinary

571 supervision. This may allow for the multiple, diverse supervision interactions described by

572 TCLPs to be transferred to TSEPs in the independent route. Engaging with multiple

573 supervisors from within psychology (e.g., counselling) may enhance trainees' development

574 through exposure to different perspectives and contexts. Cross-disciplinary supervision could

575 facilitate some of the practices TCLPs described, such as trainees joint working with clients.

576   As a second contribution, the current study offers empirical support regarding the

577 relevance of counsellor development research for practitioner psychologists. The evidence

578   from this study demonstrates the potential to elaborate existing frameworks to advance

579   knowledge of variations in professional development. As one example, individuation is

580   discussed in the counsellor development framework (Rønnestad & Skovholt, 2013) at the

581   experienced phase. In contrast, we have identified some hallmarks of the individuation

582   process at earlier phases in our trainee participants. Future research could assess the next

583   phase of trainee's careers with findings from existing research. For example, Rønnestad &

584   Skovholt (2013) identify that after graduation the individuation process intensifies as novice

585   professionals attempt to find coherence between their work role and the self. As TSEPs

586   become independent from their training programmes they may experience a broadening of

587   influences (e.g., life experiences) on their practice (McEwan et al., 2019).

588   As a third contribution, the current study offers a further insight into the internal

589   world of a person becoming a psychologist. Over the course of their programmes, trainees

590   told us how their thoughts, feelings, and behaviours changed. These changes describe the

591   transition to internally feeling like a psychologist, or in other words the process of developing

592   a professional identity (Tod et al., 2020). In our research, the professional identity process

593   was evidenced when participants (a) experimented with theoretical approaches in service-

594   delivery, (b) reflected on whether there was consistency between the approaches and their

595   personality, (c) sensed how others (e.g., clients) reacted to their service-delivery, (d) talked to

596   others (e.g., peers, supervisors) about all of this, and (e) made adjustments to how their

597   service-delivery was an extension of who they are, and how they are in the world.

598   **Strengths and Practical Applications**

599   Longitudinal analysis was the most methodologically comprehensive approach to

600   study the development of people over time. Interviewing people over 2-3 years allowed us to

601   understand how people fuse their personal and professional selves. Findings on the

602   individuation process may encourage readers to deliberately engage in examining their own

603   professional philosophy and personal tendencies (e.g., personal qualities, worldviews).

604   Engaging in a deliberate process of individuation can involve exploration of previously

605   unconscious or unknown aspects of the self to be integrated, rather than dismissed or unused

606   in the role as a psychologist.

607   It is helpful for trainees to think about who can assist them in their individuation

608   process. Involving others can help to identify blind spots and opportunities. If supervision is

609   regarded as a safe learning environment, trainees and supervisors may discuss, for example,

610   how their practice reflects who they are as people. Messina et al. (2018) found that personal

611   experiences influenced theoretical orientation in psychotherapy trainees. Participants with

612   more negative past experiences and higher motivation for personal development tended to

613   approach practice from a psychodynamic orientation.

614   Another option can be for trainees to initiate personal growth and professional

615   development groups. Such groups can support trainees in accessing peers from subdisciplines

616   (e.g., counselling) and TSEPs from different programmes (e.g., professional doctorates). Peer

617   support may be particularly pertinent to trainees on independent routes (e.g., Stage 2) to

618   reduce feelings of isolation. Actively seeking out peers and engaging with a variety of people

619   with different ideas about professional practice can support trainees to understand what does

620   and does not work for them, thus contributing to the formation of their individual identity.

621   Tod et al. (2017) contend that knowing who we are *not*, is as useful as knowing who we are.

622   **Limitations and future directions**

623   Although this study represents progression in investigating empirically the

624   professional development of practitioner psychologists in the UK, there are some limitations

625   to consider. The findings are limited to the subjective experiences of 18 trainees in clinical,

626   and sport and exercise psychology based in the UK. Training for practitioner psychologists in

627   the UK has continued to evolve. For example, the growth in professional doctorates in sport

628   and exercise psychology (Eubank & Forshaw, 2018) could mean variations in professional

629   development experiences to the present study. Future studies could examine findings from

630   the present research with participants on new training routes.

631   The current study provides insight into the processes that occur as trainees develop

632   and anticipate their first roles as qualified psychologists. While trainee practitioner

633   psychologist's programmes prepare them for service-delivery in different contexts,

634   individuals described similar experiences, including changes in their working styles,

635   emotional functioning, and influence from peers and supervisors. Theoretical elaboration is

636   specifically provided at the early career phase of development. By drawing on counsellor

637   development research, we demonstrate how the guiding principles can contribute to

638   understanding how different types of psychologists mature with time. Findings from this

639   study enhance our understanding of the intersection of the personal and professional in

640   practitioner psychologist development.

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